

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED

Permit No: 02-0426	Issue Date: MAY 16 2002	CBL: 032 R003001
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Location of Construction: 432 Fore St	Owner Name: Soley Joseph L	Owner Address: Po Box 4897 CITY OF PORTLAND	Phone: 207-318- 0909
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	Phone: 619-368-3588
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-3

Past Use: bar	Proposed Use: retail chocolate & icecream, changing portion of living space into chocolate production area	Permit Fee: \$105.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: CHANGE OF USE from bar to retail, including production, on second floor		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: 3B 5/15/02	

Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>[Handwritten Signature]</i> Date: <i>[Handwritten Date]</i>	

Permit Taken By: jodinea	Date Applied For: 04/26/2002	Zoning Approval
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<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</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><i>ok with conditions</i></p> <p>Date: <i>5/2/02</i></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: <i>5/6/02</i></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 type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Approved w/Conditions</p> <p><i>Any historic alterations subject to separate review</i></p> <p><input type="checkbox"/> Denied</p> <p><i>TO D.A. 5/2/02</i></p> <p>Date: <i>5/6/02</i></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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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6/6/02 Prelim Insp. -

1. ~~1.5~~ Needs hand Sink installed:
(Hand wash at per MSN)
② Wash with on walls right clear
③ Screens down over windows
④ Counter edges have to be finished
⑤ Shutter proof bulbs to be installed
⑥ General Clean up
⑦ Needs Elec & Fire Sign off

6/6/02 2nd fl.

- ① No cooking equip allowed (separate permit req'd)
see MSN
② 2-hr. Rating (90 min door to Bedroom) Label Required
has to be completed on both & Bedroom wall
③ penetrations have to be sealed in exit & walls
④ have state gas insp. Ck gas line installation
before #1 is approved

6/7/02 ~~Items~~ Items from above: #2 Door done.

Work being done on other items. All

6/18/02 work completed per Code all Above
Issue CO

Sink → 130° 6/10/4e

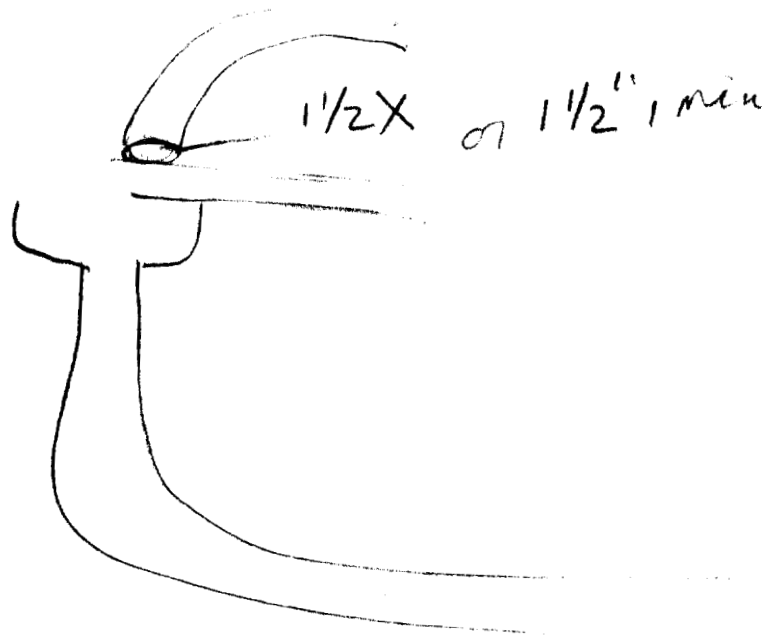
test kit 6/10/7e

6/10/4e
walls, floor, ceiling → smooth & easily cleanable —

Bricks! 6/10/4e

test — covered with bucket
spray on the door 6/10/4e

624 6/10/4e



PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	<u>7</u>
Street Subdivision Lot #	<u>712</u>

PROPERTY OWNERS NAME

Last:	<u>...</u>	First:	<u>...</u>
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Applicant Name:	<u>...</u>
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Mailing Address of Owner/Applicant (If Different)	<u>...</u>
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20038074

Date Permit Issued:	<u>03/20/03</u>	\$	<u>41810101</u>	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. #	<u>360</u>	

324 B 010

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

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" 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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY <u>...</u>	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# <u>...</u>
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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
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		Shower (Separate)
OR HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
		Drinking Fountain		Wash Basin
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
OR TRANSFER FEE [\$6 00]		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			<u>7</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE