City of Portland, N	Maine - Buil	ding or Use	Permi	t Application	Permit No:	Issue Date	:	CBL:		
389 Congress Street,		_			04-0845	AUC AUC	0 3 200	∫ 044 B0	05001	
Location of Construction:		Owner Name:		0	wner Address:	3		Phone:		
157 York St		Barker Wayne		3	34 Park St		F PCRILA	PORTLAN 775-1892		
Business Name:		Contractor Name	:	C	ontractor Address:	Simple of the second	territoring	Phone		
		Applicant		3	34 Park Street Por	rtland		20777518	892	
		Phone:				Permit Type: Zone:				
					Multi Family				R-C	
Past Use:		Proposed Use:		P	Permit Fee:	Cost of Wor	k: C	EO District:	infil	
vacant lot		8 unit residential bldg			\$5,481.00	, \$540,00	00.00	1		
				<u></u>	TIRE DEPT:	Approved	INSPECT		-	
						Denied	Use Grou	1p: A I	Type:	
		1			L_	Demed	1		1/09	
		1						8/2	1104	
Proposed Project Descripti	on:	<u> </u>						N. O.		
9678 sq ft 8 unit reside	ential bldg			s	ignature: Д	MM	Signature	AllK	long &	
				P	EDESTRIAN ACTI	VITIES DIST	RICT (P./	CT (P.A.D.)		
				,	Action: Approv	ved □ Anr	proved w/Co	onditions 🗀	Denied	
) '	redon	red ript	noved week	onditions	Demed	
				S	Signature:		Γ	Date:		
Permit Taken By:	Date Ap	pplied For:			Zoning	Approva	<u>.l</u>			
jodinea	06/21	/2004								
1. This permit applic	ation does not	preclude the	Spe	cial Zone or Reviews	Zonir	ng Appeal		Historic Pres	ervation	
Applicant(s) from Federal Rules.		•	☐ Sh	Shoreland Variance		[6	Not in District or Landn			
2. Building permits do not include plumbing, septic or electrical work.				etland	Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flo	ood Zone panel 13	Conditio Conditio	onal Use		Requires Rev	view		
	False information may invalidate a building permit and stop all work		Su	bdivision	[Interpreta	ation		Approved		
			JX Sit	e Plan - 2003 - 02	Approve	d		Approved w/	Conditions	
			Maj 🕻	Minor MM	Denied			Denied		
			OK	withcor	CHA COS				\times	
			Date:	~ 7/1	Date:		Date	2:	<u> </u>	
				7/1	1.4					
			C	ERTIFICATION	J					
hereby certify that I an	n the owner of	record of the na	med pro	perty, or that the p	proposed work is	authorized	by the ov	wner of recor	d and that	
I have been authorized b	by the owner to	make this appli	cation a	s his authorized ag	gent and I agree t	o conform t	to all app	licable laws	of this	
jurisdiction. In addition										
shall have the authority	to enter all area	as covered by su	ch perm	iit at any reasonab	ole hour to enforce	e the provi	sion of th	e code(s) ap	plicable to	
such permit.										
·										
SIGNATURE OF APPLICA	NT			ADDRESS		DATE		РНО	NE	
Deanovicini E === 2011	TOTAL DESCRIPTION	ODV TITLE				D 4 mp		РНО	NF	
RESPONSIBLE PERSON IN	N CHARGE OF W	UKK, IIILE				DATE		HO		

129/04 - Walk How af Marland + owner - discussed freezertings, special inspections, most of all interior stairs are not correct told him to reframe you

Sel foundation permit for other notes and 1/11/05 list wayre b. Insite w/Mc to review fore peretrations to treatment. It to sneetrack 1st FL surly walf prior to installing Tub units-. It, inscussed dayer went and be an social pue at assemply penetration to metal duct to get conar en for Fire stop from

68305 Aid wip w/uc/ wal in surger of plant of the property of plant of plant of the property of plant of the property of the plant of the property of the plant of

CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION 157 York St

CBL 044 B005001

Issued to Barker Wayne/Applicant

Date of Issue 05/06/2005

This is to certify that the building, premises, or part thereof, at the above location, built — altered - changed as to use under Building Permit No. 04-0845 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

1st Floor Right Rear

Unit #1D R-6 Use Group R-2 Type 5B

Limiting Conditions:

Temporary Certificate of Occupancy until July 1,2005

This certificate supersedes		
certificate issued		
	,. *	

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

> CITY OF PORTLAND, MAINE Department of Building Inspection



Certificate of

LOCATION 157 York St

CBL 044 B005001

Issued to Barker Wayne/Applicant

Date of Issue 11/15/2005

This is to certify that the building, premises, or part thereof, at the above location, built - altered - changed as to use under Building Permit No. 04-0845 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

First floor rear Unit 1B

APPROVED OCCUPANCY RESIDENTIAL CONDO USE GROUP R2 TYPE 5B 1999 BOCA

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

(Date) Inspector

Inspector of Buildings

CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION 16 Guilford Court

CBL 044 B005001

Issued to Barker Wayne/Applicant

Date of Issue 01/06/2006

This is to certify that the building, premises, or part thereof, at the above location, built — altered - changed as to use under Building Permit No. 04-0845 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

2nd floor front, Unit 2B

APPROVED OCCUPANCY Residential Condo Use Group R2 Type 5B 1999 Boca

Limiting Conditions:

None This is a Temporary C/O Site Work must be completed by 7/1/06

This certificate certificate		
Approved:		
	en e	
(Date)	Inspector	Inspector of Buildings
	Navias This samificans identifies lamiful use of hailding as as	arrians and quality to be transferred from

wner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION 157 York St

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PORTION OF BUILDING OR PREMISES

First floor front, Unit 1C

APPROVED OCCUPANCY RESIDENTIAL CONDO USE GROUP R2 TYPE 5B 1999 BOCA

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

(Date) Inspector

Inspector of Buildings

CITY OF PORTLAND, MAINE Department of Building Inspection



Certificate of Occupancy

LOCATION 157 York St

CBL 044 B005001

Issued to Barker Wayne/Applicant

Date of Issue 05/06/2005

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PORTION OF BUILDING OR PREMISES

1st Floor Right Front

APPROVED OCCUPANCY
Unit #1A
R-6 Use Group R-2

R-6 Use Group R-Type 5B

Limiting Conditions:

Temporary Certificate of Occupancy until July 1,2005

This certificate certificate issu				
Approved:	Sand Mark	en e		
(Date)	Inspector		In	spector of Buildings
# ·				

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CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION 157 York St

CBL 044 B005001

Issued to Barker Wayne/Applicant

Date of Issue 08/18/2005

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 04-0845 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

3rd Floor Left Unit #3B

APPROVED OCCUPANCY

Single Family Condominium R-6 Use Group R-2 Type 5B

Limiting Conditions:

none

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

CITY OF PORTLAND, MAINE Department of Building Inspection



Certificate of Occupancy

LOCATION 157 York St

CBL 044 B005001

Issued to Barker Wayne/Applicant

Date of Issue 08/08/2005

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 04-0845 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

UNIT 3A

APPROVED OCCUPANCY
RESIDENTIAL CONDO
USE GROUP R2
TYPE 5B
1999 BOCA

Limiting Conditions:

none

(Date) Inspector	Inspector of Buildings				
Approved:					
This certificate supersedes certificate issued					

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

P	LUMBING A	PPLICATION	ON			Division of Health Engineering		
1000	PROPERTY	ADDRESS						
Town or Plantation				2004-8319				
Stre Subdivision	17 St	WNERS NAME		Date Permit X 1 3	107 PA	S 1 444 D Double Fee		
	/ 1	· ; }.	1	issued:		L.P.I. # 3.6.1		
Last: Applic		First: Va G	11/1	Local Plumbing Inspector	Local Plumbing Inspector Signature			
Mailing Add Owner/Ap	dress of oplicant		W.C.		43			
,	Owner/Appl	icant Statement				tion Required		
knowled	that the information subm dge and understand that a ng Inspectors to deny a Pe	any falsification is reas		r have inspected the		orized above and found it to be in Rules.		
	Signature of Owner/	Applicant	Date	Local Plumbing I	nspector Signature	Date Approve		
		4 7 1 7 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	PERMI	T INFORMATION		a a a a a a a a a a a a a a a a a a a		
This Ap	oplication is for	Тур	pe of Structur	e To Be Served:	Plun	nbing To Be Installed By:		
1. 🗌 NE	W PLUMBING	1. 🗆 SINGLE	FAMILY DWEI	LLING	1. 🗆 MASTER PLUMBER			
2. RE	LOCATED UMBING			MOBILE HOME	2. □ OIL BURNERMAN 3. □ MFG'D. HOUSING DEALER/MECHANIC			
		3. ☐ MULTIPL 4. ☐ OTHER -	LE FAMILY DW - SPECIEY	ELLING	4. 🗆 PUBL	4. ☐ PUBLIC UTILITY EMPLOYEE		
		4. C. OTTEN	OI LOII I		ERTY OWNER			
	nek IIn & Dining Polose	, Non		Column 2	LICENSI	= # LColumn 1		
no	ook-Up & Piping Relocat Maximum of 1 Hook-Up		Number	Type of Fixture	Number	Type of Fixture		
	HOOK-UP: to public those cases where t	the connection	1	Hosebibb / Sillcock		Bathtub (and Shower)		
	is not regulated and the local Sanitary Di		ı	Floor Drain		Shower (Separate)		
	0	${f R}$		Jrinal		Sink		
	HOOK-UP: to an ex	isting subsurface	Drinking Fountain			Wash Basin		
	wastewater disposal		- 1	ndirect Waste		Water Closet (Toilet)		
	PIPING RELOCATION lines, drains, and pip new fixtures.	<u>DN:</u> of sanitary bing without	Water Treatment Softener, Filter, etc.		Ĭ	Clothes Washer		
	TIEW HAUTES.		Grease / Oil Separator			Dish Washer		
			[Dental Cuspidor		Garbage Disposal		
Y	YOR			Bidet		Laundry Tub		
			Other:		Water Heater			
	TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1		
			Y		- 48 -	Fixtures (Subtotal) Column 2		
			MIT FEE SC			Total Fixtures		
					•	Fixture Fee		
		_				Transfer Fee		
Doo	ge 1 of 1					Hook-Up & Relocation Fee Permit Fee		
	11 Rev. 6;94				× ×	(Total)		