

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE PERMIT ISSUED CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
JUL 7 2005
Permit Number: 050905
CITY OF PORTLAND

SECTION

PERMIT

This is to certify that Shelzi Vincent /self
has permission to Install one 5' beam and extend another beam the full width of the room 15'
AT 137 Spring St Unit # 2 045 A011002

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 work on permit in progress before this building or part thereof is opened or closed-in.
48 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

Dianne Burke 7/7/05
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: 05-0905	Issue Date: 0710712005	CBL: 045 A011002
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Location of Construction: 137 Spring St Unit # 2	Owner Name: Shelzi Vincent	Owner Address: 11 Atlantic Pl	Phone: 874-2950
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: \$6

Past Use: Multi unit condominium - unit # 2	Proposed Use: Multi unit condo - unit # 2 w/interior renovations, 2 load carrying beams	Permit Fee: \$111.00	Cost of Work: \$10,000.00	CEO District: 2	INSPECTION: Use Group: R2 Type: RB IBC-2003
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Proposed Project Description:
Install one 5' beam and extend another beam the full width of the room 15'

FIRE DEPT: Approved Denied

INSPECTION: Signature: **AMB 7/7/05**

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: imb	Date Applied For: 0710712005	Zoning Approval
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- 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

Shoreland

Wetland

Flood Zone

Subdivision

Site Plan

Maj Minor MM

Date: **AMB 7/7/05**

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Date: _____

Historic Preservation

Not in District or Landmark

Does Not Require Review

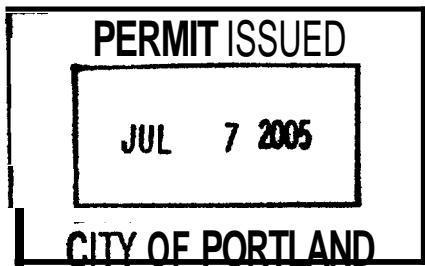
Requires Review

Approved

Approved w/Conditions

Denied

Date: **NO exterior work allowed AMB 7/7/05**



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

of 1/10/05

FRAMING OK by

PLUMBING OK by



~~ALL~~

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0905	Date Applied For: 0710712005	CBL: 045 A01 1002
-----------------------	---------------------------------	----------------------

Location of Construction: 137 Spring St Unit # 2	Owner Name: Shelzi Vincent	Owner Address: 11 Atlantic PI	Phone: () 874-2950
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	
Proposed Use: Multi unit condo - unit # 2 w/interior renovations, 2 load carrying beams		Proposed Project Description: Install one 5' beam and extend another beam the full width of the room 15'	

Dept: Zoning Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 07/07/2005

Note: **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. Per the owner, this work is interior and does not affect any exterior facade.

Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 07/07/2005

Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or heating.
- 2) This permit DOES NOT certify the use of the property or building. It only authorizes the construction activities.

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

137 SP		
Total Square Footage of Proposed Structure 974.0	Square Footage of Lot 3525	
Tax Assessor's Chart, Block & Lot Chart# 045 Block# A Lot# 11	Owner: Vincent Shelzi	Telephone: 207 874-2950
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: Unit # 2	Cost Of Work: \$ 10,000 Fee: \$ 111.00
Current use: Residential Condo		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: Residential		
Project description: Add/Replace Beam Renovate Kitchen		
Contractor's name, address & telephone: Vincent Shelzi Bath		
Who should we contact when the permit is ready: Vincent Shelzi		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 874-2950		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

*for work described in this application
if areas covered by this permit at any*

	7/7/05
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the permit is issued.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection; Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling
- Final/Cert** • Prior to any occupancy of the structure or use. ~~NOTE: There is a \$75.00 fee per inspection at this point.~~

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR BEFORE THE SPACE MAY BE OCCUPIED

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL:

45-A-11

Building Permit #:

050-905

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number	1 of 1
Parcel ID	0115 A011002
Location	137 SPRING ST
Land Use	RESIDENTIAL CONDO
Owner Address	SHELZI VINCENT 11 ATLANTIC PL SOUTH PORTLAND NE 04106
Book/Page	22034/199
Legal	115-A-11 SPRING ST 137 PARK ST 116-126 PARK SPRING CONDO # 2

7/7 9AM
Vincent
Beam
R6 historic
#905 *#111.*

Current Valuation information

Land	Building	Total
\$8,550	\$76,950	\$85,500

New Estimated Valuation Information

Land	Building	Total	Phase-In Value
\$34,400	\$137,600	\$172,000	\$128,750

Property Information

Year Built	Style	Story Height	Sq. Ft.	Total Acres	
1900	Condo	1	974	0	
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement
2	1	1	4	None	Pier/slab

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date	Type	Price	Book/Page
11/09/2004	LAND + BLDING	\$172,000	22034-199

Picture and Sketch

Picture	Sketch	Tax Map
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[Click here](#) to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or c-mailed.

[Click here](#) to view comparable sales or below to view by



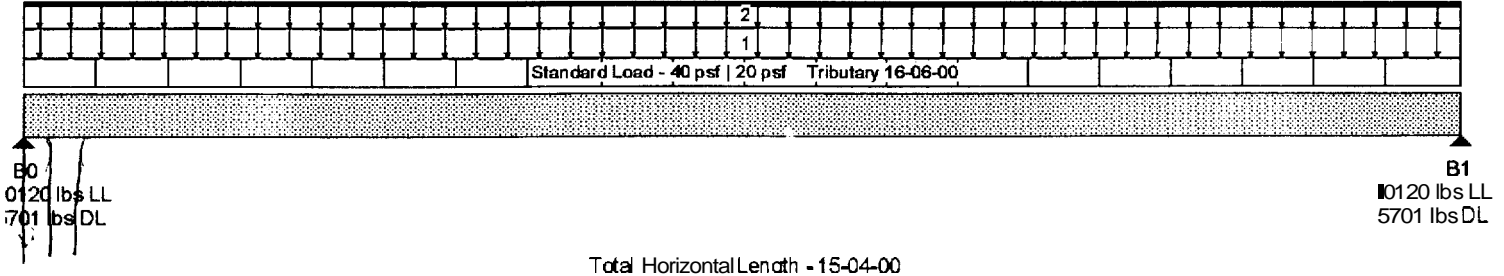
BC CALC® 2003 DESIGN REPORT - US

Wednesday, July 06, 2005 11:54

Triple 1 3/4" x 16" VERSA-LAM® 3100 SP

b Name
 Address Park Street
 City, State, Zip Portland, ME
 Customer Rufus Deenng
 Code reports ICBO 5512, NER 629

FileName BC CALC Project FB01
 Description 2nd Floor Beam
 Specifier Daryl Raven
 Designer Chipper Roberts
 Company Wood Structures Inc
 Misc



General Data
 Version: US Imperial
 Member Type: Floor Beam
 Number of Spans: 1
 Left Cantilever: No
 Right Cantilever: No
 Slope: 0/12
 Tributary: 16-06-00
 Live Load: 40 psf
 Dead Load: 20 psf
 Partition Load: 0 psf
 Duration: 100

Load Summary

ID	Description	Load Type	Ref.	Start	End	Type	Value	Trib.	Dur.
S	Standard Load	Unf. Area	Left	00-00-00	15-04-00	Live	40 psf	16-06-00	100%
1	Roof	Unf. Area	Left	00-00-00	15-04-00	Dead	20 psf	16-06-00	90%
2	Interiorwall	Unf. Lin.	Left	00-00-00	15-04-00	Live	40 psf	1606-00	115%
						Dead	20 psf	16-06-00	90%
						Live	0 plf	n/a	90%
						Dead	60 plf	n/a	90%

Controls Summary

Control Type	Value	% Allowable	Duration	Load Case	Span Location
Moment	60648 ft-lbs	94.1%	115%	3	I - Internal
Neg. Moment	0 ft-lbs	n/a	100%		
End Shear	13070 lbs	70.0%	115%	3	1 - Left
Total Load Defl.	L/257 (0.716")	93.4%		3	1
Live Load Defl.	L/402 (0.458")	89.6%		3	1
Max Defl.	0.716"	71.6%		3	1

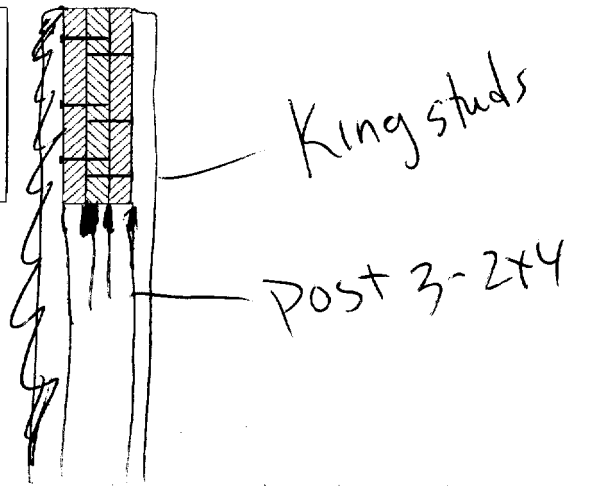
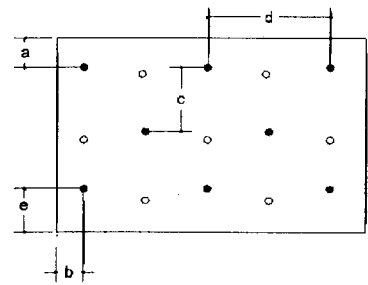
Disclosure
 The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output provided is based upon building code-accepted design properties and analysis methods. Installation of BOISE engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800) 232-0788 before beginning product installation.

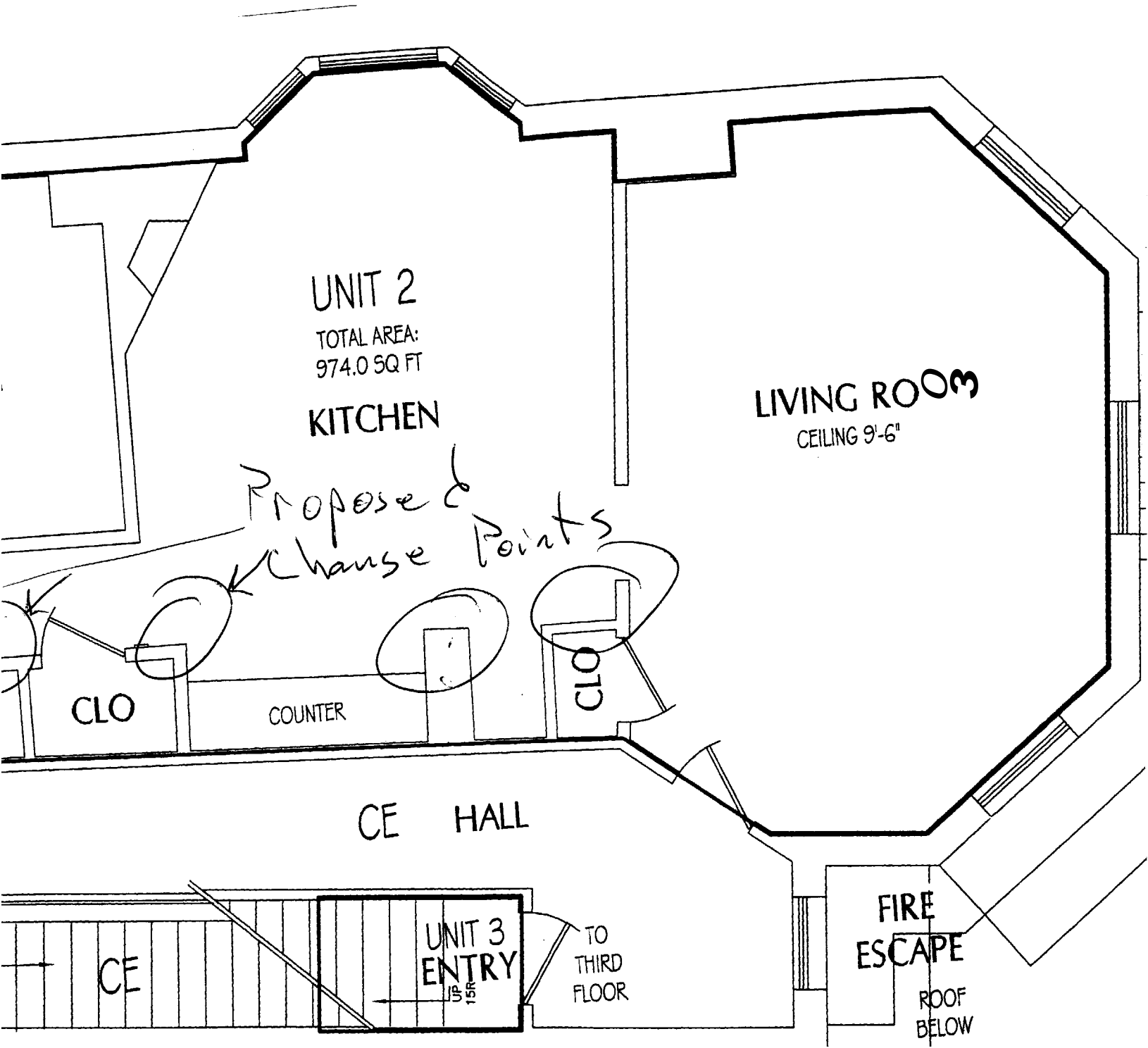
Notes
 Design meets Code minimum (L/240) Total load deflection criteria.
 Design meets Code minimum (L/360) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.
 Minimum bearing length for B0 is 3-1/2".
 Minimum bearing length for B1 is 3-1/2".
 Entered/Displayed Horizontal Span Length(s) = Clear Span + 1/2 min. end bearing + 1/2 intermediate bearing

Connection Diagram
 Consult project design professional of record or BOISE technical representative for connection design.
 Nailing schedule applies to both sides of the member.
 Member has no side loads

Connectors are: 16d Sinker Nails

- a = 2"
- b = 3"
- c = 4"
- d = 12"
- e = 3"





UNIT 2

TOTAL AREA:
974.0 SQ FT

KITCHEN

LIVING ROOM

CEILING 9'-6"

*Proposed
Change Points*

CLO

COUNTER

CLO

CE HALL

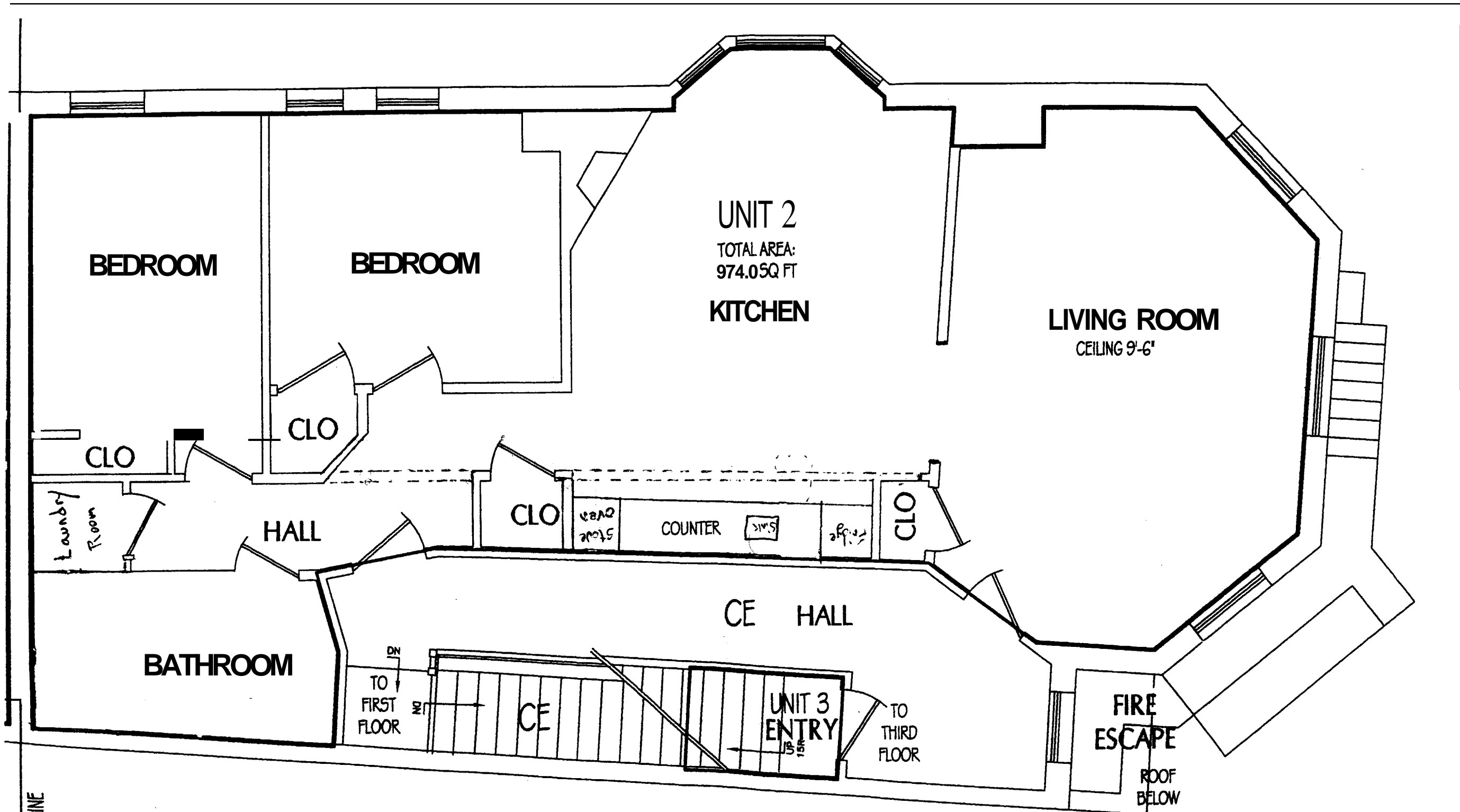
CE

UNIT 3
ENTRY
UP 15R

TO
THIRD
FLOOR

FIRE
ESCAPE

ROOF
BELOW



LEGEND:
 CLO = Closet
 LCE = Limited Common Element
 CE = Common Element
 ——— = Unit Delimiter Line

Sheet 2 | 12 **UNIT 2 FLOOR PLAN**
 0 4' SCALE: 1/4" = 1'-0"

PARK STREET

SPRING STREET

UNIT 1

TOTAL AREA:
945.5 SQ FT

KITCHEN

CEILING 9'-10"

LIVING ROOM

CEILING 9'-10"

BEDROOM

STORAGE

CLO

EXIT
CE

UP

DN

BATHROOM

TUB

CE
TO
BASEMENT

STAIRS CE

HALL

CE

HALF WALL

COUNTER

CLO

CLO

CLO

CLO

ENTRY
CE

PORCH

LEGEND:

CLO = Closet

LCE = Limited Common Element

CE = Common Element

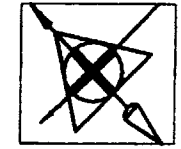
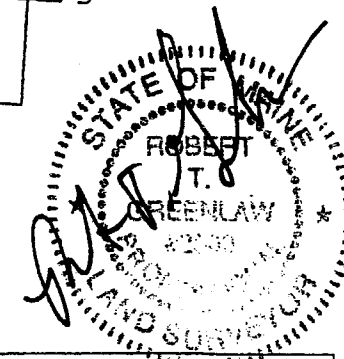
— = Unit Delimiter Line

Sheet
1 | 12

UNIT 1 FLOOR PLAN

0 4'

SCALE: 1/4" = 1'-0"



BACK BAY BOUNDARY, INC.
LAND SURVEYING
65 NEWBURY STREET
PORTLAND, ME 04101
207.774.2855
fax: 781.2010
backbayboundary@cs.com

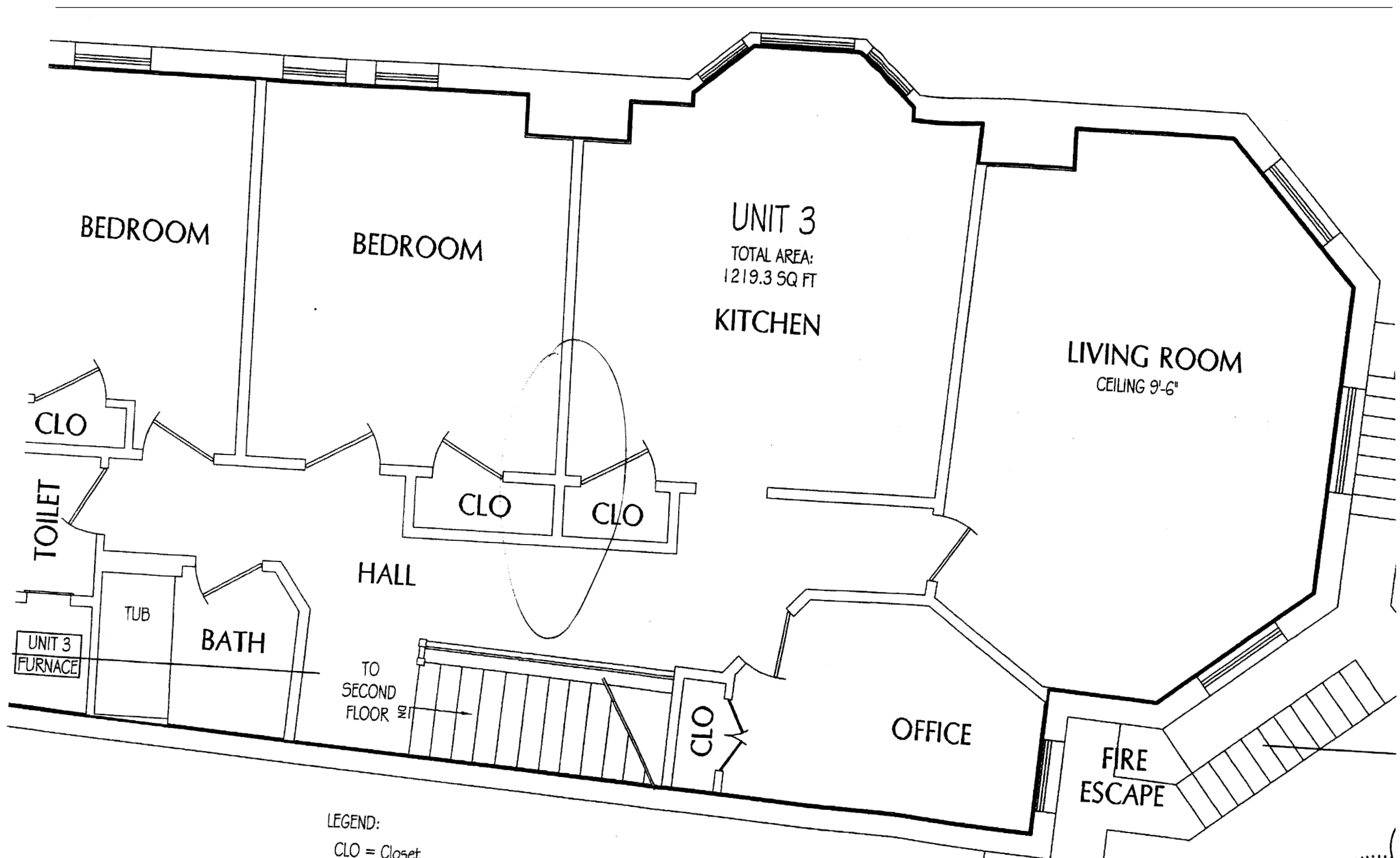
COPYRIGHT
2004
of the contents of this
document is not per-
mitted without written
consent of BACK BAY
BOUNDARY, INC.

PARK SPRING CONDOMINIUM
FOR WEBBER ENTERPRISES, INC.
137 SPRING STREET
PORTLAND, MAINE

JOB:
2004024

ISSUE DATE
FINAL 08/06/2004

OWNER OF PARCEL: WEBBER ENTERPRISES, INC. BOOK 18787
AS RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS



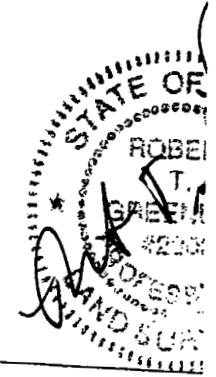
LEGEND:
 CLO = Closet
 LCE = Limited Common Element
 CE = Common Element
 — = Unit Delimiter Line

Sheet
 3 | 12

UNIT 3 FLOOR PLAN

SCALE: 1/4" = 1'-0"

OWNER OF PARCEL: WEBBER ENTERPRISES, INC. BOOK 16787
 AS RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS





LEGEND:
 LCE = Limited Common Element
 CE = Common Element
 — = Unit Delimiter Line

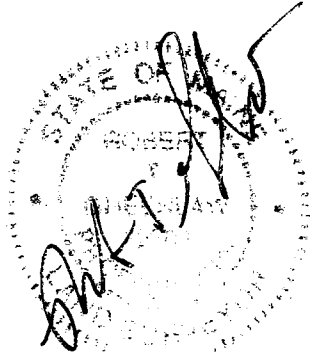
NOTE: FIRST FLOOR ELEVATION (F.F.E): 107.3'
 BASED ON STATION POINT 1 DATUM 100' ASSUMED.

Sheet 11 | 12

BUILDING SECTION A-A

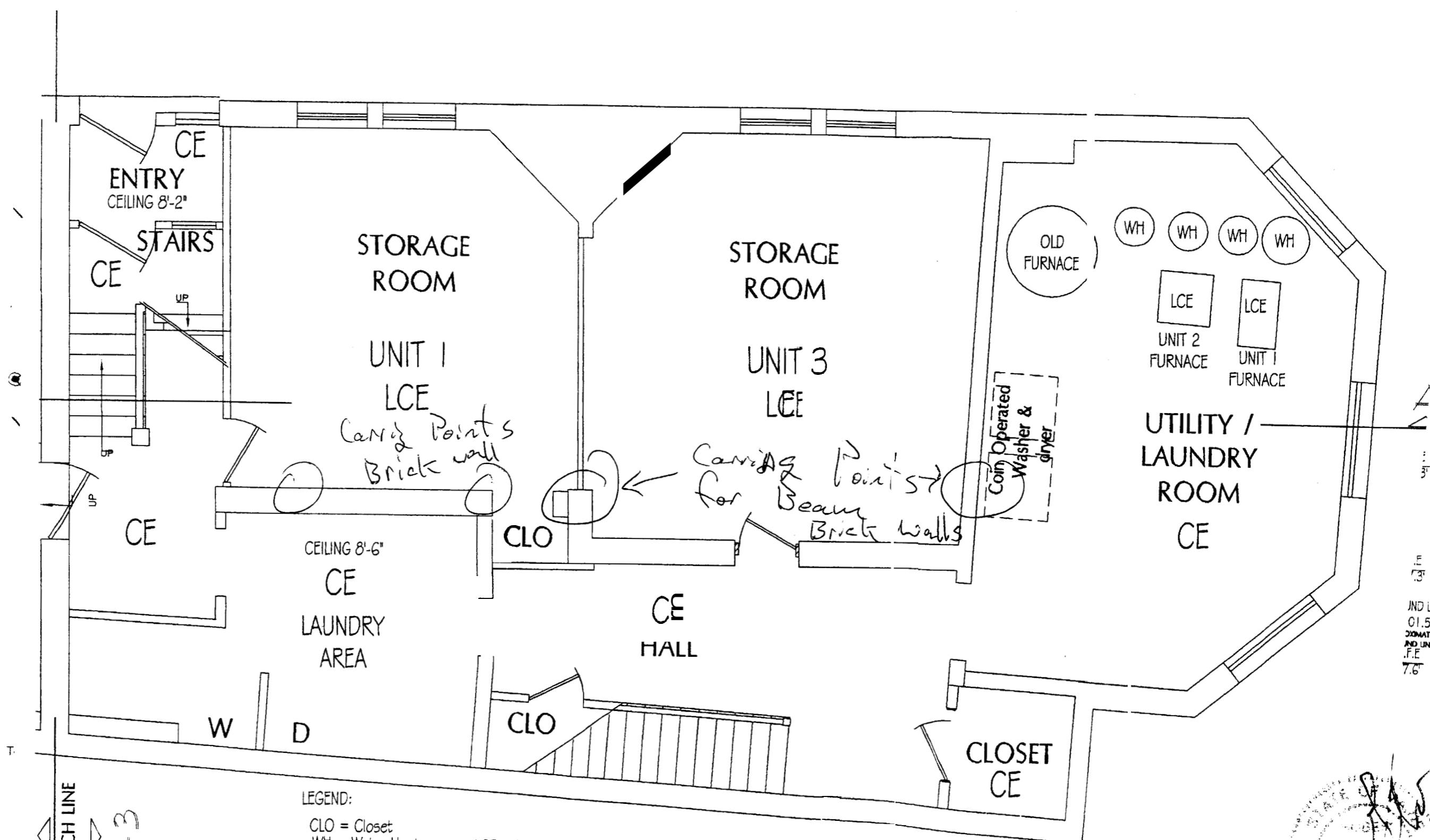
SCALE: 3/32" = 1'-0"

10'-8"



OWNER OF PARCEL: WEBBER ENTERPRISES, INC. BOOK 18787
 RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS

REVISED: 08/06/2004 - FINAL MYLAR FOR RECORDING ISSUED.



MATCH LINE
1-3

LEGEND:
 CLO = Closet
 WH = Water Heater
 LCE = Limited Common Element
 CE = Common Element
 — = Unit Delimiter Line

Sheet
8 | 12

UNIT 1-3 BASEMENT PLAN

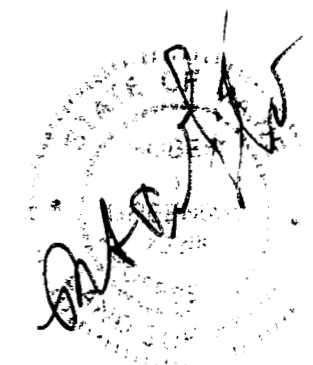
0 4'

SCALE: 1/4" = 1'-0"

IND LE
01.5'
DIMATE
IND LINE
.F.E
7.6'

OWNER OF PARCEL: WEBBER ENTERPRISES, INC. BOOK 16787
 S RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS

REVISED: 08/06/2004 - FINAL MYLAR FOR RECORDING



ELECTRICAL PERMIT

City of Portland, Me.

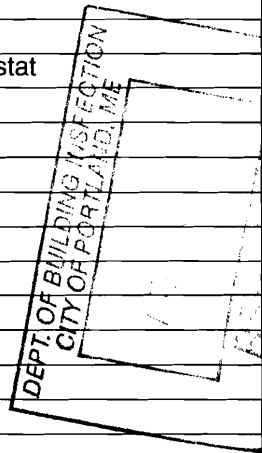


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 8.3.05
 Permit # 098-A-11
 CBL# 2005-4709

LOCATION: 137 Spring St 2 FL APT METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Vincent Skelton
 TENANT _____ PHONE # _____

							TOTAL	EACH FEE
OUTLETS	<u>40</u>	Receptacles	<u>10</u>	Switches	<u>3</u>	Smoke Detector		.20
FIXTURES		Incandescent		Fluorescent		Strips		.20
SERVICES		Overhead		Underground		TTL AMPS <800		15.00
		Overhead		Underground		>800		25.00
Temporary Service		Overhead		Underground		TTL AMPS		25.00
								25.00
METERS		(number of)						1.00
MOTORS		(number of)						2.00
RESID/COM		Electric units						1.00
HEATING		oil/gas units		Interior		Exterior		5.00
APPLIANCES	<u>/</u>	Ranges		Cook Tops		Wall Ovens		2.00
		Insta-Hot		Water heaters		Fans		2.00
	<u>/</u>	Dryers	<u>/</u>	Disposals	<u>/</u>	Dishwasher		2.00
		Compactors		Spa	<u>/</u>	Washing Machine		2.00
		Others (denote)						2.00
MISC. (number of)		Air Cond/win						3.00
		Air Cond/cent				Pools		10.00
		HVAC		EMS		Thermostat		5.00
		Signs						10.00
		Alarms/res						5.00
		Alarms/com						15.00
		Heavy Duty (CRKT)						2.00
		Circus/Carnv						25.00
		Alterations						5.00
		Fire Repairs						15.00
		E Lights						1.00
		E Generators						20.00
PANELS		Service		Remote		Main		4.00
TRANSFORMER		0-25 Kva						5.00
		25-200 Kva						8.00
		Over 200 Kva						10.00
							TOTAL AMOUNT DUE	
							MINIMUM FEE/COMMERCIAL	<u>45.00</u>
							MINIMUM FEE	35.00



CONTRACTORS NAME Joseph LaBelle MASTER LIC. # MS560002367
 ADDRESS 8 Allison Ave Bidlet LIMITED LIC. # _____
 TELEPHONE 207 283 3074

SIGNATURE OF CONTRACTOR Joseph R. LaBelle

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	137 Spring St

PROPERTY OWNERS NAME

Last: Shelton First: Vincent

Applicant Name: Mark Vincent

Mailing Address of Owner/Applicant (If Different): 137 Spring St

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.

Mark Vincent 7-13-05
Signature of Owner/Applicant Date

2005-8247

PORTLAND PERMIT # 9462 TOWN COPY

Date Permit Issued: 7-13-05

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 0640

FEE Charged: Double Fee

45A 011002

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Condo</u>	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 LICENSE # <u>02360</u>

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

RECEIVED
JUL 13 2005
PLUMBING DIVISION

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

31



CITY OF PORTLAND, MAINE
Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy