

City of Portland, Maine - Building or Use Permit Application

Permit No: 03-1340	Issue Date:	CBL: 031 1,035002
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Location of Construction: 38 Union Wharf	Owner Name: Proprietors Of Union Wharf	Owner Address: 36 Union Wharf,	Phone: 772-8160
Business Name:	Contractor Name: Schiavi Leasing Corp.	Contractor Address: 102 Industrial Drive Oxford	Phone: 2075398211
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: WCZ
Past Use: former warehouse building torn down; gravel lot now	Proposed Use: 28' x52' modular Marine Related business office space	Permit Fee: \$822.00	Cost of Work: \$89,000.00
		CEO District: 1	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B Type 5B 11/17/03 Signature: [Signature]
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.): Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: [Signature] Date:	

Permit Taken By: [Signature] **Date Ap** 10/13/03
Permit Taken By: [Signature] **Date** 10/13/03

Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland N/A</p> <p><input type="checkbox"/> Wetland N/A</p> <p><input checked="" type="checkbox"/> Flood Zone Panel 14 Zone 2 - el 10'</p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan 2003-0164</p> <p>Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/></p> <p>OK with conditions</p> <p>Date: 11/10/03</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
		<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: [Signature]</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 or 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

11/25/03 Anchors OK. For proposed use. JN

12/4/03 Inspected Tie downs - all installed -
Building supported on cmu blocks w/ spread pad JB

1/20/04 Punch list inspection ① treads have
noising which does not meet code, ② Hand
rail not in yet. Must submit new plans
to amend this, ③ Must submit elevation
papers. A

2/11/04 completed. OK for C/O.
J above

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

Form for Section A containing fields for Building Owner's Name (Proprietors of Union Wharf), Building Street Address (36 Union Wharf), City (Portland ME), State (Maine), ZIP Code (04112), Property Description (Map 31 L-35), Building Use, and Latitude/Longitude options.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Form for Section B containing fields for B1. FIRM Community Name & Community Number (Portland ME 230051), B2. County Name (Cumberland), B3. State (ME), B4. Map and Panel Number (230051 0014), B5. Suffix (B), B6. Firm Index Date (7/17/86), B7. Firm Panel Effective/Revised Date (July 17, 1986), B8. Flood Zone(s) (A2), and B9. Base Flood Elevation (10.0).

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. B11. Indicate the elevation datum used for the BFE in B9. B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Form for Section C containing questions C1-C3 regarding building elevations, diagrams, and datum conversions. Includes a list of elevation reference marks (a-i) and a box for license number, embossed seal, signature, and date.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

Form for Section D containing fields for Certifier's Name, License Number, Title, Company Name, Address, City, State, ZIP Code, Signature, Date, and Telephone.

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 38 on Wharf

PROPERTY OWNERS NAME

Last: Proprietors of Union Wharf First: Union Wharf

Applicant Name: William J. ...

Mailing Address of Owner/Applicant (If Different): 38 ...

2003 8403

Date Permit Issued: 12, 01, 03 \$ 1134.00 If Double Fee Charged

J. Anne ...
Local Plumbing Inspector Signature

L.P.I. # 01732

031 L 035

Owner/Applicant Statement

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

Signature of Owner/Applicant: William J. ... 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: [Signature] Date Approved: 1/20/04

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/FUMECHEMIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>0116371</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb/ Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Other: _____	3	Water Heater
		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
			8	Total Fixtures
			480	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			57	Permit Fee (Total)

cash



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 38 Union Wharf

CBL 031 L035002

Issued to Proprietors Of Union Wharf/Schiavi Leasing Corp.

Date of Issue 02/12/2004

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.03-1340 , 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.

PORION OF BUILDING OR PREMISES

entire

APPROVED OCCUPANCY

modular building used for office space
use group: B
type:5B
BOCA 1999

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

2/13/04
(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.