Location of Construction:	Owner Name:	07) 874-8703, Fax: (207) 874-871 Owner Name:		02-0959EP 3 2002			Phone:	
49 Hanover St	Peninsula C	Peninsula Community Lp		510 Cumberland Ave				
Business Name: Contractor N				Contractor Address:			Phone	
PROP Family Housing	PROP Family Housing PROP		510Cumberland Ave. Portland			2078741140		
Lessee/Buyer's Name	Buyer's Name Phone: Permit Type: Additions - Multi Family			ti Family			Zone: R-7	
Proposed Use:			Perm	it Fee: \$2,138.00	Cost of Work: \$270,000.		2 District:	ling (
single family	ngle family Housing		FIRE	DEPT:	Approved	SPECTI se Group	(1 )	Type J
<b>Proposed Project Description:</b> Build New 3 unit family ho	using.			STRIAN AC F	IVITIES ØISTRI		ling	Denied
			Signa	L			ate:	Defiled
Permit Taken By: Date Applied For:				Zoning	g Approval			
gg	08/26/2002	Special Zone or Rev	views	Zoni	ng Appeal	- <sub>1</sub>	Historic Pre	servation
		Shoreland N	Į	Varianc				ict or Landmark
		Wetland	۸. –	[] Miscellaneous			Does Not Require Review	
		Flood Zone Ame	X 13 c ( )	Conditi	onal Use	<b>1</b>	Requires Re	view
				Interpre	tation	ſ	Approved	
		Site Plan H 2002-0	0040	Approv	ed	 ,	Approved we	/Conditions
				Denied		6	Bennes	

## 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

11/15/02 - Checked tooting forms - NO Setbacks in this zone - will call before pouring walls So we chan recheck from property Times -Frotings set by sorveyor. MM 11/2/02 - Checked front a left side Quall for ens. QUALI Within frogerty lines. M. Recid retter from sorreyor. 1126/02 BACKBII Inspection. Met ou site al DAVE. All set to Fill. AR 3/25/03 Met w/ Dave on site For freliminary final walk Three Reviewed Exterior stair detail, Guard & handrail. Questo. about Shaft in mechanical Room + fire rating requirements. JB 3/26/03 Walk Thin w/CT. Mac to review fire separations JB 4/9/03 Final insp. W/MAC&M.C. - Front Steps need HRS and Risers Less Than 4" &B 4/10/03 - Checked above - ok - waiting for 3rd Party Inspection verification. 4/22/03 Received letter from design Professional JB Temp CO, issued. 1/18/03 Checked permanent Rails-steps of for perm C. O.

Issued to Peninsula Community Lp PROP	Date of Issue 09/22/2003	
This is to certify that the building	g, premises, or part thereof, at the above location, built – altered	
- changed as to use under Building Permit	<b>No.</b> <sup>02-0950</sup> , has had final inspection, has been found to conform rdinance and Building Code of the City, and is hereby approved for	
FORION OF BUILDING OR PREMISE:		
Entire	Multi-family Modular Home	
	Use Group R3	
	Type 5B	4
Limiting Conditions: This approval is based ont components were closed in	the certification of the design professional and master tradesman as all structural in, in factory.	教社は
	fies lawful use of building or premises, and ought to be transferred from rehanges hands. Copy will be furnished to owner or lessee for one dollar.	
name in 1999 en 1999 en 1999 en 1999 en 1999 en 1999 en 1993 en 1997 en 1997 en 1997 en 1997 en 1997 en 1997 en	CITY OF <b>PORTLAND</b> , MAINE	ni of life
THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPE	Department of Building Inspection	
liai Oleri	tificate of Occupancy	
	<i>,</i> <u>,</u>	
ATTS	LOCATION 49 Hanover St CBL 033 COO9001	
Issued to Peninsula Community Lp PROP	Date of Issue 04/14/2003	
This is to pertify that the building	ng, premises, or part thereof, at the above location, built - altered	
- changed as to use under Building Permit		
	Ordinance and Building Code of the City, and is hereby approved for	
substantially to requirements of Zoning O		
	indicated below.	
occupancy or <b>use</b> , limited or otherwise, as in PORION OF BUILDING OR PREMISE	ES APPROVED OCCUPANCY	
occupancy or use, limited or otherwise, as i	ESAPPROVED OCCUPANCY Multi-family Modular Home	
occupancy or <b>use</b> , limited or otherwise, as in PORION OF BUILDING OR PREMISE	ESAPPROVED OCCUPANCY Multi-family Modular Home Use Group R-2	
occupancy or <b>use</b> , limited or otherwise, <b>as</b> in <u>PORION OF BUILDING OR PREMISE</u> Entire	ESAPPROVED OCCUPANCY Multi-family Modular Home	
Occupancy or <b>use</b> , limited or otherwise, <b>as</b> is <u>PORION OF BUILDING OR PREMISE</u> Entire Limiting Conditions: This approval is based on	ESAPPROVED OCCUPANCY Multi-family Modular Home Use Group R-2	a/
Occupancy or <b>use</b> , limited or otherwise, <b>as</b> is <u>PORION OF BUILDING OR PREMISE</u> Entire Limiting Conditions: This approval is based on	ES <u>APPROVED OCCUPANCY</u> Multi-family Modular Home Use Group R-2 Type 5B	a/

meaning and sught to be trans

Inspector of Buildings



11-66

Inspector

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Approved:

(Date)

4/22/03 2 com

## Department of Building Inspection Certificate of Occupancy

CITY OF PORTLAND, MAINE

**LOCATION** 49 Hanover St

CBL 033 COO9001

122

00/00/0000

PLUMBING APPLICATION			Department of Human Sciences Division of Health Engineering					
-	PROPERTY	ADDRESS				COCH		
Town Planta Stree	ation Contractor				10- 209 2-83881			
Subdivisio	on Lot #	WNERS NAME	<u> </u>	Date Permit Issued: NJ 4107	<u>ور به</u>	TOWN CC-1 Double Fee FEE Charged		
_ast:	Y Kin youth	First:	×	Local Plumbing Insector Signa		1.# <u>DIGI41</u>		
Applica Name Mailing Add	e:		JAN L					
Owner/Ap (If Differ	pplicant rent)		Acres	033		<u> </u>		
knowlea	Owner/Appl that the information subn dge and understand that a ng Inspectors to deny a B	any falsification is reas	on for the Loca	I have inspected th compliance with the		rized above and found it to be in		
			12-3:	_ Covoce	lle	<u> </u>		
	Signature of Owner/.	Applicant	Da		nspector Signature	pate Approve		
- 			PERM	IT INFORMATION				
This Ap	This Application is for Type of Structure			ture To Be Served:	To Be Served: Plumbing To Be Ins			
1. □ NEW PLUMBING 1. □ SINGLE FAMILY DWELL   2. □ RELOCATED PLUMBING 2. ☑ MODULAR OR M   3. □ MULTIPLE FAMILY DWE   4. □ OTHER-SPECIFY _				OBILE HOME 2. L OIL BURNERMAN				
				5. 🗌 PROP	ERTY OWNER			
			T					
	Maximum of 1 Hook-Up	D	Number	Type of Fixture	Number	Type of Fixture		
	<u>HOOK-UP</u> , to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.			Hosebibb / Sillcock	, , ,	Bathtub (and Shower)		
			0 1	Floor Drain		Shower (Separate)		
			1	Urinal .	I -	Sink		
HOOK-UP to an existing <b>su</b> bsurface wastewater disposal system		/	Drinking Fountain		Wash Basin			
				Indirect Waste	1 -	Water Closet (Toilet)		
	I PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures			Water Treatment Softener, Filter, etc	1	Clothes Washer		
				Grease / Oil Separator	1	Dish Washer		
				Dental Cuspidor		Garbage Disposal		
OR				Bidet		Laundry Tub		
				Other:		Water Heater		
	TRANSFERFEE [\$6.00]			Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1		
						Column 2 Total Fixtures		
	I					,		
	L					the second se		
	L					Transfer Fee		
	L					Transfer Fee Hook-Up & Relocation Fee Permit Fee		

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