

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 30A Preble St		Owner: Wadsworth Corp.	Phone:		Permit No: 940832
Owner Address: Contractor: Jeffrey A. Decareau		Leasee/Buyer's Name: P.O. Box 1475 Kennebunk, ME	Phone: 04046	Business Name: 967-B 1226 Mary Gresham	
Contractor Name:		Address:		Phone:	
Past Use: Office	Proposed Use: Office w/int reno	COST OF WORK: \$ 20,000	PERMIT FEE: \$ 120.00		
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B Type: C		
Proposed Project Description: Make Interior Renovations as per plans		Signature:		Signature: <i>Huffner</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zone: CBL: 037-1-603	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Zoning Approval:		
		Signature: _____ Date: _____	Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

Did pool service insp.

PERMIT ISSUED WITH LETTER

CERTIFICATION

PERMIT ISSUED WITH LETTER

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 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 provisions of the code(s) applicable to such permit

8 Aug 1994

SIGNATURE OF APPLICANT *Jeff Decareau* ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED
AUG 10 1994

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *8/9/94*

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CEO DISTRICT

MR. WING

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

August 10, 1994

Mr. Jeffrey A. DeCareau
P.O. Box 1475
Kennebunk, Maine 04046

**RE: 30A Preble St.
Portland, Maine**

Dear Sir,

Your application to make interior renovations has been reviewed a permit is herewith issued subject to the following requirements: This permit doesn't preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met.

1. Portable Fire extinguishers shall be produced in accordance with NFPA #10.
2. The fire alarm system shall be extended to the new office space.
3. The sprinkler system shall be maintained to NFPA #13 standards.
4. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024. of the City's building code (The BOCA National Bldg. Code/1993.)

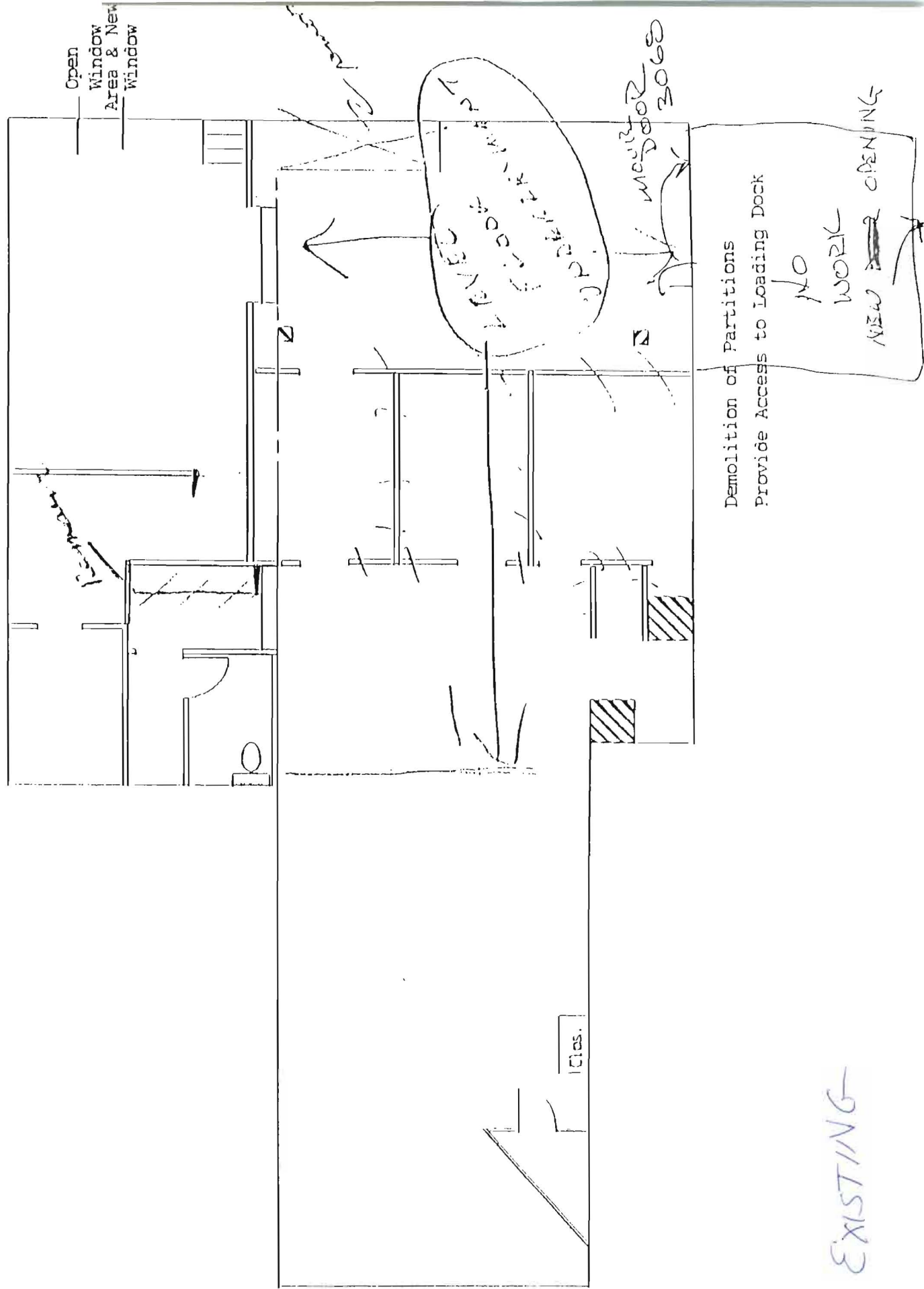
If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. MacDougal - Fire Prevention Bureau

30 Prebble St
Existing Plan 7/28/94

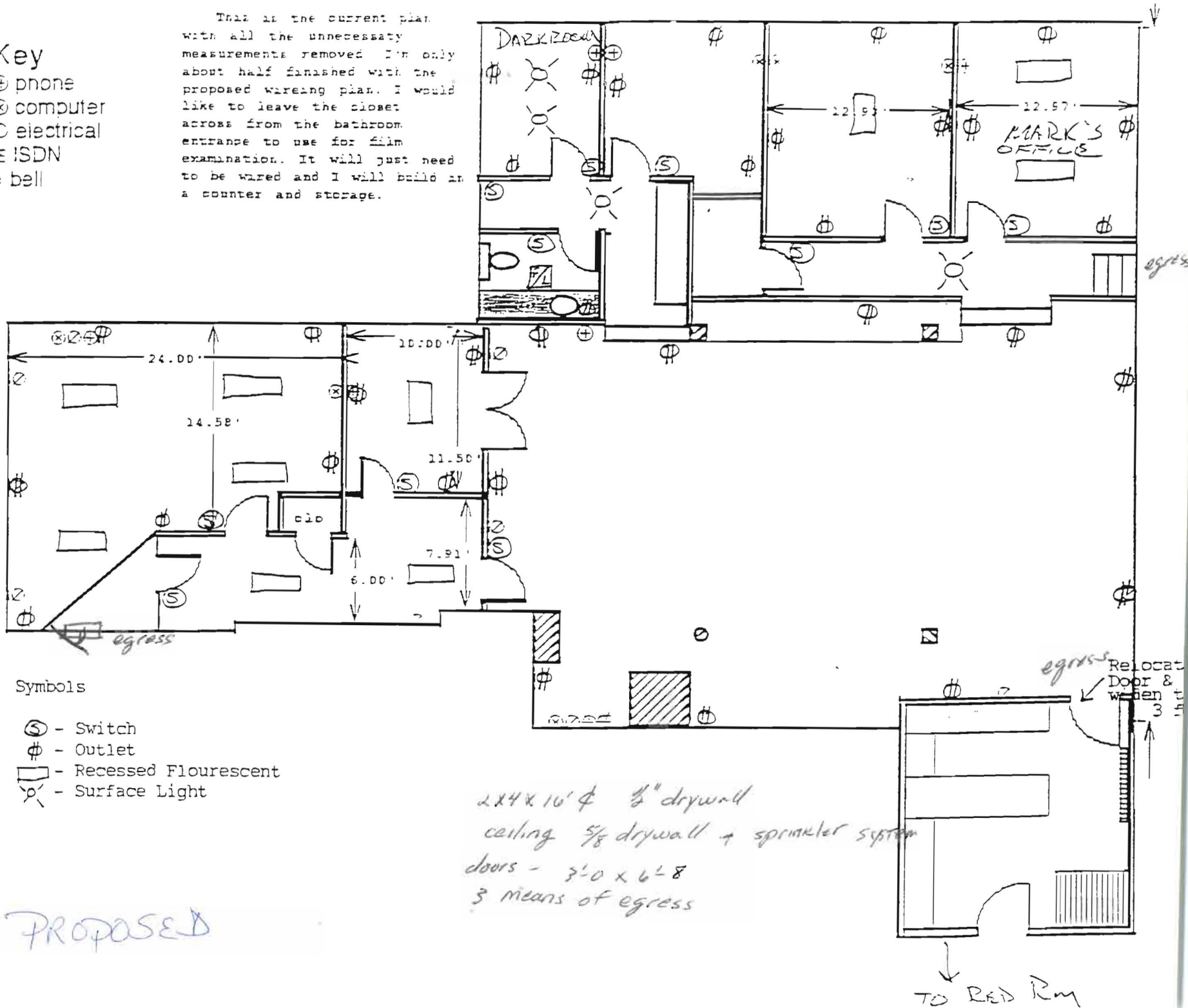


EXISTING

Key

- ⊕ phone
- ⊗ computer
- ⊙ electrical
- ⊞ ISDN
- ⊞ ball

This is the current plan with all the unnecessary measurements removed. I'm only about half finished with the proposed wiring plan. I would like to leave the closet across from the bathroom entrance to use for film examination. It will just need to be wired and I will build in a counter and storage.



Symbols

- ⊕ - Switch
- ⊙ - Outlet
- ⊞ - Recessed Fluorescent
- ⊗ - Surface Light

PROPOSED

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street Subdivision Lot #: 30 PEARL ST.

PROPERTY OWNERS NAME

Last: WADSWORTH CORP First: _____
Applicant Name: RICHARD S. STILES
Mailing Address of Owner/Applicant (If Different): 45 W. PLEASANT ST. WESTBOROUGH MA

PORTLAND 5691 TOWN COPY
Date Permit Issued: 3/22/96
Local Plumbing Inspector Signature: [Signature]
L.P.I. #: 0124
FEE: \$ _____ # Double Fee Charged:

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 Inspector to deny a Permit.

Signature of Owner/Applicant: Richard S. Stiles Date: 3/12/96

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: Marlond Wing Date Approved: 5-2-96

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER — SPECIFY OFFICE

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # MS 111 2320

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			2	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 12.	Permit Fee (Total)

302 37-F-005