

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030773

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Mercy Hospital/Ledgewood

has permission to Interior Renovations/Removal of 1 Wall of 2 Walls

AT 44 Winter St 045 F005001

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 is procured before this building or part thereof is occupied 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. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Expired

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: 03-0773	Issue Date:	CBL: 045 F005001
-----------------------	-------------	---------------------

Location of Construction: 44 Winter St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone: 879-3895
Business Name:	Contractor Name: Ledgewood Inc.	Contractor Address: 27 Main Street South Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Multi Family	Zone: <i>R6</i>

Past Use: Multi Family/2 Units	Proposed Use: Multi Family/2 Units	Permit Fee: \$111.00	Cost of Work: \$10,000.00	CEO District: 3
<p><i>legal use: 2 family D.4 per microfiche</i></p>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
		Signature:		Signature:
Proposed Project Description: Interior Renovations/Removal of 1 Wall and Addition of 2 Walls.		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: gad	Date Applied For: 07/01/2003	Zoning Approval	
-------------------------	---------------------------------	------------------------	--

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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"/> <input type="checkbox"/> Denied Date: <i>7/7/03</i>	Zoning Appeal <input checked="" type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: <i>7/7/03</i>	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 separate Review</i>
	<p><i>to remain a 2 family dwelling unit only</i></p>		<p><i>Any exterior work requires separate Review</i></p>

Expired

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-0773	Date Applied For: 07/01/2003	CBL: 045 F005001
------------------------------	--	----------------------------

Location of Construction: 44 Winter St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone: () 879-3895
Business Name:	Contractor Name: Ledgewood Inc.	Contractor Address: 27 Main Street South Portland	Phone: (207) 767-1866
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Multi Family	

Proposed Use: Multi Family/2 Units	Proposed Project Description: Interior Renovations/Removal of 1 Wall and Addition of 2 Walls.
--	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 07/17/2003

Note: **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation
- 2) 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.
- 3) This property shall remain a two (2) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 4) 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:** Pending **Reviewer:** Mike Nugent **Approval Date:**

Note: **Ok to Issue:**

Comments:
07/18/2003-mjn: Need structurals call ledgewood left message

415 7991

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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 (include Portion of Building): 44 Winter Street, Portland, ME 04101			
Total Square Footage of Proposed Structure 916 S.F.		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# 045 Block# F Lot# 005		Owner: Mercy Hospital	Telephone#: (207) 879-3895
Owner's Address: 144 State Street Portland, ME 04101		Lessee/Buyer's Name (If Applicable)	Cost Of Work: \$10,000.00 Fee \$101.00 <i>Should be \$111.00</i>
Proposed Project Description: (Please be as specific as possible) Renovation to existing living space. Remove one (1) wall to expand kitchen, addition of two (2) new walls for a new bathroom, demo cabinetry, remove/replace flooring. <i>Two Family</i>			
Contractor's Name, Address & Telephone: Ledgewood Inc., 27 Main Street, South Portland, ME 04106		(207) 767-1866	Rec'd By Call
Current Use: Living Quarters		Proposed Use: Living Quarters (Same)	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

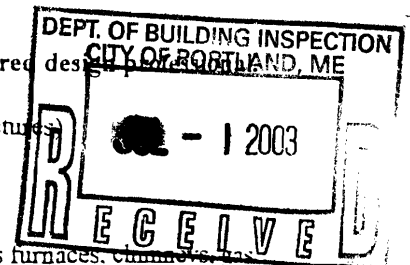
- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, etc. HVAC equipment (air handling) or other types of work that may require special review must be included.

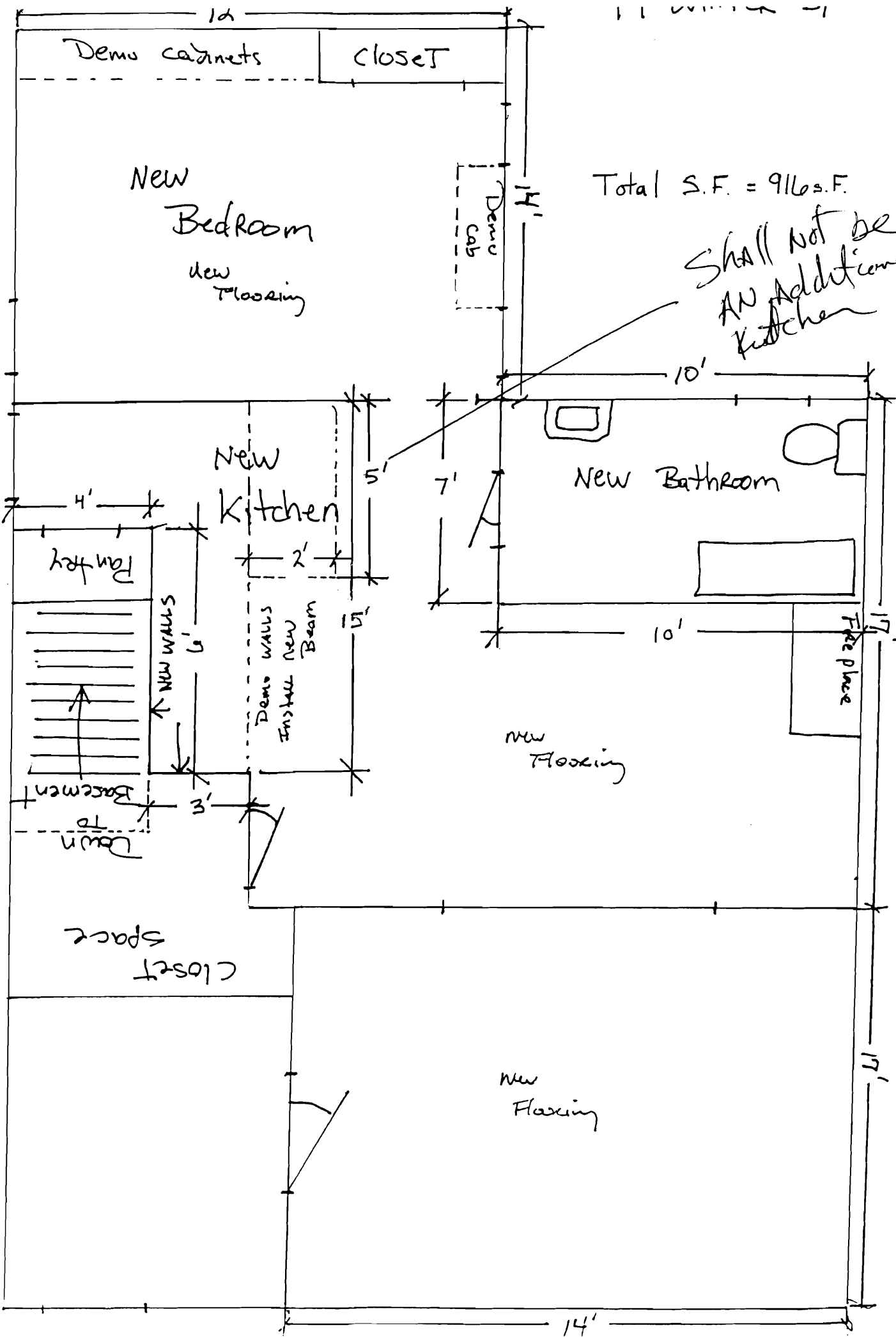
Certification

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/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: Brandon Mitchell	Date: 6/30/03
---	----------------------

Building Permit Fees: \$70.00 or the 1st \$1,000 cost plus \$0.20 per \$1,000.00 construction cost thereafter
Additional Site review and related fees are attached in a separate addendum





Demo cabinets

closeT

New
Bedroom

new
Flooring

Total S.F. = 916 s.F.

Shall not be
AN Addition of
Kitchen

New
Kitchen

New Bathroom

Fan tray

NEW WALLS

Demo walls
Install New
Beam

new
Flooring

Down
to
Basement

CloseT
space

new
Flooring

Free place

