

Permit # 02-1400 app 3 12163

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0243	Issue Date: APR 12 2002	CBL: 032 D004001
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Location of Construction: 85 Exchange St	Owner Name: Wellin & Co	Owner Address: Po Box 533	Phone: 79-5422
Business Name: n/a	Contractor Name: TBD Construction	Contractor Address: Westview Drive Sanford	Phone: 2076510408
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B3

CITY OF PORTLAND

Past Use: Commercial / Restaurant; Formally F Parker Reedy's	Proposed Use: Commercial / Restaurant; Adding one 8' x 8' bathroom & upgrading two bathrooms. Relocating new stairs.	Permit Fee: \$282.00	Cost of Work: \$37,000.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 3 BOCA 1991
Signature: &+++	Signature: [Signature]

Proposed Project Description:
Interior Renovations
NO exterior approved.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 03/21/2002	Zoning Approval
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<p>i. 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</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>OK with conditions Date: 3/25/02</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>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input checked="" type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p>Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>any exterior work requires a SEPARATE REVIEW to DA 3/25/02</p>
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CERTIFICATION

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

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

4/3-2002 - Non bearing new openings.

Bringing cmu's up under floor first prior to cutting opening - There will be a full 8" of bearing on walls.

No exterior work approved.

Need framing details on new walls. 4M

Spoke w/ builder.

11/19/02 - Work is complete - A New permit will have to be taken out to build the stairs and complete bathroom installations & finishing of space.

The Block walls are in place to support stair opening and ~~the~~ it is framed over at this point ^{DB}

2/21/03 - Ironing for Bathroom oh - non structure - Still need pressure tests on plumbing

4/7/03 OIC for CJO except for Lt. McDi and Mike Collins. V.A. Rowe

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last	First
Applicant Name	
Mailing Address of Owner/Applicant (if Different)	

Date Permit Issued: 03/25/03	\$ 162.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 0640	

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.

Caution: inspection Required

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

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved 4/7/03

PERMIT INFORMATION

This Application is for 1. <input 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 type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" 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/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE# _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<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)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			2.60	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Trans
				Hook-Up & R
				Permit

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE