

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 061138

Please Read Application And Notes, If Any, Attached

This is to certify that METROPOLITAN APARTMENTS LLC /Keeley Construct

has permission to Converting attic to 9 units

AT 439 CONGRESS ST

027 B004001

PERMIT ISSUED  
SEP 26 2006  
CITY OF PORTLAND

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is resumed. FOUR NOTICES REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

#### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cass PFD

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*[Signature]*  
9/26/06  
Director Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1138	Issue Date:	CBL: 027 B004001
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Location of Construction: 439 CONGRESS ST	Owner Name: METROPOLITAN APARTMENTS	Owner Address: 429 ELMWOOD RD	Phone:
Business Name:	Contractor Name: Keeley Construction	Contractor Address: P.O. Box 1174 Portland	Phone: 2077738499
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

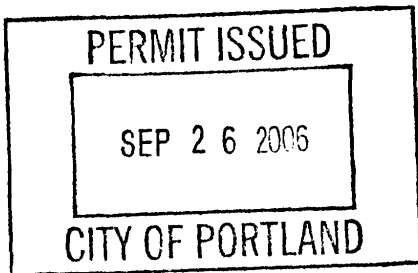
Past Use: Multi-use - first floor retail with 72 residential dwelling units	Proposed Use: Multi-use - first floor retail with 72 existing dwelling units now converting attic to 9 additional dwelling units for a total of 81 dwelling units	Permit Fee: \$5,305.00	Cost of Work: \$521,000.00	CEO District: 1
Proposed Project Description: Converting attic to 9 additional dwelling units for a total of 81 dwelling units		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: R2 Type: 3B 9/28/06 Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) NO change to 1st floor	
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: <i>[Signature]</i> Date: 8/3/06

Permit Taken By: dmartin	Date Applied For: 08/02/2006	<b>Zoning Approval</b>
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel B zone C</i> <input checked="" type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan # 2006-0023 Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/11/06</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

7/26/07 - Close-in.

NOT Ready

No more sheetrock. (Need Design Prof. Drawings on  
Elect + Plumbing updated floor)

Needs to Complete a Section @ A line  
(Framing, elect. + plumbing)

Cl. + Tanny M. + Mike M.

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CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 439 CONGRESS ST

CBL 027 B004001

Issued to METROPOLITAN APARTMENTS LLC /Keeley Constructio Date of Issue 12/07/2007

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1138, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

5th Floor

APPROVED OCCUPANCY

9 Residential Units  
Use Group R2  
Type 3B  
IBC 2003

Limiting Conditions: none

This certificate supersedes  
certificate issued

Approved:

12-07-07  
12-07-07  
\_\_\_\_\_  
(Date) Inspector

\_\_\_\_\_  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	4-11-11
<b>PROPERTY OWNERS NAME</b>	
Mary D. P.	
Last:	First:
Applicant Name:	Mary D. P.
Mailing Address of Owner/Applicant (If Different)	17-11-11

277-8179

PORTLAND PERMIT # 10329 TOWN COPY

Date Permit Issued: 7/10/07

\$ 222  If Double Fee Charged

Local Plumbing Inspector Signature: Susan Down

L.P.I. # 1067

2734

### Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER  LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain		Sink
		Indirect Waste		Wash Basin
<b>OR</b> TRANSFER FEE [\$6.00]		Water Treatment Softener, Filter, etc.		Water Closet (Toilet)
		Grease / Oil Separator		Clothes Washer
		Roof Drain		Dish Washer
		Bidet		Garbage Disposal
		Other: _____		Laundry Tub
		Fixtures (Subtotal) Column 2		Water Heater
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>				
				Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 6-9-03  
 Permit # 2003-4519  
 CBL# 027 B00 4001

LOCATION: 439 Cong. St. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

						TOTAL EACH FEE	
<b>OUTLETS</b>	Receptacles	Switches	Smoke Detector			.20	
<b>FIXTURES</b>	Incandescent	Fluorescent	Strips			.20	
<b>SERVICES</b>	Overhead	Underground	TTL AMPS	<800		15.00	
	Overhead	Underground		>800		25.00	
<b>Temporary Service</b>	Overhead	Underground	TTL AMPS			25.00	
						25.00	
<b>METERS</b>	(number of)					1.00	
<b>MOTORS</b>	(number of)					2.00	
<b>RESID/COM</b>	Electric units					1.00	
<b>HEATING</b>	oil/gas units	Interior	Exterior			5.00	
						5.00	
<b>APPLIANCES</b>	Ranges	Cook Tops	Wall Ovens			2.00	
	Insta-Hot	Water heaters	Fans			2.00	
	Dryers	Disposals	Dishwasher			2.00	
	Compactors	Spa	Washing Machine			2.00	
	Others (denote)					2.00	
	<b>MISC. (number of)</b>	Air Cond/win					3.00
		Air Cond/cent		Pools			10.00
		HVAC	EMS	Thermostat			5.00
		Signs					10.00
		Alarms/res					5.00
<i>Fire</i>	Alarms/com					15.00	
	Heavy Duty(CRKT)					2.00	
	Circus/Carnv					25.00	
	Alterations					5.00	
	Fire Repairs					15.00	
	E Lights					1.00	
	E Generators					20.00	
<b>PANELS</b>	Service	Remote	Main			4.00	
						5.00	
						8.00	
<b>TRANSFORMER</b>	0-25 Kva					5.00	
	25-200 Kva					8.00	
	Over 200 Kva					10.00	
<b>TOTAL AMOUNT DUE</b>							
<b>MINIMUM FEE/COMMERCIAL 45.00</b>						<b>MINIMUM FEE 35.00</b>	

CONTRACTORS NAME Town & Country MASTER LIC. # 4604  
 ADDRESS 180 RAND RD LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 772-5257

SIGNATURE OF CONTRACTOR J. McMahon