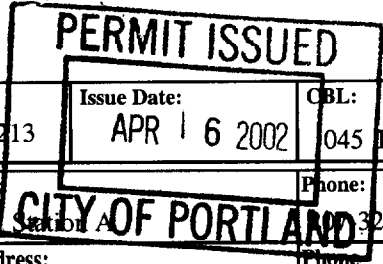


City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0213	Issue Date: APR 16 2002	CBL: 045 B026001
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Location of Construction: 99 State St	Owner Name: Toothaker Crandall K	Owner Address: Po Box 427	Phone: 329-6007
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R-6

Past Use: 3 units	Proposed Use: main house continuing to be 3 units, Condo conversion <i>3 legal existing units</i>	Permit Fee: \$400.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: condo conversion 3 units		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R-2</i> Type: <i>5B</i> <i>4/16/02</i>	
		Signature: <i>[Signature]</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: 03/04/2002	Zoning Approval		
------------------------	---------------------------------	------------------------	--	--

- 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 type="checkbox"/> MM <input type="checkbox"/> Denied Date: <i>9/29/02</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved 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>work required</i> <i>A separate review</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

Application ID Number: 2-0213

Delete Save Close

Department: Fire

Status: Approved with Conditions

Reviewer: Lt. McDougall

Comments:

Approval Date: 04/09/2002

Given On Date: 04/02/2002

OK to Issue Permit Name: Lt. McDougall Date: 04/09/2002 Date 2:

Conditions Section: Add New Condition From Add New Condition Delete Condition

Vertical openings shall be fire-rated in one hour construction

Smoke detectors shall be installed in all bedrooms, in the common area of the apartment and be interconnected per NFPA 72

Create Date: 04/01/2002 By: tm Update Date: 04/09/2002 By: gg

Application ID Number: 2-0213

Department: Zoning

Status: Approved with Conditions

Approvers: Marge Schmuckal

Comments: 99 State st

Approval Date: 03/29/2002

Issue Date: 03/05/2002

OK to Issue Permit Name: Marge Schmuckal Date: 03/29/2002 Date 2:

Conditions Section:

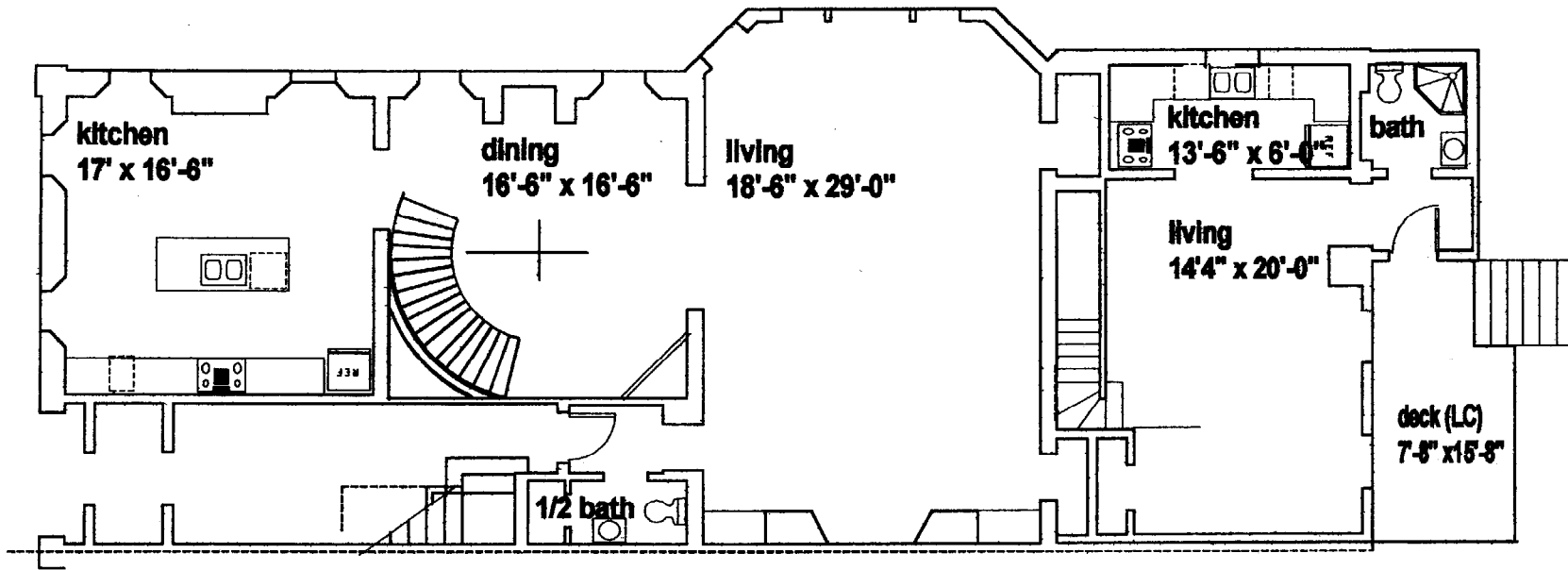
This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

This property shall remain a three (3) family dwelling. Any change of use shall require a separate permit application for review and approval.

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.

It is understood that there will be a SEPARATE permit application to allow a new dwelling unit within the carriage house at a later date. A site plan review and Historic review shall also be required at that time.

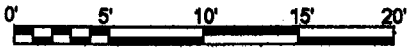
Create Date: 03/26/2002 By: jodinea Update Date: 03/29/2002 By: mes

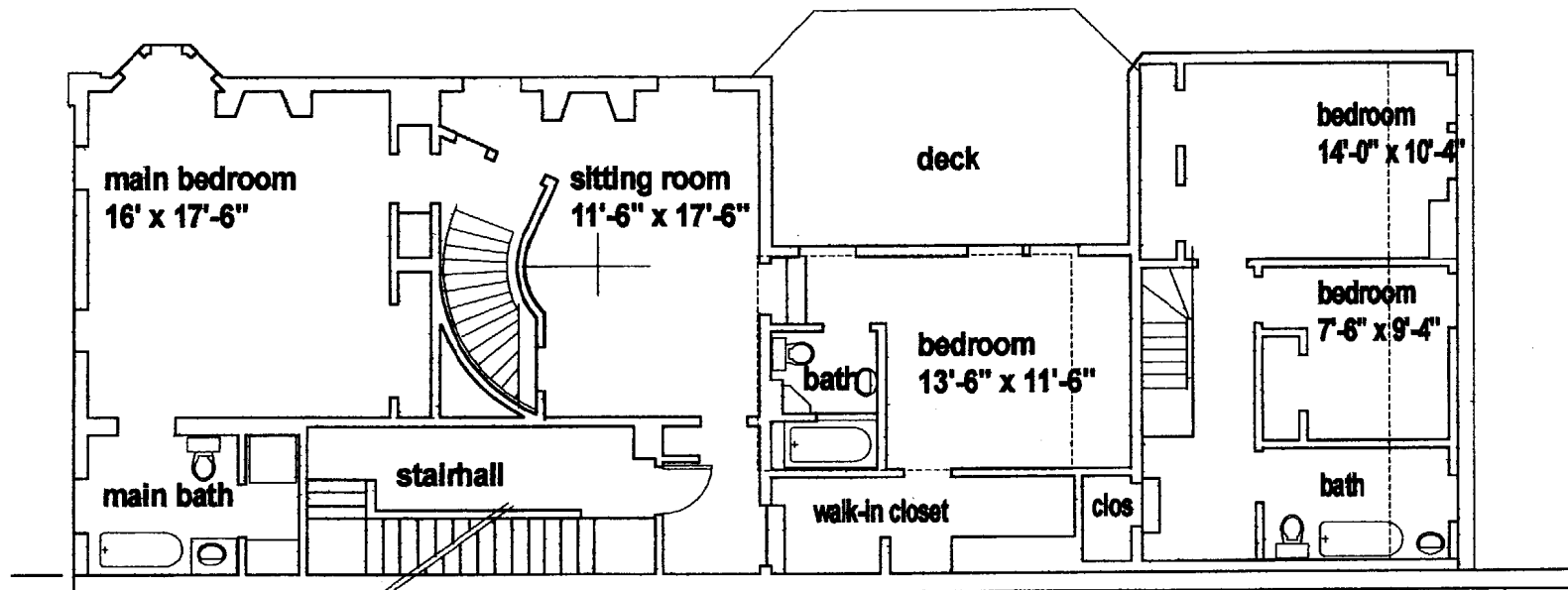


UNIT #1
 first floor area = 1,250 sf

UNIT #3
 first floor area = 484 sf

**99 STATE STREET CONDOMINIUM
 FIRST FLOOR PLAN**

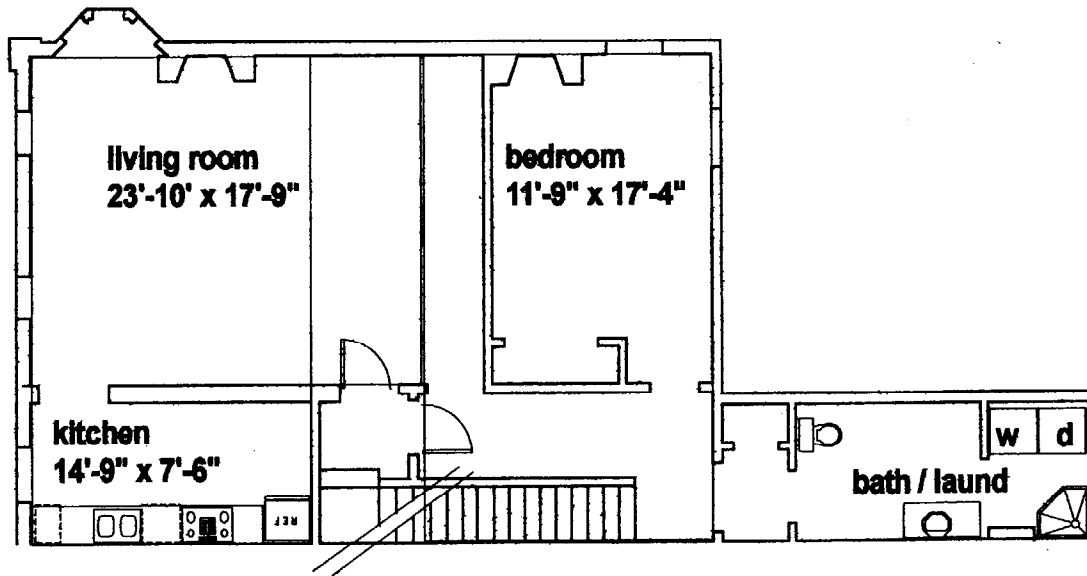




UNIT #1
second floor area = 1,073 sf

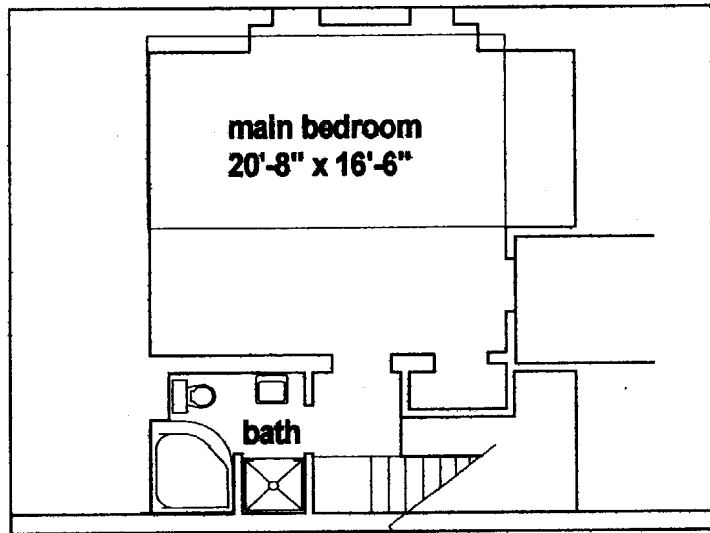
UNIT #3
second floor area = 459 sf

**99 STATE STREET CONDOMINIUM
SECOND FLOOR PLAN**



UNIT #2
third floor area = 1,006 sf

99 STATE STREET CONDOMINIUM
THIRD FLOOR PLAN



**99 STATE STREET CONDOMINIUM
FOURTH FLOOR PLAN**

**UNIT #2
fourth floor area = 548 sf**

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 020213
APR 16 2002
CITY OF PORTLAND

This is to certify that Toothaker Crandall K/no contractor / se
has permission to condo conversion 3 units
AT 99 State St 045 B026001

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 written permission procured before this building or part thereof is occupied or closed-in.
HOURS 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 4/16/02
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: 02-0213	Issue Date:	CBL: 045 B026001
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Location of Construction: 99 State St	Owner Name: Toothaker Crandall K	Owner Address: Po Box 4271 Station A	Phone: 207-329-6007
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R-6

Past Use: 3 units	Proposed Use: main house continuing to be 3 units, changing carriage house to see note additional dwelling unit will be done Condo Conversion later	Permit Fee: \$400.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: convert carriage house to dwelling unit to be done separately at a later date		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Signature:		Signature:	
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: 03/04/2002	Zoning Approval	
------------------------	---------------------------------	------------------------	--

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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"/> Minr <input type="checkbox"/> MM <input type="checkbox"/> <input checked="" type="checkbox"/> Denied Date: <u>3/29/02</u>	<p>Zoning Appeal</p> <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: <u>3/29/02</u>	<p>Historic Preservation</p> <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: <u>work requires separate review</u>
---	---	--	---

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

3-29-02

re: 99 State St - Crandall Toothaker
Condominium change of ownership

Need walk-thru for three units at 99 State St
for change of ownership from Apartments to condominiums.
The fourth unit will be developed at a later date
pending review from zoning.

Ed Gardner - 415-4493

Received
3/29/02

(COPY)

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION

Issued to **Joseph Alberti**

99 State St.
Date of Issue

Aug. 15, 1973

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. **72/183**, 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

As below

Apts.

Limiting Conditions:

- For floor 3 $\frac{1}{2}$ - 1 apt.
- " 3 - 1 apt.
- " 2 - 2 apts.
- " 1 - 2 apts.

This certificate supersedes certificate issued

→ 1974 Appeal changes this use to DRS offices

Approved:

8/13/73
(Date) Inspector

[Handwritten Signature]
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.

02-0213

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>99 State Street Portland, ME 04101</u>		
Total Square Footage of Proposed Structure <u>4820 +/-</u>	Square Footage of Lot <u>6087 sq ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>45</u> Block# <u>B</u> Lot# <u>26</u>	Owner: <u>Crandall Toothaker</u>	Telephone: <u>329-6007</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Crandall Toothaker 200 High Street Portland, ME 04101 329-6007</u>	Cost Of Work: \$ <u>0</u> Fee: \$ <u>4 units @ \$25.00 per unit \$ 100.00</u>
Current use: <u>residential units</u> / <u>carriage house</u> number of units: <u>3</u> Purposed use <u>main building</u> to remain <u>3 units</u> : <u>4</u> <u>condo conversion only</u>		
Project description: <u>would like to add 4th unit to carriage house unit #4 on plans at this time (carriage house)</u>		
Contractor's name, address & telephone: <u>CALL -> ED Gardiner</u>		
Who should we contact when the permit is ready: <u>Crandall Toothaker 415-4493</u>		
Mailing address: <u>PO Box 4271 Portland, ME 04101</u>		
Phone: <u>329-6007</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>Crandall Toothaker</u>	Date: <u>3/4/05</u>
---	---------------------

This is not a permit, you may not commence ANY work until the permit is issued

Zoning Division
Marge Schmuckal
Zoning Administrator



Department of Urban Development
Joseph E. Gray, Jr.
Director

RECEIVED
FEB 26 2007

CITY OF PORTLAND

Condominium Conversion Tenant Forms

BUILDING ADDRESS: 99 State Street Portland, ME 04101

NUMBER OF UNITS: presently 3 + carriage house unit 4 proposed

TENANT NAME: no tenants (unit #1, tenants bought house in Auburn, Me
unit #2 moved to 10 Munjoy St #3 vacant buying house Short term rental)

TENANT'S UNIT #: _____

TENANT'S TEL. #: _____

TENANT'S PRESENT ANNUAL INCOME: _____

NUMBER OF YEARS TENANT HAS CONSECUTIVE LIVED IN BLDG: #1 was 1 yr. #2-3 yrs #3 3 months

ATTACH COPY OF TENANT NOTICE

OWNER'S NAME/ADDRESS/TEL. #: Crandall K. Dothaker
200 High Street Portland, ME 04101 (207) 329-6007

DEVELOPER'S INFO IF DIFFERENT THAN OWNER: same

TYPE OF ALTERATIONS EXPECTED FOR THE CONVERSION - PLEASE DETAIL

None in main building I would like to
convert carriage house to a single unit
to be pursued AT A later date

**CONDOMINIUM CONVERSION PERMIT
CITY OF PORTLAND, MAINE
PART I**

To the Chief of Building and Inspection Services, Portland, Maine, the undersigned hereby applies for a Condominium Conversion Permit.

Location of Project: 99 State St Assessor's chart: 045
Block: B D
Lot: 26001

Name of Owner: Crandall K. Bothaker

Address: 200 High Street Portland, ME 04101

Telephone No.: 207 329-6007

Name of Project: 99 State Street Condominium Association

No. of Units to be Converted: 3 or ~~(4)~~ see letter

No. of Units applying for: 3 or ~~(4)~~ see letter

No. of Units in structure 3

Date on which Declaration of Condominiums was filed in Cumberland County Registry of Deeds _____

Approved by: _____ Date: _____

ZONING: _____ Date: _____

	No. of units approved (circle)										Date:	
Fire Dept:	1	3	3	4	5	6	7	8	9	10	Date: _____	
Plumbing:	others	1	2	3	4	5	6	7	8	9	10	Date: _____
Elec:	others	1	2	3	4	5	6	7	8	9	10	Date: _____
Bldg. & Housing:	others	1	2	3	4	5	6	7	8	9	10	Date: _____

Comments: _____

CONDOMINIUM CONVERSION APPLICATION
PART II

CODE COMPLIANCE:

1. Please attach copy of Notice of Intent to this application. *N/A*
2. Attach also a list of names of tenants or occupants to whom letters were sent. *N/A none*
3. Please include addresses of those receiving notices of intent and dates such notice was received. (Please give apt. number wherever possible) *none vacant*
4. Have notices of intent been given to tenants in accordance with Chapter 608.4 of the Municipal Code entitled "Condominium Conversion Ordinance"?
yes no *no tenants*
5. Have relocation payments been made to eligible tenants in accordance with Chapter 608.5 of the Municipal Code? yes no *no tenants*
6. Have relocation referrals and assistance been provided to tenants on demand?
yes no *no tenants*

Condominium Conversion Permit Application, continued

PART III
PROJECT DATA

1. Assessor's reference, Chart, Block; Lot: 0.45... B0.26001
2. Number of units before conversion: 3. Monthly rent (range)
 units with 1 bedroom; (specify with or without utility)
 3 units with 2 bedrooms; 900-1200 h/hw
 units with 3 or more bedrooms;
4. Number of units after conversion: 5. Purchase Price (range)
 units with 1 bedroom; _____
 3 units with 2 bedrooms; 249-350
 units with 3 or more bedrooms;
6. Length of time building owned by applicant? 3+ yrs
7. Are any building improvements, renovations, or modifications being made associated with this conversion that require a Building, Plumbing, Electrical, or Heating Permit
 Yes _____ No (Please circle applicable permit type.)
8. Type and cost of building improvements associated with this conversion that do not require permits:
 \$ exterior walls, windows, doors, roof
 \$ insulation
 \$ interior cosmetic (wall/floor/refinishing, etc.)
 \$ other (specify) _____
 none

9. For each converted rental unit supply the following information on last tenants prior to conversion:

	Unit Number:	1	2	3	4	5	6	7	8	9	10
a) Length of occupancy-		1 yr	3 yrs	3 months							
b) Age of head of household-		40+	40+	25+							
c) Number of children-		unknown	0	0							
d) Number of persons ages 60 or over-		0	0	0							
e) Will tenant purchase unit?		no	no	no							
f) If not, was (or will) relocation payment (be) made?		no	no	no							
g) If moving, check destination below:											
i) Same Neighborhood-											
ii) Elsewhere in Portland-											
iii) Out of Portland-											
iv) Unknown-											

↓
 Bought a house in Auburn, ME, Taxes too high in Portland.

↓
 Moved to another unit of mine buying house

↓
 Buying condo 101 Danforth St.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 99 State St

CBL 045 B026001

Issued to Toothaker Crandall K/no contractor / self

Date of Issue 04/17/2002

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. 02-0213 , 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 and second floor - rear

APPROVED OCCUPANCY

condominium unit #3
BOCA 1999 Use R-2 Type 5B

Limiting Conditions:

Temporary - Expires May 1, 2002. The Portland Fire Department must conduct final inspection. Upon approval, a permanent Certificate of Occupancy will be granted.

This certificate supersedes certificate issued

Approved:

4/17/02
(Date)

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.