

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE

CITY OF PORTLAND

CONSTRUCTION

PERMIT

PERMIT ISSUED
JAN 30 2003
Permit Number: 030033
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Rollins Mary Ellen /Papi & Romano Building
has permission to Renovations to Kitchen and Bath
AT 88 Park St Portland, Oregon 97205 045 B011020

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 given and work on permit in progress before this building or part thereof leased or otherwise closed-in. **HEAVY 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 _____
Department Name

Jeannie Bourke 1/30/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

2-20-03

Did Close in resp
of plumbing & framing
electrical NOT ready MW

2/24/03 for Elec Close - Mult 4 - Ref to Car 23

Noticed LHM Header - Permit said NO Structural -
Notified MINE Contractors that they have to file
a amended plans. @ W/SA

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-0033	Date Applied For: 01/15/2003	CBL: 045 B011020
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Location of Construction: 88 Park St	Owner Name: Rollins Mary Ellen	Owner Address: 90 Park St # 20	Phone: () 797-3381
Business Name:	Contractor Name: Papi & Romano Builders, Inc	Contractor Address: PO Box 1079 Portland	Phone: (207) 797-3381
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Condominium Unit	Proposed Project Description: Renovations to Kitchen and Bath
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 01/28/2002

Note: **Ok to Issue:**

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a single family condo 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:** Jeanine Bourke **Approval Date:** 01/30/2003

Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical or plumbing work.

03-0033

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.

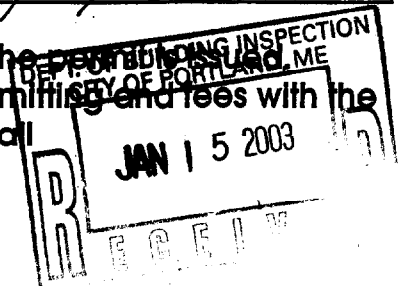
Location/Address of Construction: <u>90 PARK ST.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>045-B-011</u>	Owner: <u>BRIAN & MARY ELLEN ROLLINS</u>	Telephone: <u>797-3381</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>PAPI & ROMANO BLDRS., INC.</u>	Cost Of Work: <u>\$15,000.⁰⁰</u> Fee: <u>\$128.⁰⁰</u>
Current use: <u>SINGLE FAMILY CONDO</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>SINGLE FAMILY CONDO</u>		
Project description: <u>BATHRM. / KITCHEN RENOVATION</u>		
Contractor's name, address & telephone: <u>PAPI & ROMANO BLDRS., INC.</u>		
Who should we contact when the permit is ready: <u>P.O. BOX 1079 PORTLAND, ME 04104</u> <u>CONTRACTOR</u>		
Mailing address: <u>P.O. BOX 1079</u> <u>PORTLAND, ME 04104</u>		
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: <u>797-3381</u> *		

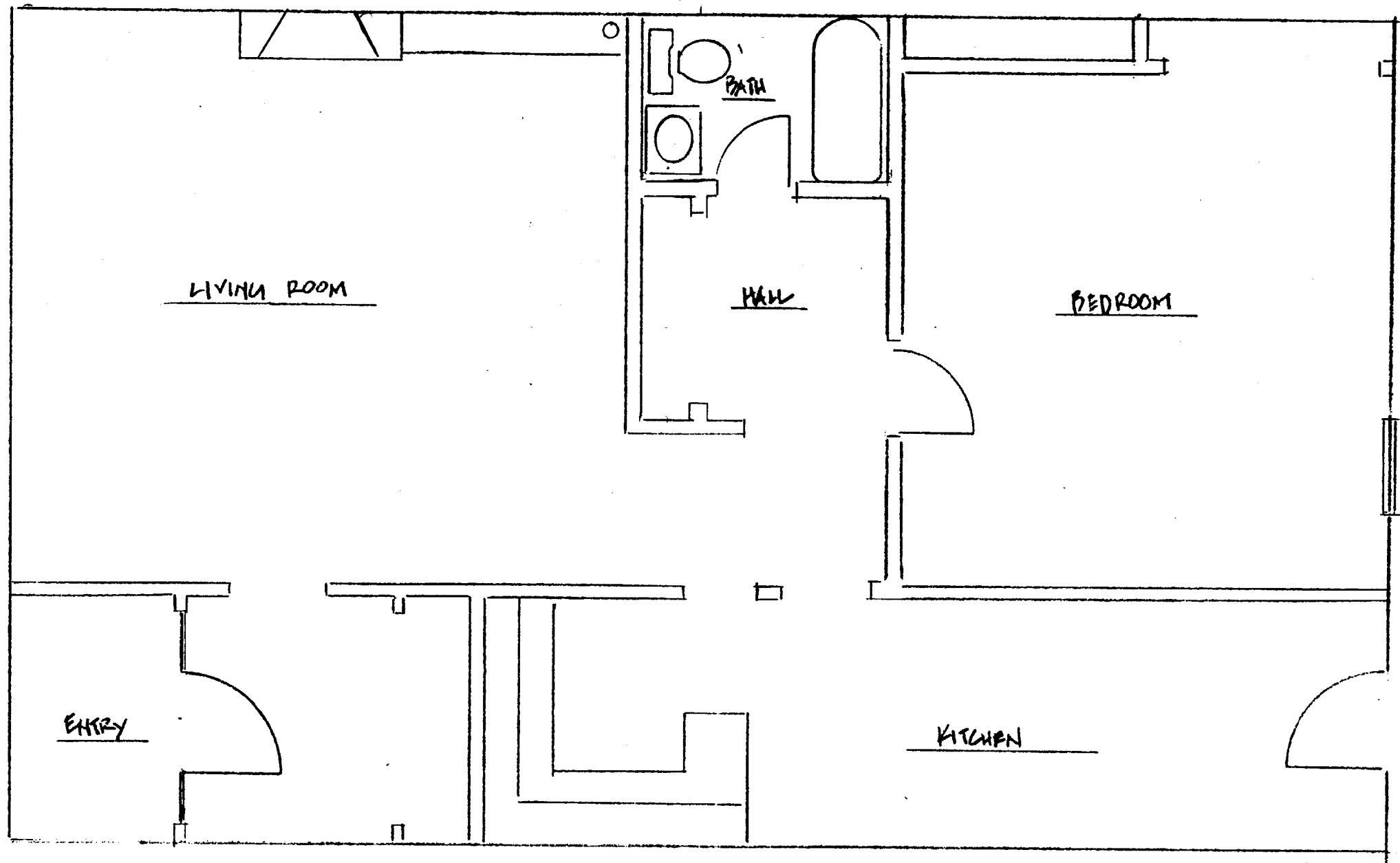
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Rick Romano</u>	Date: <u>1/15/03</u>
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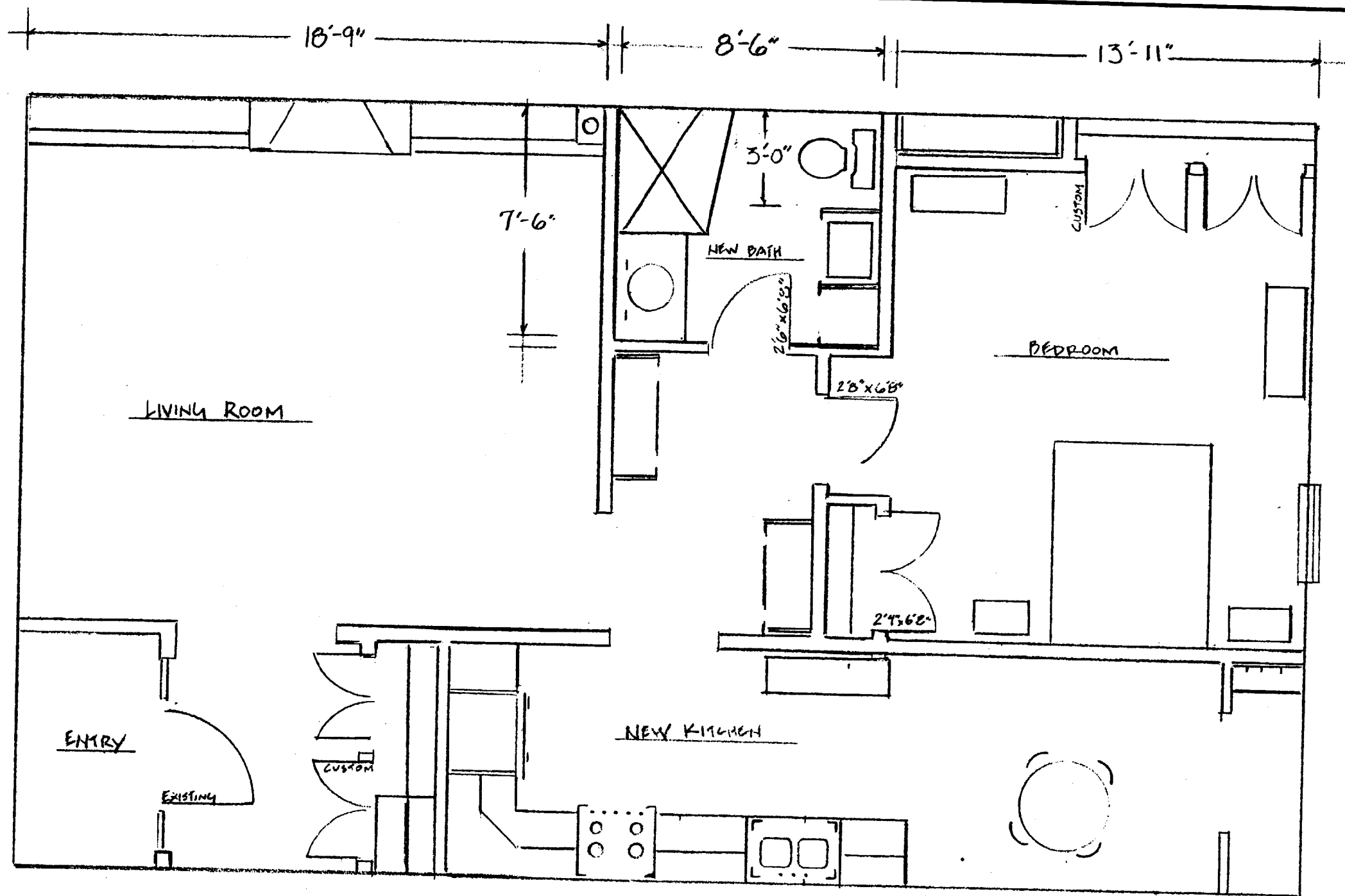
This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall.





ROLLINS RESIDENCE RENOVATIONS			
SCALE: 1/4" = 1'-0"	APPROVED BY:	DRAWN BY: R12	
DATE: 1/12/03		REVISED	
90 PARK ST. PORTLAND, MAINE			
EXISTING CONDITIONS			DRAWING NUMBER 001.A

305257



ROLLINS RESIDENCE RENOVATIONS

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

APPROVED BY:

DATE: 1/12/03

DRAWN BY RR

REVISED

90 PARK ST. PORTLAND, MAINE

DRAWING NUMBER

001

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2003 2004

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	

045-B-011020

Date Permit Issued: 02/13/03 \$ 148.00 If Double Fee Charged

A Rowe L.P.I. # 01641
Local Plumbing Inspector Signature

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.

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 type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input 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 # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		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	7	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)



CITY OF PORTLAND, MAINE

Department of Building Inspections

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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