

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071405  
**PERMIT ISSUED**  
2007 2 0  
CITY OF PORTLAND

This is to certify that RSB LIMITED LIABILITY COMPANY  
has permission to Add ADA Bathroom & increase seating from 24 seats to 36 seats  
AT 129 COMMERCIAL ST 029 0001001

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

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

Notification inspection must be given and when permit is procured before this building or part thereof is closed or closed-in. 24 HOUR NOTICE IS REQUIRED.

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

#### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cass  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*Jamie Burke* 11/20/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

Permit No: 07-1405	Issue Date:	CBL: 029 D001001
-----------------------	-------------	---------------------

Location of Construction: 129 COMMERCIAL ST	Owner Name: RSB LIMITED LIABILITY COMP	Owner Address: 32 PYA RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Restaurant "Crab Louie"	Proposed Use: Restaurant "Crab Louie" - Add ADA Bathroom & increase seating from 24 seats to 36 seats	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-2 Type:	
		TO NAPA 101		IBC-2003

Proposed Project Description: Add ADA Bathroom & increase seating from 24 seats to 36 seats	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten Signature]</i> 11/29/07
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Idobson	Date Applied For: 11/14/2007	<b>Zoning Approval</b>
-----------------------------	---------------------------------	------------------------

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <input type="checkbox"/> Denied Date: <i>11/16/07</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>requires a separate review &amp; approval</i>
	<p style="text-align: right;"><i>any exterior work</i></p>		

**CERTIFICATION**

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

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



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>127 COMMERCIAL ST.</u>		
Total Square Footage of Proposed Structure/Area <u>40.</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>29      D      1</u>	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>MICHAEL KEON</u> Address <u>127 COMMERCIAL ST.</u> City, State & Zip <u>PORTLAND ME 04101</u>	Telephone: <u>207-772-6200</u> <u>978-886-0873</u>
Lessee/DBA (If Applicable) <u>MICHAEL KEON</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>2000.00</u> C of O Fee: \$ <u>50.00</u> Total Fee: \$ <u>40.00</u>
Current legal use (i.e. single family) <u>RESTAURANT - CRABS LOUIE</u> If vacant, what was the previous use? Proposed Specific use: <u>SAME</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>ADDING ADA BATHROOM - CONVERTING TABLES AND CHAIRS TO BOOTH SEATING - INCREASE SEATING CAP FROM 24 STS TO 36 STS</u>		
Contractor's name: <u>MICHAEL KEON</u> Address: <u>127 COMMERCIAL ST.</u> City, State & Zip: <u>PORTLAND ME 04101</u> Telephone: <u>772-6200</u> Who should we contact when the permit is ready: <u>MICHAEL KEON</u> Telephone: <u>978-886-0873</u> Mailing address: <u>127 COMMERCIAL ST. PORTLAND ME 04101</u>		

**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. 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's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Signature] Date: 11-14

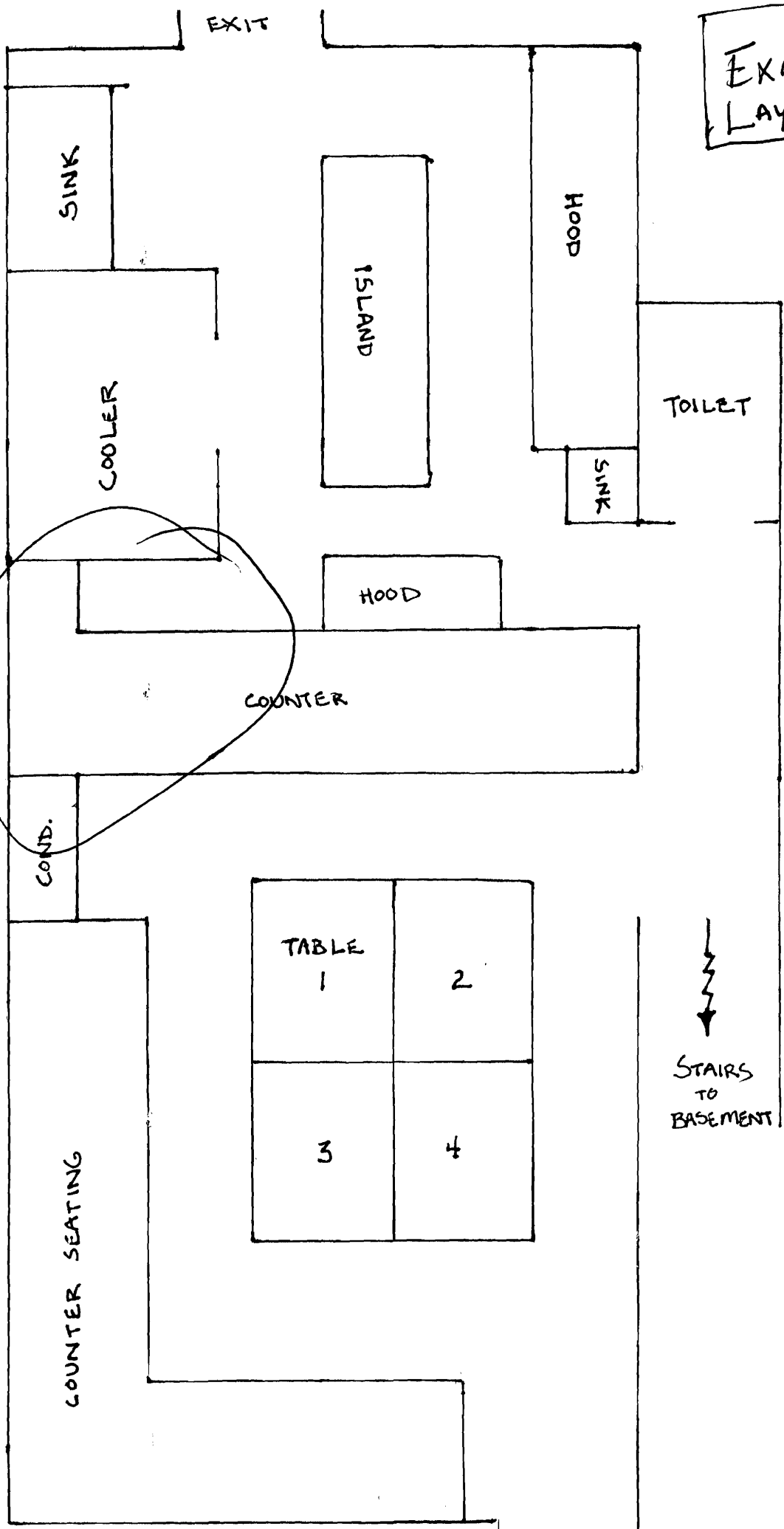
**This is not a permit; you may not commence ANY work until the permit is issue**

EXISTING LAYOUT

SCALE: 1/4" = 1'

24 SEATS

New Bathroom



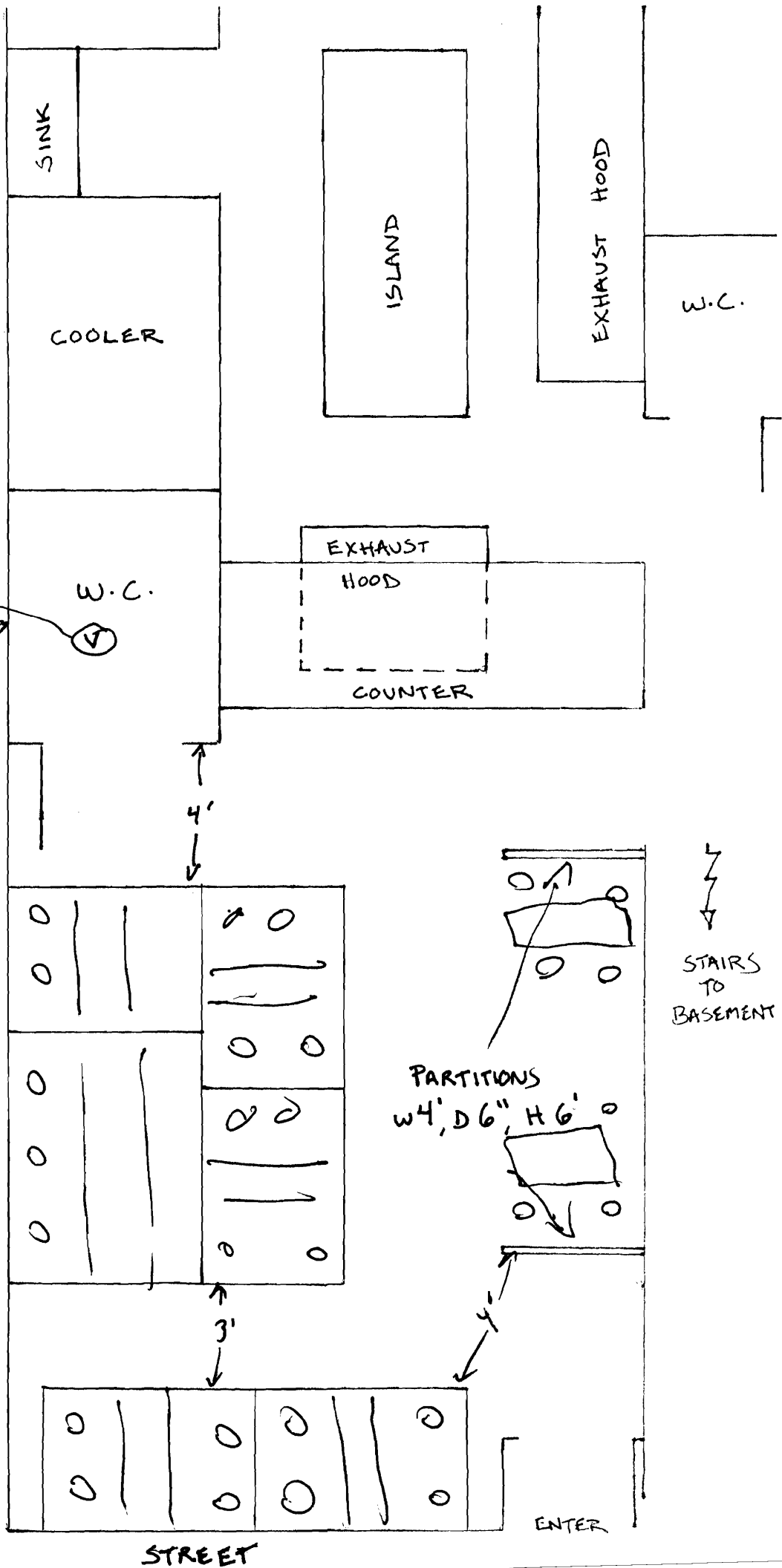
ENTER

STAIRS TO BASEMENT

SCALE 1/4" = 1'

PREPARED BY: MICHAEL KEON

11-14-07



check venting duct

New BATHROOM SEE ATTACHED

walls: 2x4  
5/8" SR.  
Insulated

PARTITIONS  
W4', D6", H6"

STREET

ENTER

STAIRS TO BASEMENT

SINK

COOLER

ISLAND

EXHAUST HOOD

W.C.

W.C.

EXHAUST HOOD

COUNTER

4'

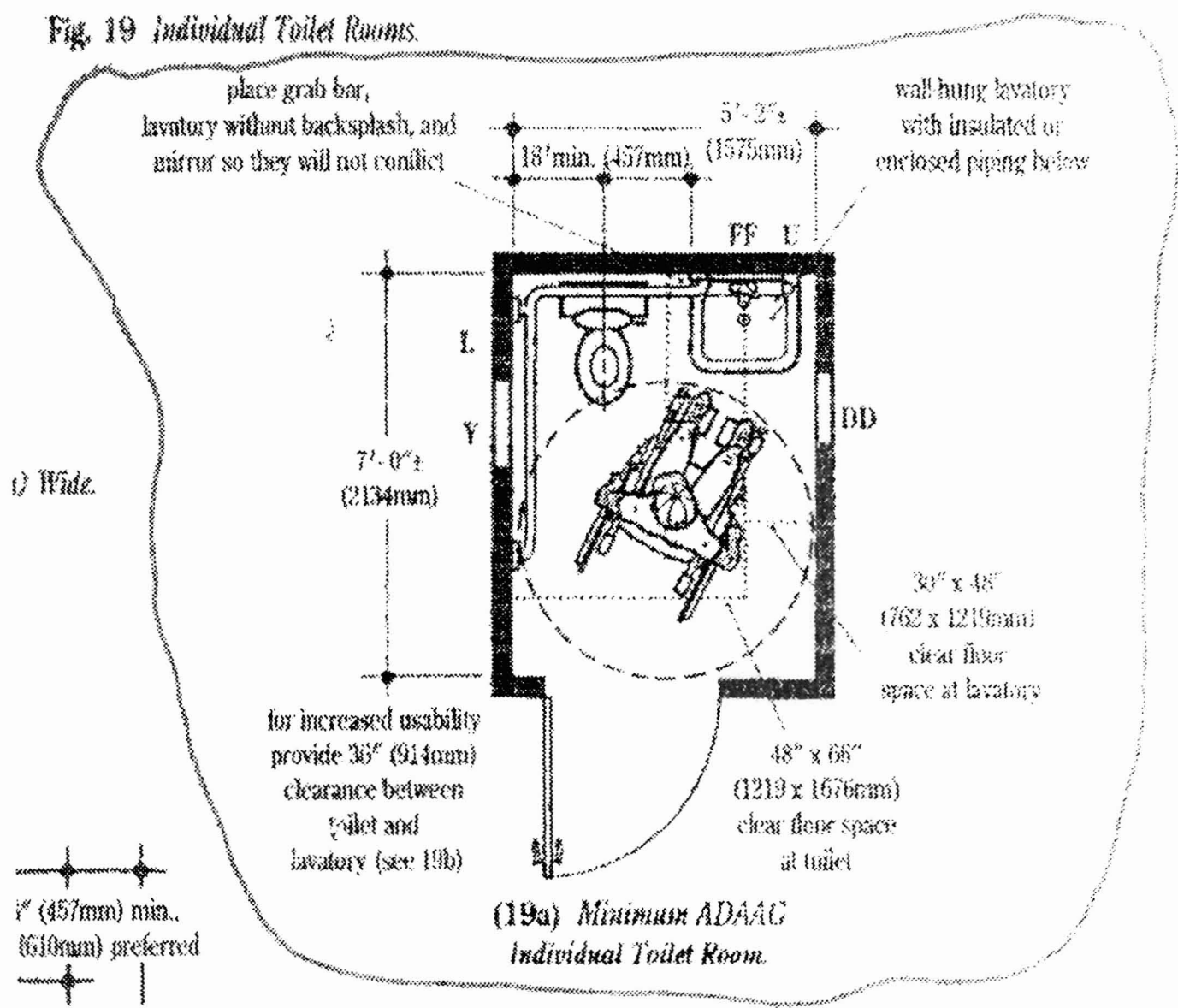
3'

4'

STAIRS TO BASEMENT

(17b) Standard Alcove Compartment  
Provides Greater Accessibility.

Fig. 19 Individual Toilet Rooms.



for increased usability, it is recommended that the lavatory be located a minimum of 42" (1067mm) from the center of the toilet

