	y of Portland, Maine - Bui Congress Street, 04101 Tel:	_			Per	rmit No: 09-0326	Issue Dat	e:	CBL: 036 D01	0001	
	ation of Construction:	Owner Name:	Fax: (2	207) 874-8716	Owne	r Address:			Phone:		
	STATE ST		272 & 279 State Street LLC			oris Avenue			631-754-9126		
Bus	iness Name:	Contractor Nar	Contractor Name: Tom Williams			actor Address	s <b>:</b>		Phone		
		Tom Williams				28 Mallison Street Gorham			2072398722		
Lessee/Buyer's Name Phone:		Phone:			Permit Type: Change of Use - Dwellings				Zone:		
Past Use: Multi-family - 4 dwelling units		Proposed Use: Mult-family - 5	5 dwelling units		Perm	rmit Fee: Cost of Work \$345.00 \$25,000.					
					FIRE		☐ Approved ☐ Denied ☐ INSPECTION:  Use Group:			Type	
Ch	posed Project Description: ange of use from 4 to 5 dwelling ally removed in 2004 (permit #04-			apt that was	Signat		VITIES DIST	Signatu			
	, ,	, 1	Pace		Action Approved Approve			•			
				Signature:					Date:		
Peri	-	Applied For: 14/2009		Zoning Approval							
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  Building permits do not include plumbing, septic or electrical work.		Special Zone or Reviews		Zoning Appeal			Historic Preservation			
			Shoreland			☐ Variance			Not in District or Landn		
2.			Wetland		Miscellaneous			☐ Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may invalidate permit and stop all work		Subdivision		☐ Interpretatio			Approved			
			☐ Si	ite Plan		Approve	ed		Approved w	/Condition	
			Maj Mino MM[			Denied		☐ Denied			
			Date:			Date:		D	ate:		
I ha juri: shal	ereby certify that I am the owner of the owner of the owner of the owner soliction. In addition, if a permit of the later all a such permit.	to make this appl for work described	med projection in the	as his authorized application is iss	ne prop d agent sued, I	t and I agree t certify that th	o conform to ne code office	to all ap cial's au	plicable laws of thorized representations.	of this sentative	
SIC	SNATURE OF APPLICAN			ADDRESS	S		DATE	E	P	НО	

Location of Construction: 279 STATE ST	Owner Name: 272 & 279 State Street	Owner Address: 39 Doris Avenue		Phone: 631-754-9126 Phone 2072398722	
Business Name:	Contractor Name: Tom Williams	Contractor Address: 28 Mallison Street Gorham	Phone 207239		
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	·	Zone:	

Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 05/06/2009

**Note:** Permit #04-1786 was to go from five dwelling units to four. The final inspection was done on 12/30/04 and the **Ok to Issue:** ✓ c of o was issued 1/13/05.

- 1) This permit is being issued with the condition that all the work will take place within the interior of the structure. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) With the issuance of this permit and the certificate of occupancy, this property shall remain a five family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 05/21/2009

Note: Waiting for pre-construction mtg and sign off from planning Chris 5/18/09------Appr site plan exemption Ok to Issue: 

√/29/09

- 1) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 3) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 5) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 6) ANY exterior work requires separate review and approval thru Historic Preservation

 Dept:
 Fire
 Status:
 Approved with Conditions
 Reviewer:
 Capt Keith Gautreau
 Approval Date:
 05/06/2009

 Note:
 Ok to Issue:
 ✓

- 1) Two means of egress are required from every story. "State Law Title 25 ~ 2453"
- 2) The entire structure shall comply with NFPA 101 "Existing Apartments" Compliance shall be insured prior to the issuance of a Certificate of Occupancy.
- 3) All construction shall comply with NFPA 101

## **Comments:**

4/30/2009-amachado: Gave permit back to Lisa. Owner on application difers from assessor's record. Need right, title & interest. Need a plot plan that includes the parking area (dimensioned). Did not receive copy of Plan III. Asked Lisa to call for the information.

## 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 APPLICAN ADDRESS DATE PHO

			Owner Address:	Phone:		
279 STATE ST	272 & 279 State Street LLC		39 Doris Avenue	631-754-9	631-754-9126	
Business Name:	Contractor Name: Tom Williams		Contractor Address: 28 Mallison Street Gorham	Phone 207239872	Phone 2072398722	
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use - Dwellings		Zone:	

4/30/2009-lmd: LVM with Tom Williams requesting plot plan showing parking, Current owner verification and Plan III that appears to be missing from the submittal.

5/5/2009-amachado: Lisa gave me a partial plot plan & Plan III today. They were received May 1.

5/5/2009-amachado: Spoke to Tom Williams. Need complete plot plan not partial. Need right, title & interest.

5/6/2009-amachado: Received plot plan & deed.

5/6/2009-amachado: Gave site plan exemption to Barbara. 5/21/2009-csh: Permit w/ AnnM.-----Appr. Site Plan-->?

8/3/2009-gg: received granted site exemption as of 8/3/09. /gg

## 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 APPLICAN	ADDRESS	DATE	РНО