PERMIT ISSUED
FEB 18 1986
City Of Portland

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION .....00155.....

ZONING LOCATION ...B-3..... PORTLAND, MAINE Feb. 14, 1986

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION .....417 Congress Street - 1st Floor..... Fire District #1 ☐, #2 ☐

1. Owner's name and address Northland Corp. (Dirigo Management Co. 04101 Telephone 871-1080
2. XXXXXXXXXXXXXXXX c/o David E. Robinson-178 Middle St. Portland, Me. Telephone .....
3. Contractor's name and address Baynes & Campbell-RR #1, Saco Rd., Telephone ...727-5875

...Keesee-Douglas F. & Gwendolyn Campbell-DBA PIP..... No. of sheets .....

Proposed use of building .....28 O'Brion St., Portland 04101 - 871-0028 No. families .....

Last use .....Instant Printing & Copier..... No. families .....

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractural cost $..3,000.00

FIELD INSPECTOR—Mr. .....
@ 775-5451

Appeal Fees	$ .....
Base Fee	....25.00 Change of Use
Late Fee	.....
TOTAL	$ ...35.00.... $ 60.00

Change of Use from vacant to Instant Printing & Copier with renovations.

Stamp of Special Conditions

ISSUE PERMIT TO: DOUGLAS F. & GWENDOLYN CAMPBELL, 28 O"BRION ST. 04101

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ....yes..... Is any electrical work involved in this work? ..yes.....

Is connection to be made to public sewer? ..... If not, what is proposed for sewage? .....

Has septic tank notice been sent? ..... Form notice sent? .....

Height average grade to top of plate ..... Height average grade to highest point of roof .....

Size, front ..... depth ..... No. stories ..... solid or filled land? ..... earth or rock? .....

Material of foundation ..... Thickness, top ..... bottom ..... cellar .....

Kind of roof ..... Rise per foot ..... Roof covering .....

No. of chimneys ..... Material of chimneys ..... of lining ..... Kind of heat ..... fuel ...

Framing Lumber—Kind ..... Dressed or full size? ..... Corner posts ..... Sills .....

Size Girder ..... Columns under girders ..... Size ..... Max. on centers .....

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters:	1st floor ..... , 2nd	, 3rd	, roof	
On centers:	1st floor ..... , 2nd	, 3rd	, roof	
Maximum span.	1st floor ..... , 2nd	, 3rd	, roof	

If one story building with masonry walls, thickness of walls? ..... height? .....

IF A GARAGE

No. cars now accommodated on same lot ..... to be accommodated ..... number commercial cars to be accommodated .....

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? .....

APPROVALS BY: *DATE*

BUILDING INSPECTION—PLAN EXAMINER .....

ZONING: O.K. M.J. Date 2/14/86.....

BUILDING CODE: .....

Fire Dept.: .....

Health Dept.: .....

Others: .....

MISCELLANEOUS

Will work require disturbing of any tree on a public street? N/A

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ..yes...

Signature of Applicant ..Douglas F. Campbell..... Phone # .....

Type Name of above ..Douglas.E...Campbell..... 1☐ 2☐ 3☐ 4☐

Other .....

and Address .....

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

10 MM Rowe

Permit No. 86/455

Location 117 ~~Longboat Dr~~

Owner ~~Holland~~

Date of permit 2-14-86

Approved 2-14-86

Dwelling ~~Change use~~

Garage

Alteration

NOTES

3/11/86

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Feb. 28, 19 86
Receipt and Permit number 23216

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: (417) Congress St.

OWNER'S NAME: Dirigo Management ADDRESS: 178 Middle St.

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30	3.00
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	_____
Strip Flourescent _____ ft.	_____
SERVICES:	
Overhead x Underground _____ Temporary _____ TOTAL amperes 200	3.00
METERS: (number of) 1	.50
MOTORS: (number of)	
Fractional _____	_____
1 HP or over _____	_____
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	_____
Electric (number of rooms) _____	_____
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	_____
Oil or Gas (by separate units) _____	_____
Electric Under 20 kws _____ Over 20 kws _____	_____
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	_____
MISCELLANEOUS: (number of)	
Branch Panels _____	_____
Transformers _____	_____
Air Conditioners Central Unit _____	_____
Separate Units (windows) _____	_____
Signs 20 sq. ft. and under _____	_____
Over 20 sq. ft. _____	_____
Swimming Pools Above Ground _____	_____
In Ground _____	_____
Fire/Burglar Alarms Residential _____	_____
Commercial _____	_____
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____
over 30 amps _____	_____
Circus, Fairs, etc. _____	_____
Alterations to wires _____	_____
Repairs after fire _____	_____
Emergency Lights, battery _____	_____
Emergency Generators _____	_____
INSTALLATION FEE DUE:	_____
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-16.b) ...	~~to 50~~
TOTAL AMOUNT DUE:	6.50

INSPECTION:

Will be ready on _____, 19__; or Will Call xx

CONTRACTOR'S NAME: Michael LaPlante & Sons

ADDRESS: Riverside St.

TEL.: ~~78888~~ 878-2866

MASTER LICENSE NO.: ~~on file~~ SIGNATURE OF CONTRACTOR: Jim Bennett

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 3216

Location 410 Cougar, USA

Owner Dwight Allen

Date of Permit 2-28-86

Final Inspection 3-3-86

By Inspector Tim Kay

Permit Application Register Page No. 149

INSPECTIONS: Service — by Kibby

Service called in 3-3-86

Closing-in _____ by _____

PROGRESS INSPECTIONS: 2-28-86 _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

CODE COMPLIANCE COMPLETED DATE 3-3-86

DATE:	REMARKS:

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 415 CONGRESS STREET

Issued to DIRIGO MANAGEMENT CO ,178 MIDDLE ST Date of Issue 3/18/88

This is to certify that the building or part thereof, at the above location, built—altered —changed as to use under Building Permit No. 2487, 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	APPROVED OCCUPANCY
FOURTH FLOOR ,ENTIRE	OFFICES

Limiting Conditions:

FIRE DEPT APPROVAL L.A. Collins (VRD) ELEC D. Pierce PLUMB E.G. Gordon

This certificate supersedes certificate issued

Approved:

3/18/88 (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.

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date April 1 1987
Receipt and Permit number D 09232

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*
The undersigned hereby applies for a permit to make electrical installation: in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:
LOCATION OF WORK: 415 Congress St. 1st floor right
OWNER'S NAME: Dirigo Management ADDRESS: 78 Middle St.

		FEES
OUTLETS:		
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30		3.00
FIXTURES: (number of)		
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____		
Strip Flourescent _____ ft.		
SERVICES:		
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____		
METERS: (number of)		
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws xx Over 20 kws _____		5.00
APPLIANCES: (number of)		
Ranges _____	Water Heaters _____	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers _____	
Dryers _____	Compactors _____	
Fans _____	Others (denote) _____	
TOTAL _____		
MISCELLANEOUS: (number of)		
Branch Panels _____		
Transformers _____		
Air Conditioners Central Unit _____		
Separate Units (windows) _____		
Signs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarms Residential _____		
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____		
over 30 amps _____		
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
TOTAL AMOUNT DUE: OK		8.00

INSPECTION:
Will be ready on ready, 19__; or Will Call _____
CONTRACTOR'S NAME: Ames Electric
ADDRESS: 35 East Bridge St. Westbrook
TEL.: 774-0604
MASTER LICENSE NO.: 2336
LIMITED LICENSE NO.: _____
SIGNATURE OF CONTRACTOR: _____

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 415 Congress Street 4th fl

PORTLAND PERMIT $ 2,566 TOWN COPY
Date Permit Issued: 10/14/87 $ 21.00 FEE
Commercial Residential
Local Plumbing Inspector Signature
L.P.I. #

PROPERTY OWNERS NAME

Last: First:

Applicant Name: The Dirigo Group, Inc.
Mailing Address of Owner/Applicant (If Different): 226 Anderson Street Portland Maine

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 Inspector to deny a Permit.
Signature of Owner/Applicant — Date: 10-9-87

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: OCT 20 1987

PERMIT INFORMATION

This Application is for
1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

OCT 20 1987

Type Of Structure To Be Served:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY: Commercial building

Plumbing To Be Installed By:
1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 10,273.5

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
		1	Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	2	Wash Basin
			Indirect Waste	3	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other:		Water Heater
$	Hook-Up Fee	1	Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				7	Total Fixtures
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			$ 21.	Fees Paid
				$	Fees Due
				$ 21.	Total Fees Due

Page 1 of 1
HHE - 211 Rev. 4/83

TOWN COPY

B

PERMIT # 1218 | **PORTLAND - BUILDING PERMIT APPLICATION** DATE 09/08/87

PERMIT ISSUED
SEP 17 1987
City of Portland

I. GENERAL INFORMATION

Location/address of construction 415 Congress Street 4th floor

1. Owner's name Dirigo Management Tel. 871-1030
   Address 178 Middle Steet
2. Lessee's name Norman Hanson Detov Tel.
   Address 415 Congress Street
3. Contractor's name Dirigo Management Tel. same
   Address same
4. Is this a legally recorded lot? yes XX no

II. DESCRIPTION OF WORK:

New partitions, electrical and Plumbing.
All none load bearing, as per plans.

Send Call to pick-up.

III. BUILDING DIMENSIONS: length ____ width ____ square footage ____ height ____ #stories ____

IV. ZONE B-3 Street frontage ____ Zoning board approval no ☐ yes ☐ date ____
Setbacks: front ____ back ____ side ____ side ____ Planning board approval no ☐ yes ☐ date ____

V. REVIEW REQUIRED: variance ____ other ____
site plan ____ subdivision ____ shore ____ flood plain mgmt ____

Number of off-street parking spaces: ____ enclosed ____ outdoors

VI. FEES:
base fee ____ other fees ____
subdivision fee ____ late fee ____
site plan review fee ____ TOTAL 775.00 pd 9/14/87

VII. DETAILS OF WORK

1. WATER SUPPLY: ☐ public ☐ private
2. SEWER: ☐ public ☐ private, type
3. HEAT: type fuel
4. FOUNDATION: type thickness footing
5. ROOF: type pitch covering load
6. PLUMBING: SPRINKLER SYSTEM? yes ☐ no ☐
7. ELECTRICAL: service entrance size # smoke detectors
8. CHIMNEY: # flues material # fireplaces
9. FRAMING: floor joists ____ size ____ max. o.c. center ____ ceiling joists ____ rafters ____ studs ____ wall studs ____
10. If 1-story building w/masonry walls: wall thickness height
11. BEDROOM WINDOWS height ____ width ____ sill height ____ egress window? yes ☐ no ☐

VIII. OFFICE USE:
TAX MAP #
LOT #
VALUE/STRUCTURE
PERMIT EXPIRATION

IX. NEW OR PHASED SUBDIVISION
REFERENCE
Name
Lot
Block

CODE If other, explain
X. PROPOSED USE: Seasonal Condominium Apartment
XI. PAST USE:
XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: 150,000.00

XIV. GR. SQ. FT. OF LOT
BUILDING

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: BEDROOMS
NEW DWELLING UNITS WITH: 1 BDRM 2 BDRMS 3 BDRMS
EXISTING DWELLING UNITS WITH:

XVI. RESIDENTIAL UNITS:
NEW DWELLINGS
EXISTING DWELLINGS
TOTAL RESIDENTIAL UNITS

APPROVALS BY:
BUILDING INSPECTION PLAN EXAMINER
ZONING: Deb. Hayes 9/14
C.E.O.
FIRE DEPT. Lewis V. Colsmith Jr.

MISCELLANEOUS
Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. 10

XVII.
SIGNATURE OF APPLICANT [signature] PHONE # 871-1080
TYPE NAME OF ABOVE Gayle Duty 1 2 3 4

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

M.B. Rowe

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date August 4, 19 86
Receipt and Permit number D 24396

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 415 Congress Street

OWNER'S NAME: Dirigo Management ADDRESS: 178 Middle Street

	FEES
OUTLETS:	
Receptacles 45 Switches 25 Plugmold ____ ft. TOTAL 45	
FIXTURES: (number of)	6.00
Incandescent ____ Flourescent 80 (not strip) TOTAL 80	
Strip Flourescent ____ ft.	10.00
SERVICES:	
Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____ ..	
METERS: (number of)	
MOTORS: (number of)	
Fractional	
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler)	
Oil or Gas (by separate units)	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	

Ranges		Water Heaters	
Cook Tops		Disposals	
Wall Ovens		Dishwashers	
Dryers		Compactors	
Fans		Others (denote)	
TOTAL			

MISCELLANEOUS: (number of)	
Branch Panels	
Transformers	
Air Conditioners Central Unit	
Separate Units (windows)	
Signs 20 sq. ft. and under	
Over 20 sq. ft	
Swimming Pools Above Ground	
In Ground	
Fire/Burglar Alarm Residential	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	
over 30 amps	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generators	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	16.00

INSPECTION:

Will be ready on ____, 19__; or Will Call XX

CONTRACTOR'S NAME: Michael LaPlante and Sons

ADDRESS: 2 Evergreen St.

TEL.: 873-2866

MASTER LICENSE NO.: 3714

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: Gerald W. Carter

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 24396

Location 415 Congress St - 2nd Floor

Owner Diego Management

Date of Permit 8/14/86

Final Inspection 10/8/86

By Inspector O.P. Reed

Permit Application Register Page No. 118

INSPECTIONS: Service 100 Amp by D. Crosby

Service called in 9/2/86

Closing-in See Remarks by —

PROGRESS INSPECTIONS: ___/___/___

8/29/86 ___/___/___

9/2/86 ___/___/___

10/8/86 ___/___/___

___/___/___

___/___/___

DATE:	REMARKS:
8/29/86	The walls were ~~~~ closed before I inspected ~~his~~ job. I issued a drawing, next time the sheetrock will have to be removed.
10/8/86	Final OK for C of O.

COMPLETED
DATE 10/8/86

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date September 28, 19 87

Receipt and Permit number 22385

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 415 Congress Street 4th floor Norman Hanson Detroy

OWNER'S NAME: Dirigo Management ADDRESS: 178 Middle Street

	FEES
OUTLETS:	
Receptacles ___ Switches ___ Plugmold ___ ft. TOTAL 60	5.00
FIXTURES: (number of)	
Incandescent ___ Flourescent 51 (not strip) TOTAL 51	7.10
Strip Flourescent ___ ft.	
SERVICES:	
Overhead ___ Underground ___ Temporary ___ TOTAL amperes ___ ..	
METERS: (number of)	
MOTORS: (number of)	
Fractional	
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler)	
Oil or Gas (by separate units)	
Electric Under 20 kws ___ Over 20 kws	
APPLIANCES: (number of)	
Ranges ___ Water Heaters ___	
Cook Tops ___ Disposals ___	
Wall Ovens ___ Dishwashers ___	
Dryers ___ Compactors ___	
Fans ___ Others (denote) ___	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels	
Transformers	
Air Conditioners Central Unit	
Separate Units (windows)	
Signs 20 sq. ft. and under	
Over 20 sq. ft.	
Swimming Pools Above Ground	
In Ground	
Fire/Burglar Alarms Residential	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	
over 30 amps	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generators	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	12.10

INSPECTION:

Will be ready on ___, 19__; or Will Call X

CONTRACTOR'S NAME: Michael LaPlante & sons

ADDRESS: 2 Evergreen Drvie

TEL.: 878-2866

MASTER LICENSE NO.: 3714

LIMITED LICENSE NO.:

SIGNATURE OF CONTRACTOR: Mike LaPlante D.D.

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 22345

Location 445 Cypress Ave

Owner Craig & Christensen

Date of Permit 9/29/87

Final Inspection 2/29/88

By, Inspector Carr

Permit Application Register Page No 12

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 9/30/87 by Russo

PROGRESS INSPECTIONS: 9/30/87 ___/___/___

___/___/___

___/___/___

___/___/___

___/___/___

___/___/___

DATE:	REMARKS:

CODE
COMPLIANCE
COMPLETED
DATE 2/29/88

PERMIT # [illegible] PORTLAND BUILDING PERMIT APPLICATION DATE 09/08/87

PERMIT ISSUED
SEP 17 1987
City Of Portland

I. GENERAL INFORMATION

Location/address of construction 415 Congress Street 4th floor

1. Owner's name Dirigo Management Tel. 871-1080
   Address 178 Middle Steet
2. Lessee's name Norman Hansen Detov Tel.
   Address 415 Congress Street
3. Contractor's name Dirigo Management Tel. same
   Address same
4. Is this a legally recorded lot? yes XX no

II. DESCRIPTION OF WORK:

New partitions, electrical and Plumbing.
All none load bearing, as per plans.

Chris Estes

Send Call to pick-up.

III. BUILDING DIMENSIONS: length ____ width ____ square footage ____ height ____ #stories ____

IV. ZONE B-3 Street frontage ____ Zoning board approval: no ☐ yes ☐ date ____
Setbacks: front ____ back ____ side ____ side ____ Planning board approval: no ☐ yes ☐ date ____

V. REVIEW REQUIRED: variance ____ other ____
site plan ____ subdivision ____ shore ____ floodplain mgmt ____

Number of off-street parking spaces:
____ enclosed ____ outdoors

VI. FEES:
base fee ____ other fees ____
subdivision fee ____ late fee ____
site plan review fee ____ TOTAL 775.00 pd 9/14/87

VII. DETAILS OF WORK

1. WATER SUPPLY: ☐ public ☐ private
2. SEWER: ☐ public ☐ private, type
3. HEAT: typo ____ fuel ____
4. FOUNDATION: type ____ thickness ____ footing ____
5. ROOF: type ____ pitch ____ covering ____ load ____
6. PLUMBING: SPRINKLER SYSTEM? yes ☐ no ☐
7. ELECTRICAL: service entrance size ____ # smoke detectors ____
8. CHIMNEY: # flues ____ material ____ # fireplaces ____
9. FRAMING: floor joists ____ size ____ max. on center ____ ceiling joists ____ rafters ____ studs ____ wall studs ____
10. If 1-story building w/masonry walls: wall thickness ____ height ____
11. BEDROOM WINDOWS height ____ width ____ sill height ____ egress window? yes ☐ no ☐

VIII. OFFICE USE:
TAX MAP # ____
LOT # ____
VALUE/STRUCTURE ____
PERMIT EXPIRATION ____

IX. NEW OR PHASED SUBDIVISION
REFERENCE
Name ____
Lot ____
Block ____

CODE ____ If other, explain ____ Seasonal ____ Condominium ____ Apartment ____
X. PROPOSED USE: ____
XI. PAST USE: ____
XII. OWNERSHIP: ____ PUBLIC ____ PRIVATE

XIII. EST. CONSTRUCTION COST: 150,000.00

XIV. GR. SQ. FT. OF LOT ____ BUILDING ____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: BEDROOMS

	1 BDRM	2 BDRMS	3 BDRMS
# NEW DWELLING UNITS WITH:			
# EXISTING DWELLING UNITS WITH:			

XVI. # RESIDENTIAL UNITS:
NEW DWELLINGS ____
EXISTING DWELLINGS ____
TOTAL RESIDENTIAL UNITS ____

APPROVALS BY: DATE
BUILDING INSPECTION / PLAN EXAMINER M.B. Rowe Sept. 15, 1987
ZONING: ____
C.E.O. ____
FIRE DEPT. James V. Collins Lieut

MISCELLANEOUS
Will work require disturbing of any tree on a public street? ____
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ____

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. 10

XVII.
SIGNATURE OF APPLICANT [signature] PHONE # 871-1080
TYPE NAME OF ABOVE Chris Estes 1 2 3 4

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

M.B. Rowe

PERMIT # 001420 CITY OF Portland BUILDING PERMIT APPLICATION MAP #_____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: ~~XXX~~ Pat Siriboahi - 774-8606

Address: 419 Congress St., Portland, ME 04101

LOCATION OF CONSTRUCTION 419 Congress Street

CONTRACTOR: Kitchen Ventilation Specialist SUBCONTRACTORS: Pass. 508-987-3266

ADDRESS: P.O. Box 265, 203 Main St., North Oxford, MA 01537

Est. Construction Cost: 1m400.00 Type of Use: Restaurant

Past Use: Same

Building Dimensions L___ W___ Sq. Ft.___ # Stories:___ Lot Size:___

Is Proposed Use:_____ Seasonal_____ Condominium_____ Apartment

_____ Conversion - Explain Interior duckwork, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units_____

Foundation:

1. Type of Soil:_____
2. Set Backs - Front_____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing:_____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type:_____ Size: _____
6. Floor Sheathing Type:_____ Size:_____
7. Other Material: _____

Exterior Walls:

1. Studding Size_____ Spacing _____
2. No. windows _____
3. No. Doors_____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No._____
6. Corner Posts Size _____
7. Insulation Type_____ Size_____
8. Sheathing Type_____ Size_____
9. Siding Type_____ Weather Exposure_____
10. Masonry Materials_____
11. Metal Materials _____

Interior Walls:

1. Studding Size_____ Spacing_____
2. Header Sizes_____ Span(s)_____
3. Wall Covering Type_____
4. Fire Wall if required_____
5. Other Materials_____

For Official Use Only

Date November 18, 1988 Subdivision: Yes / No

Inside Fire Limits_____ Name_____

Bldg Code_____ PERMIT ISSUED

Time Limit_____ Permit Expiration:_____

Estimated Cost $1,400.00 Ownership: Public

Value/Structure_____ NOV 29

Fee $25.00

City Of Portland

Ceiling:

1. Ceiling Joists Size:_____
2. Ceiling Strapping Size_____ Spacing_____
3. Type Ceilings:_____
4. Insulation Type _____ Size _____
5. Ceiling Height:_____

Roof:

1. Truss or Rafter Size_____ Span_____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type:_____ Number of Fire Places_____

Heating:

Type of Heat:_____

Electrical:

Service Entrance Size:_____ Smoke Detector Required Yes____ No____

Plumbing:

1. Approval of soil test if required Yes~~C~~ No_____
2. No. of Tubs or Showers_____
3. No. of Flushes_____
4. No. of Lavatories_____
5. No. of Other Fixtures_____

Swimming Pools:

1. Type:_____
2. Pool Size :_____ x _____ Square Footage_____
3. Must conform to National Electrical Code and State Law.

Zoning:

District B-3 Street Frontage Req.:_____ Provided_____

Required Setbacks: Front_____ Back_____ Side_____ Side_____

Review Required:

Zoning Board Approval: Yes_____ No_____ Date:_____

Planning Board Approval: Yes_____ No_____ Date:_____

Conditional Use:_____ Variance_____ Site Plan_____ Subdivision_____

Shore and Floodplain Mgmt_____ Special Exception_____

Other_____ (Explain)

Date Approved O.K. W.J. Turner Nov 18 1988

Permit Received By Joyce M. Rinaldi

Signature of Applicant _____ Date _____

PPB

Signature of CEO J. F. Coll Date 11-23-88

PERMIT ISSUED WITH LETTER

Inspection Dates _____

T.O. M.R. Rowe

White-Tax Assesor Yellow-GPCOG White Tag -CEO

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PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ 25.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 1/20/89. Inspected by H. Garraway and A. Rowe. OK.

Signature of Applicant _____ **Date** _____

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

November 29, 1988

Pat Siribodhi
419 Congress Street
Portland, Maine 04101

Re: 419 Congress St.

Dear Sir:

Your application to install interior ductwork has been reviewed and a permit is herewith issued subject to the following requirements:

This installation shall comply with the standards of NFPA #96 which will require an extinguishing system.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

cc: Lt. Collins

KITCHEN VENTILATION SPECIALIST
P.O. Box 265 203 Main Street
NORTH OXFORD, MA 01537

508
~~(617)~~ 987-3266

MEMO

DATE 11-9-88

TO: MR. SAM HOFESES

SUBJECT 12' HOOD & EXHAUST DUCTWORK FOR BANGKOK CUISINE RST. ON 419 CONGRESS ST.

SIR,

PLEASE FIND ENCLOSED 2 COPIES OF SHOP DRAWINGS FOR THE ABOVE MENTIONED WORK MY COMPANY IS CONTRACTED TO INSTALL. PLEASE CALL THE ABOVE PHONE NUMBER IF ANY DISCREPENCIES ARE FOUND OR FURTHER INFO IS NEEDED

THANK YOU

☑ PLEASE REPLY ☐ NO REPLY NECESSARY

SIGNED Fred Burnett

PERMIT # 001430 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: ~~XXXX~~ Pat Siribodhi - 774-8606

Address: 419 Congress St., Portland, ME 04101

LOCATION OF CONSTRUCTION 419 Congress Street

CONTRACTOR: Kitchen Ventilation Specialist Mass. 508-987-3266

ADDRESS: P.O. Box 265, 203 Main St., North Oxford, MA 01537

Est. Construction Cost: 1,400.00 Type of Use: Restaurant

Past Use: same

Building Dimensions L ___ W ___ Sq. Ft. ___ # Stories: ___ Lot Size: ___

Is Proposed Use: ___ Seasonal ___ Condominium ___ Apartment

___ Conversion - Explain Interior duckwork, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units ___ # Of New Dwelling Units ___

Foundation:

1. Type of Soil: ___
2. Set Backs - Front ___ Rear ___ Side(s) ___
3. Footings Size: ___
4. Foundation Size: ___
5. Other ___

Floor:

1. Sills Size: ___ Sills must be anchored.
2. Girder Size: ___
3. Lally Column Spacing: ___ Size: ___
4. Joists Size: ___ Spacing 16" O.C.
5. Bridging Type: ___ Size: ___
6. Floor Sheathing Type: ___ Size: ___
7. Other Material: ___

Exterior Walls:

1. Studding Size ___ Spacing ___
2. No. windows ___
3. No. Doors ___
4. Header Sizes ___ Span(s) ___
5. Bracing: Yes ___ No. ___
6. Corner Posts Size ___
7. Insulation Type ___ Size ___
8. Sheathing Type ___ Size ___
9. Siding Type ___ Weather Exposure ___
10. Masonry Materials ___
11. Metal Materials ___

Interior Walls:

1. Studding Size ___ Spacing ___
2. Header Sizes ___ Span(s) ___
3. Wall Covering Type ___
4. Fire Wall if required ___
5. Other Materials ___

For Official Use Only

Date November 18, 1988 Subdivision: Yes / No

Inside Fire Limits ___ Lot ___

Bldg Code ___ Block ___

Time Limit ___ Permit Expires NOV 29 1988

Estimated Cost $1,400.00 Ownership: Public / Private

Value/Structure ___

Fee $25.00

PERMIT ISSUED

City Of Portland

Ceiling:

1. Ceiling Joists Size: ___
2. Ceiling Strapping Size ___ Spacing ___
3. Type Ceilings: ___
4. Insulation Type ___ Size ___
5. Ceiling Height: ___

Roof:

1. Truss or Rafter Size ___ Span ___
2. Sheathing Type ___ Size ___
3. Roof Covering Type ___
4. Other ___

Chimneys:

Type: ___ Number of Fire Places ___

Heating:

Type of Heat: ___

Electrical:

Service Entrance Size: ___ Smoke Detector Required Yes ___ No ___

Plumbing:

1. Approval of soil test if required Yes ___ No ___
2. No. of Tubs or Showers ___
3. No. of Flushes ___
4. No. of Lavatories ___
5. No. of Other Fixtures ___

Swimming Pools:

1. Type: ___ Square Footage ___
2. Pool Size: ___ x ___
3. Must conform to National Electrical Code and State Law.

Zoning:

District ___ Street Frontage Req.: ___ Provided ___

Required Setbacks: Front ___ Back ___ Side ___ Side ___

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: ___

Planning Board Approval: Yes ___ No ___ Date: ___

Conditional Use: ___ Variance ___ Site Plan ___ Subdivision ___

Shore and Floodplain Mgmt ___ Special Exception ___

Other ___ (Explain) ___

Date Approved ___

Permit Received By Joyce M. Rinaldi

Signature of Applicant ___ Date ___

Signature of CEO ___ Date ___

Inspection Dates ___

White-Tax Assesor Yellow-GPCOG White Tag -CEO

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PORTLAND BUILDING PERMIT APPLICATION DATE 09/08/87

I. GENERAL INFORMATION

Location/address of construction 415 Congress Street 4th floor

1. Owner's name Dirigo Management Tel. 871-1080
   Address 178 Middle Steet
2. Lessee's name Norman Hansen Detoy Tel.
   Address 415 Congrdss Street
3. Contractor's name Dirigo Management Tel. same
   Address same
4. Is this a legally recorded lot? yes SX no

II. DESCRIPTION OF WORK:

New partitions, electrical and Plumbing.
All none load bearing, as per plans.

Call to pick-up.

III. BUILDING DIMENSIONS: length ____ width ____ square footage ____ height ____ #stories ____

IV. ZONE ____ Street frontage ____ Zoning board approval:no ☐ yes ☐ date ____
Setbacks: front ____ back ____ side ____ side ____ Planning board approval:no ☐ yes ☐ date ____

V. REVIEW REQUIRED: variance ____ other ____
site plan ____ subdivision ____ shore ____ floodplain mgmt ____

Number of off-street parking spaces: ____ enclosed ____ outdoors

VI. FEES:
base fee ____ other fees ____
subdivision fee ____ late fee ____
site plan review fee ____ TOTAL 775.00 pd 9/14/87

VII. DETAILS OF WORK

1. WATER SUPPLY: ☐ public ☐ private
2. SEWER: ☐ public ☐ private, type
3. HEAT: type fuel
4. FOUNDATION: type thickness footing
5. ROOF: type pitch covering load
6. PLUMBING: SPRINKLER SYSTEM? yes ☐ no ☐
7. ELECTRICAL: service entrance size # smoke detectors
8. CHIMNEY: # flues material # fireplaces
9. FRAMING: floor joists ____ size ____ max. on center ____ ceiling joists ____ rafters ____ studs ____ wall studs ____
10. If 1-story building w/masonry walls: wall thickness height
11. BEDROOM WINDOWS height width sill height egress window? yes ☐ no ☐

VIII. OFFICE USE:
TAX MAP # ____
LOT # ____
VALUE/STRUCTURE ____
PERMIT EXPIRATION ____

IX. NEW OR PHASED SUBDIVISION REFERENCE
Name ____
Lot ____
Block ____

CODE If other, explain

X. PROPOSED USE: ____ Seasonal ____ Condominium ____ Apartment ____

XI. PAST USE: ____

XII. OWNERSHIP: ____ PUBLIC ____ PRIVATE

XIII. EST. CONSTRUCTION COST: 150,000.00

XIV. GR. SQ. FT. OF LOT ____ BUILDING ____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY:

	BEDROOMS		
	1 BDRM	2 BDRMS	3 BDRMS
# NEW DWELLING UNITS WITH:			
# EXISTING DWELLING UNITS WITH:			

XVI. # RESIDENTIAL UNITS:
NEW DWELLINGS ____
EXISTING DWELLINGS ____
TOTAL RESIDENTIAL UNITS ____

APPROVALS BY: DATE
BUILDING INSPECTION - PLAN EXAMINER ____
ZONING: ____
C.E.O. ____
FIRE DEPT. ____

MISCELLANEOUS
Will work require disturbing of any tree on a public street? ____
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ____

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. ____

XVII.
SIGNATURE OF APPLICANT ____ PHONE # 871-1080
TYPE NAME OF ABOVE Craig Esty 1 2 3 4

White -GPCOG Green - Applicant Yellow -Assessor Pink -Office File Gold - Field Inspector

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 415 Congress Street

Issued to Old Portland Properties, Partnership, Inc. Date of issue March 9, 1990

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. 89/002875 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	APPROVED OCCUPANCY
6th floor	Entire

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

3/9/90 (Date) Inspector

Inspector of Building

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.

002875

Craig Moore 871-1080

Permit # ____ **City of** Portland **BUILDING PERMIT APPLICATION** **Fee** $695.00 **Zone** _____ **Map #** _____ **Lot#** _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port ~~Exchange Ltd.~~ Properties Partnership Phone # 871-7100

Address: 1 Portland Square, Portland 04101

LOCATION OF CONSTRUCTION 415 Congress St., 6th floor

Contractor: Dirigo Manggement Co. Sub.:

Address: 45 Exchange St., Portland 04101 Phone # 871-1080

Est. Construction Cost: $160,000 Proposed Use: vacant space

Past Use:

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion tenant fit up. 2 plans ~~xxx~~ submitted.

For Official Use Only

Date September 14 1988 Subdivision: PERMIT ISSUED

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Ownership: NOV 28 1988 Public

Estimated Cost $160,000 Private

CITY OF PORTLAND

Zoning: B-3

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: _____

Planning Board Approval: Yes ___ No ___ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ___ No ___ Floodplain Yes ___ No ___

Special Exception _____

Other _____ (Explain)

OK to issue 11-22-88

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ___ No ___

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Nancy Gressman

Signature of Applicant _____ Date 11/25/88

Signature of CEO _____ Date 11-22-88

Inspection Dept.

ISSUED WITH LETTER

White-Tax Assesor Yellow-GPCOG White Tag-CEO

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PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ 25.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $ 795.00
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 12/11/89 Renovation work in progress at per plans — working on walls & placing new partitions. Not to be occupied

2/1/90 Construction work almost completed

2/16/90 Same

3/90 Completed as per plans

Signature of Applicant Craig C. Mear Agent for Owner **Date** 11/15/89

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

415 Congress Street

29 November 1989

Dirigo Management Company
45 Exchange Street
Portland ME 0410

Dear Sir:

Your application to do tenant hook up has been reviewed and a permit is herewith issued subject to the following requirements:

1. The minimum width of any corridor shall be 44" in accordance with Section 28-23.2 of the Life Safety Code.

2. Emergency lighting to be provide for stairwell.

3. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

No certificate of occupancy can be issued until all requirements of this letter are met.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. Garroway, PFD

Permit # 169 City of Portland **BUILDING PERMIT APPLICATION** Fee $65.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Prop.Limited Part Phone # 871-7100

Address: 1 Portland Square Portland 04101

LOCATION OF CONSTRUCTION 415 Congress St. 4th floor

Contractor: Dirigo Mgt. Co. (MAIL PERMIT) Sub:

Address: 45 Exchange St. 04101 Phone # 871-1080

Est. Construction Cost: 9,000 Proposed Use: office

Past Use: officer

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion removing 2 interior walls as per plan 2 sets of plans at 2 offices

For Official Use Only

Date March 6, 1990 Subdivision:

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Ownership: _____ Public _____ Private

Estimated Cost 9,000

Zoning: B-3

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) OK WDH 3-15-90

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

PERMIT ISSUED

MAR 15 1990

City Of Portland

Permit Received By Latini

Signature of Applicant Craig C. Moore Agent for Owner Date 3/6/90

Signature of CEO Craig Moore Date 3-13-90

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

Copyright GPCOG 1988

TD MAR 1 IRVIN

Permit # 69 City of Portland **BUILDING PERMIT APPLICATION** Fee $65.00 Zone _____ Map # ___ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Prop. Limited Part. Phone # 871-7100

Address: 1 Portland Square Portland 04101

LOCATION OF CONSTRUCTION 415 Congress St. 4th floor

Contractor: Dirigo Mgt. Co. (MAIL PERMIT) Sub:

Address: 45 Exchange St. 04101 Phone # 871-1080

Est. Construction Cost: 9,000 Proposed Use: office

Past Use: office

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion removing 2 interior walls as per plan 2 sets of plans

For Official Use Only

Date March 6, 1990 Subdivision:

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Tif.e Limit _____ Ownership: _____ Public

Estimated Cost 9,000 _____ Private

Zoning: C-3

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: _____

Planning Board Approval: Yes ___ No ___ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ___

Shoreland Zoning Yes ___ No ___ Floodplain Yes ___ No ___

Special Exception _____

Other _____ (Explain) OK 3-15-90

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Fire _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ___ No ___

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

PERMIT ISSUED
MAR 15 1990
City Of Portland

Permit Received By Latini

Signature of Applicant _____ Date 3/6/90

Signature of CEO Craig Moore Date 3-12-90

Inspection Dates _____

March 6, 1990

White-Tax Assesor Yellow-GPCOG White Tag-CEO

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IRVING

PLOT PLAN



FEES (Breakdown From Front)

Base Fee $ 65.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

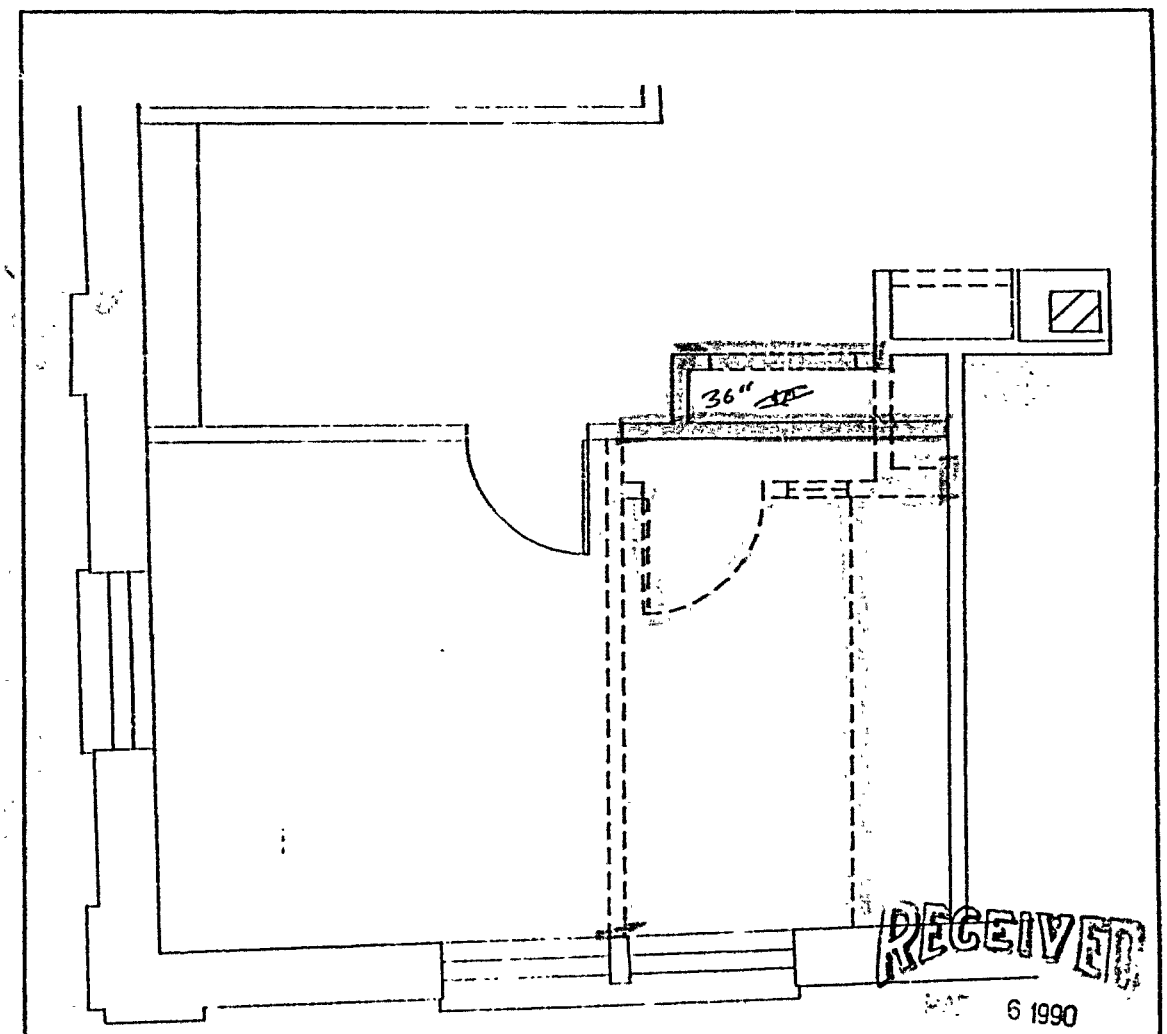
Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS two sets of plans submitted

8/14/90 Cons officer were completed AS per plan MCM

Signature of Applicant Gary C. Moore Agent for owner Date March 6, 1990



RECEIVED
6 1990
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Congress St.

KEY

EXISTING

NEW

DEMO

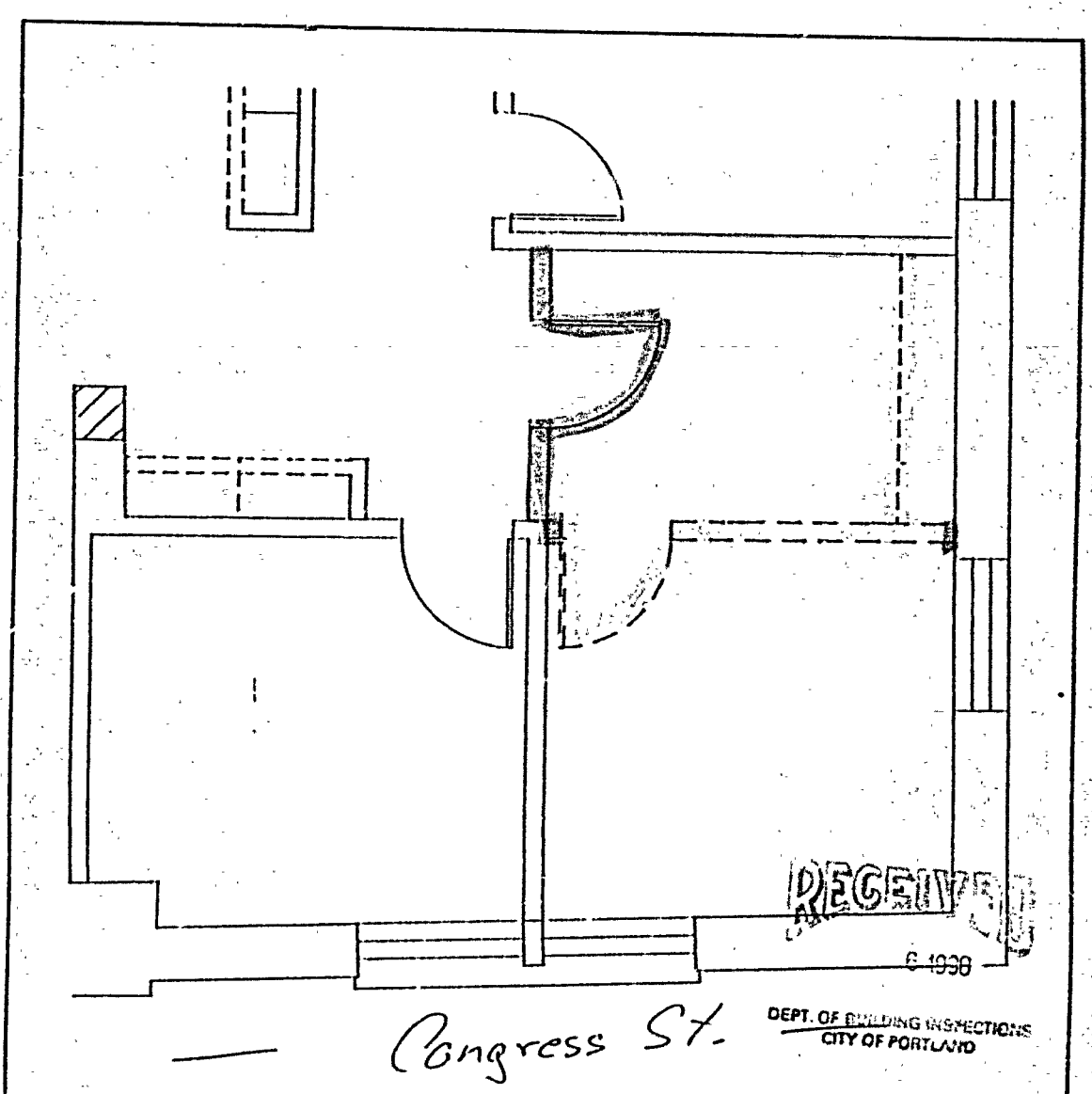
Mark Lavoie Norman, Hanson & DeTroy

SCALE 1/4" = 1'
DATE 1/25/90
JOB NUMBER 7063
DRAWN BY MGoie
REVISION

DIRIGO MANAGEMENT CO.

115 Congress St. Ptld.

DRAWING NUMBER



KEY

EXISTING

NEW

DEMO

Steve Hessert — Norman, Hanson & DeTroy

SCALE 1/4" = 1'	JOB NUMBER 7063	DRAWN BY Moore
DATE 1/25/90		REVISION

DIRIGO MANAGEMENT CO.

415 Congress St. 4th Fl.

DRAWING NUMBER

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 415 Congress St 1st floor

PROPERTY OWNERS NAME

Last: McGorty Properties

Applicant Name: Moss Plumbing

Mailing Address of Owner/Applicant (If Different): 241 Mayo St Portland

Caution: Permit Required

Plumbing shall not be installed until a Permit is purchased from the ...

PORTLAND — Date Permit Issued: 12/18/89 — 3739 — TOWN COPY

$ 12 — FEE — Check if Fee Charged

Local Plumbing Inspector Signature — LPI #

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 Inspector to deny a Permit.

Signature of Owner/Applicant — 12/18/89 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 — JAN 24 1990 Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☑ RELOCATED PLUMBING

DEC 1989

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. ☑ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 022401

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those areas where the connection is not regulated and inspected by the local Sanitary District. JAN 10 1990		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
HOOK-UP: to an existing subsurface waste water disposal system.	1	Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
$. Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			4	Total Fixtures
			$.	Fixture Fee
			$.	Hook-Up & Relocation Fee
			$ 12.	Permit Fee (Total)

TOWN COPY

02875

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $820.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port XXXXXXXXXXXXXXX Ltd. Phone # 871-7100
Properties Partnership

Address: 1 Portland Square, Portland 04101

LOCATION OF CONSTRUCTION 415 Congress St., 6th floor

Contractor: Diffigo Management Co. Sub.:

Address: 45 Exchange St., POrtlanD 04101 Phone # 871-1080

Est. Construction Cost: $160,000 Proposed Use: vacant space

Past Use:

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion tenant fit up. 2 plansXXX submitted.

For Official Use Only PERMIT ISSUED

Date November 15, 1989 Subdivision:

Inside Fire Limits _____ Name _____ NOV 20 1989

Bldg Code _____ Lot _____

Time Limit _____ Ownership: City Of Portland Public

Estimated Cost $160,000

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Nancy Grossman

Signature of Applicant Craig D. Moore agent of owner Date 11/15/89

Signature of CEO (10) Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1988

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Nov 20, 1989, 19
Receipt and Permit number 00899

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 415 Congress St 6th Floor

OWNER'S NAME: Northland ADDRESS: _____

		FEES
OUTLETS:		
Receptacles 55 Switches 25 Plugmold _____ ft. TOTAL 80	.....	7.00
FIXTURES: (number of)		
Incandescent 9 Flourescent 20 (not strip) TOTAL 29	.....	4.90
Strip Flourescent _____ ft.	.....	
SERVICES:		
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	..	
METERS: (number of) _____	.....	
MOTORS: (number of)		
Fractional _____	.....	
1 HP or over _____	.....	
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____	.....	
Electric (number of rooms) _____	.....	
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____	.....	
Oil or Gas (by separate units) _____	.....	
Electric Under 20 kws _____ Over 20 kws _____	.....	

APPLIANCES: (number of)

Ranges		Water Heaters	
Cook Tops		Disposals	
Wall Ovens		Dishwashers	
Dryers		Compactors	
Fans		Others (denote)	
TOTAL _____	.....		

MISCELLANEOUS: (number of)		
Branch Panels _____	.....	
Transformers _____	.....	
Air Conditioners Central Unit _____	.....	
Separate Units (windows) _____	.....	
Signs 20 sq. ft. and under _____	.....	
Over 20 sq. ft. _____	.....	
Swimming Pools Above Ground _____	.....	
In Ground _____	.....	
Fire/Burglar Alarms Residential _____	.....	
Commercial _____	.....	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	.....	
over 30 amps _____	.....	
Circus, Fairs, etc. _____	.....	
Alterations to wires _____	.....	
Repairs after fire _____	.....	
Emergency Lights, battery 1	.....	2.00
Emergency Generators _____	.....	
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	.....	
TOTAL AMOUNT DUE:		13.90

INSPECTION:

Will be ready on _____, 19__; or Will Call XX

CONTRACTOR'S NAME: LaPlante

ADDRESS: POBox 971

TEL.: Ptld

MASTER LICENSE NO.: 3714 SIGNATURE OF CONTRACTOR: Joseph LaPlante

LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS —

Permit Number 8899

Location 415 Carpenter Ave

Owner Northland

Date of Permit 11/24/87

Final Inspection

By Inspector D. Crum

Permit Application Register Page No. 78

INSPECTIONS: Service _____ by _____

Service called as _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS:

902281 Call 871-1080 to pick up.

Permit # _____ City of Portland, BUILDING PERMIT APPLICATION Fee $295.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Properties Phone # 871-7100

Address: 1 Portland Square

LOCATION OF CONSTRUCTION: 415 Congress Street, 2nd floor

Contractor: Dirigo Management Sub-

Address: 45 Exchange Street Phone # 871-1080

Est. Construction Cost: 55,000 Proposed Use: office

Part Use: office

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion interior renovations as per plans
2 sets submitted

For Official Use Only

Date January 10, 1991

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost 55,000

Subdivision: PERMIT ISSUED
Name _____
Lot _____
JAN 15 1991
Ownership: _____ Private
City Of Portland

Zoning: B-3

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ Explain _____

Okwk 1-16-91

HISTORIC PRESERVATION
Not in Conservation District or Landmark.
Does not require review.
Requires Review.
Action: ___ Approved
___ Approved with Conditions
___ Denied
Date: 1/16/91
Signature: [illegible]

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Materials: _____

PERMIT ISSUED WITH LETTER

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tube or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant Albert Knight Date 1/10/91
Albert Knight

Signature of CEO [illegible] Date 1-15-91

Inspection Dates _____

(10) Mark Mitchell White-Tax Assesor Yellow-GPCOG White Tag -CEO

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PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	415 Congress St.

PROPERTY OWNERS NAME

Last: Masonic Temple First

Applicant Name:	Scribner & Iverson, Inc.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 8779 Portland, Me. 04104

PORTLAND 4123 TOWN COPY

Date Paid 2/24/91 $ 116.00 FEE ☐ Duplicate Fee Charged

Local Plumbing Inspector Signature

Chief Plumbing Inspector

U.I. 0124

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 Inspector to deny a permit.

Signature of Owner/Applicant — 2-22-91 Date

Caution: Inspection Required

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

Mark Mitchell
Local Plumbing Inspector Signature

3/29/91
Date Approved

PERMIT INFORMATION

This Application is for:

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY: ~~Meeting Hall~~

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # A.5.51.2

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

CR

☐ HOOK-UP: to an existing subsurface wastewater disposal system.

☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Number of Hook-Ups & Relocations

$. Hook-Up & Relocation Fee

Number	Column 2 Type of Fixture
	Hosebibb / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
	Grease/Oil Separator
	Dental Cuspidor
	Bidet
	Other:
	Fixtures (Subtotal) Column 2

Number	Column 1 Type Of Fixture
	Bathtub (and Shower)
	Shower (Separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
1	Water Heater
1	Fixtures (Subtotal) Column 1
	Fixtures (Subtotal) Column 2
	Total Fixtures
$.	Base Fee
$.	Hook-Up & Relocation Fee
$ 6.	TOTAL

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
HHE-211 Rev. 9/93

TOWN COPY

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 1/22/91, 19__

Receipt and Permit number 01852

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 415 Congress St - second floor

OWNER'S NAME: Dirigo Mgt ADDRESS: 45 Exchange St- ptld 871-1080

		FEES
OUTLETS: 23 88x Receptacles 21 Switches 8 Plugmold ____ ft. TOTAL 31 x29	.....	6.20 5488
FIXTURES: (number of) 25 Incandescent 21 Flourescent ____ (not strip) TOTAL 21 25 Strip Flourescent ____ ft.	.....	5.00 4x80x
SERVICES: Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____	.....	
METERS: (number of) ____	.....	
MOTORS: (number of) Fractional ____ 1 HP or over ____	.....	
RESIDENTIAL HEATING: Oil or Gas (number of units) ____ Electric (number of rooms) ____	.....	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) ____ Oil or Gas (by separate units) ____ Electric Under 20 kws ____ Over 20 kws ____	.....	
APPLIANCES: (number of) Ranges ____ Water Heaters ____ Cook Tops ____ Disposals ____ Wall Ovens ____ Dishwashers ____ Dryers ____ Compactors ____ Fans ____ Others (denote) ____ TOTAL ____	.....	
MISCELLANEOUS: (number of) Branch Panels ____ Transformers ____ Air Conditioners Central Unit ____ Separate Units (windows) ____ Signs 20 sq. ft. and under ____ Over 20 sq. ft. ____ Swimming Pools Above Ground ____ In Ground ____ Fire/Burglar Alarms Residential ____ Commercial ____ Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____ over 30 amps ____ Circus, Fairs, etc. ____ Alterations to wires ____ Repairs after fire ____ Emergency Lights, battery ____ Emergency Generators ____	.....	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... DOUBLE FEE DUE:		
TOTAL AMOUNT DUE:		15.00 minimum fee

INSPECTION:

Will be ready on ____, 19__; or Will Call X

CONTRACTOR'S NAME: Seabee Electric

ADDRESS: 200 Anderson St; Ptld

TEL.: 774-4880

MASTER LICENSE NO.: Mr. Gagnon # 03014 SIGNATURE OF CONTRACTOR: William Gagnon (AO)

LIMITED LICENSE NO.: ____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 01858

Location 415 Congress

Owner Dirigo Mangmt.

Date of Permit 1-22-91

Final Inspection 1-10-92 Voiced/No Activity

By Inspector S.B.

Permit Application Register Page No. 102

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS:
1-10-92	Telephone conv. with B. Gagnon 1:30pm No activity on this
1-10-92	1:30pm DIRIGO mangmnt. -- no work by them This must be mistaken address

923540 923540

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** $30 **Zone** _____ **Map #** _____ **Lot#** _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Properties Ltd Phone # 871-7100

Address: c/o Northland, One Portland Sq - Ptld,ME 04101 Prtnshp

LOCATION OF CONSTRUCTION 415 Congress St- Suite 300

Contractor: C.R.E.W. Sub.: 829-5552

Address: _____ Phone # _____

Est. Construction Cost: $1800 Proposed Use: office space w reno

_____ Past Use: office space

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Interior renovations - suite 300

For Official Use Only

Date 3/31/92 Subdivision: AFR - 0100

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Ownership: _____ Public _____ Private

Estimated Cost 1800

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: _____

Planning Board Approval: Yes ___ No ___ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ___

Shoreland Zoning Yes ___ No ___ Floodplain Yes ___ No ___

Special Exception _____

Other _____ (Explain) _____

WDN 4-6-92

HISTORIC PRESERVATION

~~Not in District nor Landmark~~

~~Does not require review.~~

Requires Review.

****

Action: ___ Approved

~~Approved with Conditions.~~

~~Denied~~

Date: 4/2/92

Signature: _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ___ No ___

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Gail Conley, property manager Date 3-31-92

CEO's District 2 Gail Conley

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO 12 MK, DAVIS

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 415 Congress St.

Issued to Old Port Properties, Ltd. Date of Issue 8/10/92

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. 92/3540, 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	APPROVED OCCUPANCY
Suite 300 - third floor	office space

Limiting Conditions:

This certificate supersedes certificate issued

Approved: 8/10/92 (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.

923540 923540

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $30 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Properties Ltd. Phone # 871-7100
Address: c/o Northland, One Portland Sq. - Ptld. ME 04101 Prtnshp
LOCATION OF CONSTRUCTION 415 Congress St. Suite 300
Contractor: C.R.E.W. Sub.: 829-5552
Address: _____ Phone # _____
Est. Construction Cost: $1800 Proposed Use: office space w reno
Past Use: office space
# of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion Interior renovations - suite 300

For Official Use Only
Date 3/31/92
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost 1800
Subdivision _____
Name _____
Lot _____
Ownership: Public / Private

PERMIT ISSUED
APR - 9 1992
CITY OF PORTLAND

Zoning: _____
Street Frontage Provided: _____ Back: _____ Side _____ Side _____
Provided Setbacks: Front _____
Review Required:
Zoning Board Approval: Yes ___ No ___ Date: _____
Planning Board Approval: Yes ___ No ___ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning: Yes ___ No ___ Floodplain: Yes ___ No ___
Special Exception: _____
Other (Explain) _____ 4-6-92

8/10/92

HISTORIC PRESERVATION
Not in District nor Landmark.
Does not require review.
Requires Review.

Action: ___ Approved.
___ Approved with Conditions.
___ Denied.
Date: _____
Signature: _____

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes ___ No ___

Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Paul Conlin Property Manager Date 3-31-92

CEO's District 2 Gail Conley

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

2 Mr. Irving

PLOT PLAN



FEES (Breakdown From Front)

Base Fee $ 20 —
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain):
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS

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 has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Janie Cooney, Property Manager — 871-7100

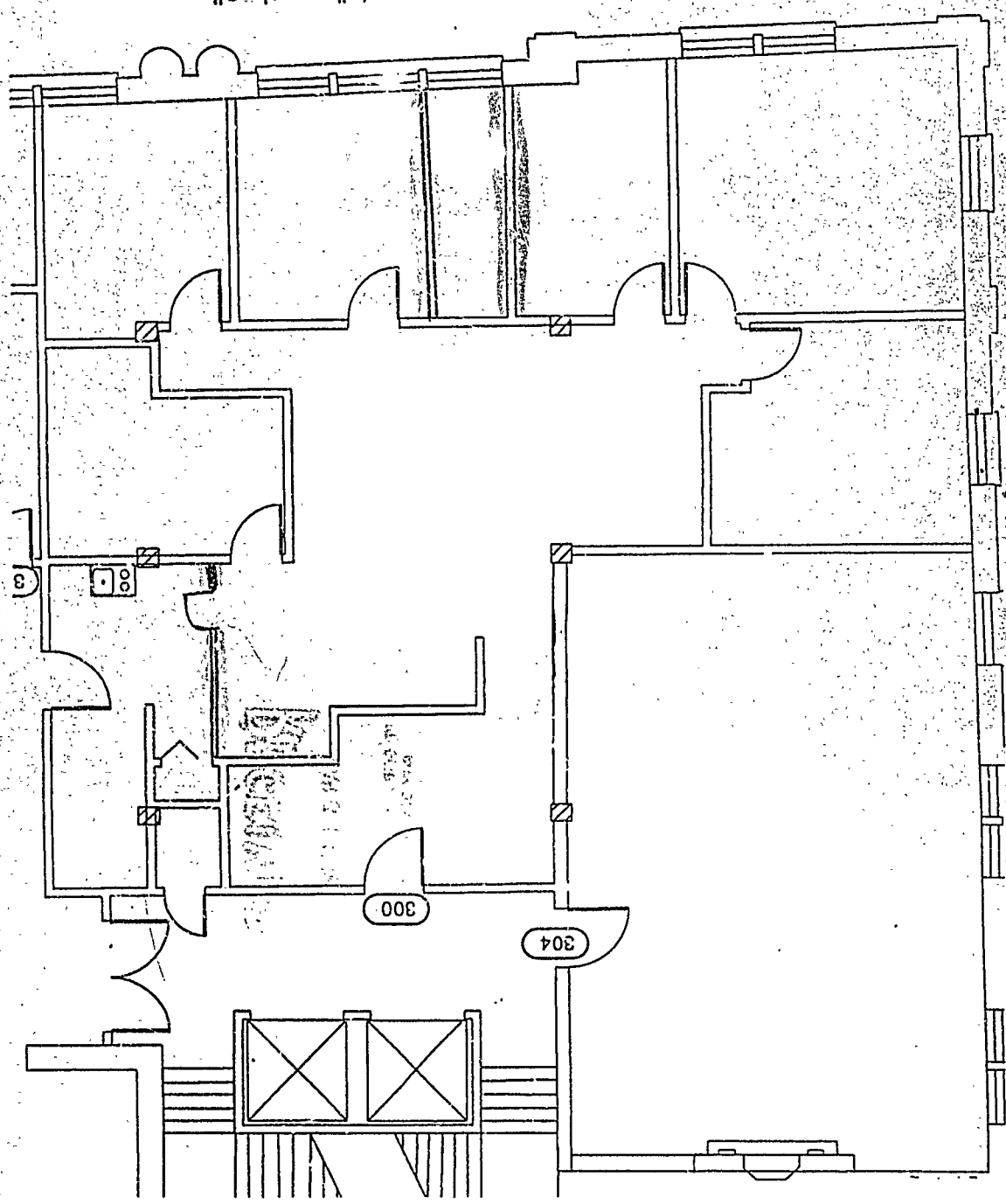
SIGNATURE OF APPLICANT — ADDRESS — PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE NO.

415 CONGRESS ST. SUITE 300 SCALE 1/8" = 1'-0"

New wall

wall to be removed



Call 871-1080 to pick up

902281

Permit # ____ **City of** Portland, **BUILDING PERMIT APPLICATION** **Fee** $295.00 **Zone** ____ **Map #** ____ **Lot#** ____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Properties Phone # 871-7100

Address: 1 Portland Square

LOCATION OF CONSTRUCTION: 415 Congress Street, 2nd floor

Contractor: Dirigo Management Sub.:

Address: 45 Exchange Street Phone # 871-1080

Est. Construction Cost: 55,000 Proposed Use: office

Past Use: office

# of Existing Res. Units ____ # of New Res. Units ____

Building Dimensions L ____ W ____ Total Sq. Ft. ____

Stories: ____ # Bedrooms ____ Lot Size: ____

Is Proposed Use. Seasonal ____ Condominium ____ Conversion ____

Explain Conversion interior renovations as per plans
2 sets submitted

For Official Use Only

Date January 10, 1991 Subdivision PERMIT ISSUED

Inside Fire Limits ____ Name ____

Bldg Code ____ Lot ____ JAN 17 1991

Time Limit ____ Ownership: ____ Public ____ Private

Estimated Cost 55,000 City Of Portland

Zoning: B-3

Street Frontage Provided: ____

Provided Setbacks: Front ____ Back ____ Side ____ Side ____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: ____

Planning Board Approval: Yes ____ No ____ Date: ____

Conditional Use: ____ Variance ____ Site Plan ____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception ____

Other (Explain) OK to issue - 1-16-91

HISTORIC PRESERVATION

Not in District or Landmark

Does not require review.

Requires Review

Action: ____ Approved

____ Approved with Conditions

____ Denied

Date: 1/17/91

Signature: [signature]

Foundation:

1. Type of Soil: ____
2. Set Backs - Front ____ Rear ____ Side(s) ____
3. Footings Size: ____
4. Foundation Size: ____
5. Other ____

Floor:

1. Sills Size: ____ Sills must be anchored.
2. Girder Size: ____
3. Lally Column Spacing: ____ Size: ____
4. Joists Size: ____ Spacing 16" O.C. May Figure
5. Bridging Type: ____ Size: ____
6. Floor Sheathing Type: ____ Size: ____
7. Other Material: ____

Exterior Walls:

1. Studding Size ____ Spacing ____
2. No. windows ____
3. No. Doors ____
4. Header Sizes ____ Span(s) ____
5. Bracing: Yes ____ No. ____
6. Corner Posts Size ____
7. Insulation Type ____ Size ____
8. Sheathing Type ____ Size ____
9. Siding Type ____ Weather Exposure ____
10. Masonry Materials ____
11. Metal Materials ____

Interior Walls:

1. Studding Size ____ Spacing ____
2. Header Sizes ____ Span(s) ____
3. Wall Covering Type ____
4. Fire Wall if required ____
5. Other Materials ____

Roof:

1. Truss or Rafter Size 00.2052 Span ____
2. Sheathing Type ____ Size ____
3. Roof Covering Type ____

Chimneys:

Type: ____ Number of Fire Places ____

Heating:

Type of Fuel ____

Electrical:

Service Entrance Size: ____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test required ansiq Yes plan ? No ____
2. No. of Tubs or Showers ____
3. No. of Flushes ____
4. No. of Lavatories ____
5. No. of Other Fixtures ____

Swimming Pools:

1. Type: ____
2. Pool Size: ____ x ____ Square Footage ____
3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant [signature] Albert Knight Date 1/10/91

Signature of CEO [signature] Date 1-15-91

Inspection Dates ____

10 Meets w/ Marrabell

White-Tax Assesor Yellow-GPCOG White Tag -CEO

© Copyright GPCOG 1988

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ $295.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 2 sets of plans submitted

3/91 - All work complete MCM

Signature of Applicant Albert G. Knight **Date** January 10, 1991

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

January 16, 1991

Dirigo Management
45 Exchange St.
Portland, ME 04101

Re: 415 Congress St., 2nd Floor

Dear Sir:

Your application to construct interior renovations as per plans at 415 Congress Street has been reviewed and a permit is herewith issued subject to the following requirement(s):

No certificate of occupancy can be issued until all requirements of this letter are met.

Fire Prevention Bureau
Lt. Wallace Garroway

1. Access to a second means of egress for the small space that has a door equipped with a "Detex" latch shall be maintained at all times.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,

Marge Schmuckal
Assistant Chief of
Inspection Services

cc: Lt. Wallace Garroway, P.F.D.

MS/dla

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date August 21, 19 92

Receipt and Permit number 1182

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 415 Congress St.

OWNER'S NAME: Masonic Trustees ADDRESS: Same

	FEES
OUTLETS: Receptacles ____ Switches ____ Plugmold ____ ft. TOTAL ____	
FIXTURES: (number of) Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES: Overhead ____ Underground X Temporary ____ TOTAL amperes 600	15.00
METERS: (number of) 1	1.00
MOTORS: (number of) Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING: Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of) Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of) Branch Panels 3	12.00
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	28.00

INSPECTION:

Will be ready on ____, 19__; or Will Call X

CONTRACTOR'S NAME: Eastern Elec. Corp.

ADDRESS: 20 Bedford St. P.O. Box 346 Portland 04112

TEL.: 772-6762

MASTER LICENSE NO.: MC 6001118?

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: [signature]

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 1/18/94, 19

Receipt and Permit number 1399

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 415 Congress St. - 3rd fl

OWNER'S NAME: Travelers Ins. ADDRESS:

	FEES
OUTLETS: Receptacles 3 Switches 1 Plugmold ____ ft. TOTAL 4	.80
FIXTURES: (number of) Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES: Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____	
METERS: (number of) ____	
MOTORS: (number of) Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING: Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of) Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	15.00

minimum fee

INSPECTION:

Will be ready on 1/19 - pm, 19__; or Will Call ____

CONTRACTOR'S NAME: Donald McCoach

ADDRESS: 159 Campbell Shore Rd- Gray

TEL.: 428-3726

MASTER LICENSE NO.: 11399

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: Donald McCoach

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 13292
Location [illegible]
Owner [illegible]
Date of Permit 1-18-94
Final Inspection 1-28-94
By Inspector [illegible]
Permit Application Register Page No. Computer

INSPECTIONS: Service _____ by _____
Service called in _____
Closing-in 1-20-94 by JHS

PROGRESS INSPECTIONS: _____ / _____ / _____

DATE:	REMARKS:

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	415 Congress St.

PROPERTY OWNERS NAME

Last: Masonic Temple First:

Applicant Name:	Scribner & Iverson, Inc.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 8779 Portland, Me. 04104

PORTLAND 4123 TOWN COPY

Date Permit Issued 3/29/91 $ 16.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 0124

Chief Plumbing Inspector

3/29/91

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 Inspector to deny a Permit.

Signature of Owner/Applicant — 2-22-91 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 — 3/29/91 Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☑ OTHER - SPECIFY: Meeting Hall

Plumbing To Be Installed By:

1. ☑ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 0,5,5,1,2

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type Of Fixture
☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR ☐ HOOK-UP: to an existing subsurface waste water disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other:	1	Water Heater
$. Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
			$.	Fixture Fee
			$.	Hook-Up & Relocation Fee
			$ 6.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 26 Aug 1994, 19__

Receipt and Permit number 13145

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 413 Congress St

OWNER'S NAME: Picture Yourself ADDRESS: _____

	FEES
OUTLETS:	
Receptacles 6 Switches ____ Plugmold ____ ft. TOTAL ____	1.20
FIXTURES: (number of)	
Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES: Upgrade from 60 - 100	
Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____ ..	15.00
METERS: (number of)	
MOTORS: (number of)	
Fractional	
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler)	
Oil or Gas (by separate units)	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels	
Transformers	
Air Conditioners Central Unit	
Separate Units (windows)	
Signs 20 sq. ft. and under	
Over 20 sq. ft.	
Swimming Pools Above Ground	
In Ground	
Fire/Burglar Alarms Residential	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	
over 30 amps	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generators	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	16.20

INSPECTION:

Will be ready on 8-29 12:00, 19__; or Will Call _____

CONTRACTOR'S NAME: EMI Steve Stuart

ADDRESS: 16 Label Ave Ptld

TEL.: 797-4611

MASTER LICENSE NO.: 13145 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 3145

Location 413 Conquess

Owner Pictures Galleries Inc

Date of Permit 8-26-94

Final Inspection 8-29-94

By Inspector [signature]

Permit Application Register Page No. Completion

INSPECTIONS: Service 8-29-94 by SB

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: ___/___/___

___/___/___

___/___/___

___/___/___

___/___/___

___/___/___

___/___/___

DATE:	REMARKS:

City of Portland, Maine – Building or Use Permit Application

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

Location of Construction: 413 Congress St	Owner: Travelers Ins Co.	Phone:	Permit No: 940924
Owner Address:	Lessee/Buyer's Name: Picture Yourself 413 Congress St. Ptld,	Phone:	BusinessName: ME 04101 773-4457
Contractor Name:	Address:	Phone:	Mary Gresik
Past Use: Office	Proposed Use: Hair Salon	COST OF WORK: $ 500.00	PERMIT FEE: $ 30.00
		FIRE DEPT. ☐ Approved ☐ Denied	INSPECTION: Use Group: B Type: 1B
		Signature:	Signature:
Proposed Project Description: Change Use/Erect wall		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐	
		Signature:	Date:

PERMIT ISSUED
AUG 30 1994
CITY OF PORTLAND

Zoning Approval:

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal
- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation
- ☐ Not in District or Landmark
- ☒ Does Not Require Review
- ☐ Requires Review

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 8/29/94

CEO DISTRICT 5

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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.

PERMIT ISSUED WITH LETTER

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 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 provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: Lisa DiMillo ADDRESS: DATE: 25 Aug '94 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

PLUMBING APPLICATION

#2 Tim, Department of Human Services, Division of Health Engineering, (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 415 Canco Rd Street

PROPERTY OWNERS NAME

Last: NORTHLAND First: INC

Applicant Name: Jonathan Steven Tuk

Mailing Address of Owner/Applicant (If Different): P.O. BOX 11585 FOR HOUSEKEEPING 04104-1585

PORTLAND 5167 TOWN COPY

Date Permit Issued: 8/19/94 $ 20 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature LPI. # 0124

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 Inspector to deny a Permit.

Jonathan Tuk 8-19-94

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.

Tammy Munson 9-9-94

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☑ OTHER - SPECIFY Commercial

Plumbing To Be Installed By:

1. ☑ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 0460

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

☐ HOOK-UP: to an existing subsurface wastewater disposal system.

☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Number of Hook-Ups & Relocations

$ Hook-Up & Relocation Fee

Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
	Hosebibb / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal	4	Sink
	Drinking Fountain		Wash Basin
	Indirect Waste		Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.		Clothes Washer
	Grease/Oil Separator		Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other	1	Water Heater
	Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
		0	Fixtures (Subtotal) Column 2
		5	Total Fixtures
		$ 10	Fixture Fee
		$ 20	Hook-Up & Relocation Fee
		$ 40	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
HHE-211 Rev. 9/86

TOWN COPY

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 413 Congress St	Owner: Travelaerrs Ins.	Phone:	Permit No: 940621
Owner Address:	Lessee/Buyer's Name: Kassis Mae's Cafe	Phone: 774-2929	BusinessName:
Contractor Name:	Address: 413 Congress St	Phone:	Permit Issued: ISSUED JUN 24 1994 CITY OF PORTLAND
Past Use: restaurant	Proposed Use: restaurant w temporary banner	COST OF WORK: $	PERMIT FEE: $ 30
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: A-3 Type: Signature:
Proposed Project Description: erect temporary banner - 10'x3' 5/20/94 to 7/3/94		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☑ Approved with Conditions: ☐ Denied ☐ Signature: Date:	Zone: B3 Zoning Approval:

Special Zone or Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ min ☐ mm ☐

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☐ Not in District or Landmark
☐ Does Not Require Review
☑ Requires Review

Action:
☑ Appoved
☐ Approved with Conditions
☐ Denied

Date: 6/22/94

CEO DISTRICT 2

Minimum 500

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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.

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 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 provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

COMMENTS

6-29-94 Banner is in place - appears to be fastened properly

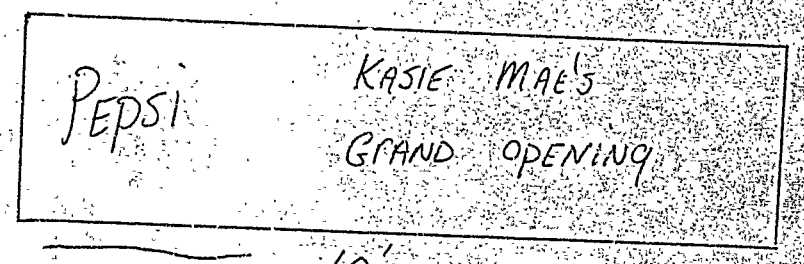
7-11-94 Banner is down - not in place

Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	



3'



10'

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 415 Congress St	Owner:		Phone:
Owner Address:	Lessee/Buyer's Name: Cornerstone	Phone:	BusinessName:
Contractor Name: Hardypond Construction	Address: 55 Hardy Rd Falmouth, ME 04105		Phone: 797-6066
Past Use: Office	Proposed Use: Same	COST OF WORK: $ 1,200.00	PERMIT FEE: $ 25.00
		FIRE DEPT: ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Interior Renovations 6th floor		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☒ Denied ☐ Signature: No exterior alterations Date: 5/22/96	
Permit Taken By: Mary Gresik	Date Applied For: 22 May 1996		

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

PERMIT ISSUED WITH LETTER

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT Bob Goudreau ADDRESS: DATE: 22 May 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

Permit No: 960451

PERMIT ISSUED
Permit Issued:
MAY 23 1996
CITY OF PORTLAND

Zone: B-3 CBL: 027-B-007

Zoning Approval: OK 5/22/96

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal
- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation
- ☒ Not in District or Landmark
- ☒ Does Not Require Review
- ☐ Requires Review

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 5/22/96

CEO DISTRICT 2

City of Portland, Maine – Building or Use Permit Application

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

Permit No: **960347**

PERMIT ISSUED
Permit Issued:
MAY – 9 1996
CITY OF PORTLAND

Location of Construction: 419 Congress St.	Owner: Northland Mngmnt Co	Phone:	
Owner Address:	Lessee/Buyer's Name: Afghan Restaurant 419 Congress St	Phone:	BusinessName: Ptld, ME 04101
Contractor Name:	Address:	Phone:	
Past Use: Restaurant	Proposed Use: Same w/outside Dining	COST OF WORK: $	PERMIT FEE: $ 25.00
		FIRE DEPT. ☑ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Conduct Outside Dining		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: ☑ Approved ☐ Approved with Conditions: ☐ Denied Signature: D. Andrews Date: 5/7/96	
Permit Taken By: Mary Gresik	Date Applied For: 03 May 1996		

Zone: B-1 CBL:
Zoning Approval: 5/7/96
Special Zone or Reviews
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☑ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:
☐ Appoved
☐ Approved with Conditions
☐ Denied
Date: 5/3/96
D. Andrews

CEO DISTRICT 2

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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.

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: M. Abrahim Habibzai ADDRESS: DATE: 03 May 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector