

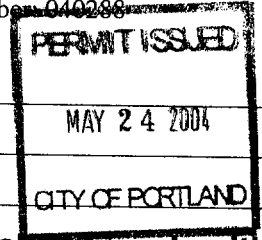
Form# P04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040288



Please Read Application And Notes, If Any, Attached

This is to certify that Swan Properties Llc
has permission to Change of Use from 5 units condor
AT 2 McCormick Pl L 044 A012001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procedure before this building or part thereof is started or otherwise closed-in. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS
Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0288	PERMIT ISSUED MAY 24 2004	CBL: 044 A012001
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Location of Construction: 2 McCormick Pl	Owner Name: Swan Properties Llc	Owner Address: 16 Hillcrest Dr	Phone: 207-756-9609
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Condo Conversion	Zone: R6

Past Use: Multi Family / 5 Units	Proposed Use: Change of Use - Condominium Conversion; 5 units to 5 condominiums.	Permit Fee: \$1,125.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Change of Use from 5 units to 5 condominium units.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION Use Group: 22 Type: SB 5/20/04 <i>[Signature]</i>	
<i>Legal Use: 5 family Dwelling units</i>		Signature: <i>[Signature]</i>		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: gg	Date Applied For: 03/23/2004	Zoning Approval		
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<ol style="list-style-type: none"> 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. 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.. 	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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/19/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>Requires A</i>
	<i>ok w/ conditions</i>		

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

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Bethel
Street Subdivision Lot #	2 Mcormick Place

PROPERTY OWNERS NAME

Last: McLean	First: David
Applicant Name:	William McLean
Mailing Address of Owner/Applicant (If Different)	348 Bay St #1

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

Date

2004 8/02

Date Permit Issued: 8/29/04	\$ 1600	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: [Signature]	L.P.I. # 0642	

TRANSFER

44 A 12

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

This Application is for

Type of Structure To Be Served:

Plumbing To Be Installed By:

RELOCATED PLUMBING

2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
- LICENSE # 12637

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>	2	Hosebibb/ Sillcock	5	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	15	Sink
		Drinking Fountain	5	Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		4
<p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p>			13	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

4/6/04 Close in pressure Test on 1st & 2nd
Floor plumbing. 2nd FL ok - 1st Floor
Still needs some fire caulk @ main partition
wall horizontal penetrations JB

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	2004-8059

2004-8059

Date Permit Issued: 02 26 04

Local Plumbing Inspector Signature: *[Signature]*

LPL # 1608

Fee: \$ 258.00

044 A 012

Last: *Juan* First: *DAVID*

Applicant Name: *David Juan*

Mailing Address of Owner/Applicant (If Different): *[Address]*

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] Date: 2-26-04

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. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. 7 MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER-SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER/MECHANIC
- 4. 7 PUBLIC UTILITY EMPLOYEE
- 5. 7 PROPERTY OWNER

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.	1	Hosebibb / Sillcock	15	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	13	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	18	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	15	Clothes Washer
		Grease / Oil Separator	15	Dish Washer
OR		Dental Cuspidor	15	Garbage Disposal
		Bidet		Laundry Tub
	Other: _____			Water Heater
		Fixtures (Subtotal) Column 2	41	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			42	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
FEB 26 2004

2/27/04 test on units 2,3 + wherever of 5-

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 2 McCormick Place

PROPERTY OWNERS NAME

Last: Swan First: David

Applicant Name: William Carr

Mailing Address of Owner/Applicant (If Different): 368 Gray Fal

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.

William H Carr 3/31/04
 Signature of Owner/Applicant Date

2004-8102

Date Permit Issued: 3/29/04 \$ 116.00 If Double Fee Charged

William H Carr
 Local Plumbing Inspector Signature

TRANSFER
 L.P.I. # 06410

44 A 12

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

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" 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 _____	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
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Type of Fixture	Column 1 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. OR HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock	15	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	5	Sink
		Drinking Fountain	15	Wash Basin
		Indirect Waste	10	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	5	Clothes Washer
		Grease / Oil Separator	5	Dish Washer
		Dental Cuspidor	3	Garbage Disposal
		Bidet		Laundry Tub
OR TRANSFER FEE [\$6.00]		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	41	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			2	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			6.00	Permit Fee (Total)