

PERMIT # 001870 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____
For Official Use Only

Please fill out any part which applies to job. Proper plans must accompany form.
 Owner: Pratt Workshop Enterprises - 777 2628
 Address: P.O. Box 8773, 541 Camb. Ave., Port., ME 04103
 LOCATION OF CONSTRUCTION: 541 Cumberland Avenue
 CONTRACTOR: Strong Contractor SUBCONTRACTORS: '73-5003
 ADDRESS: 94 Park Ave., Portland, ME 04101
 Construction Cost: _____ Type of Use: See below

Date: <u>Jan 3, 1989</u>	Subdivision: <u>Yes / No</u>
Inside Fire Limits: _____	Block: _____
Ridge Code: _____	Permit Expiration: _____
Time Limit: _____	Ownership: _____
Estimated Cost: _____	Public: _____
Value/Structure: _____	Private: _____
Fee: <u>\$75.00</u>	

Past Use: Multi-Family
 Public Dimensions: L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: Change of Use from Single Family to Multi-Family with home occupation in
 Conversion - Explain: Apr. 83, note, therapist, medical technician, no alterations.
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE!
 Residential Buildings Only: _____
 # Of Dwelling Units: _____ # Of New Dwelling Units: _____

CEILING:
 1. Ceiling Joists Size: _____ Spacing: _____
 2. Ceiling Strapping Size: _____
 3. Type Ceiling: _____
 4. Insulation Type: _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: _____ Span: _____
 2. Sheathing Type: _____
 3. Covering Type: _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor:
 1. Sills Size: _____ EJs must be anchored
 2. Girder Size: _____ Size: _____
 3. Lally Column Spacing: _____ Spacing 16" O.C.
 4. Joists Size: _____ Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____
 7. Other Material: _____

Chimneys:
 Type: _____ Number of Fire Places: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required: Yes / No _____

Plumbing:
 1. Approval of soil test if required: Yes / No _____
 2. Tubs or Showers _____
 3. Flushes _____
 4. Lavatories _____
 5. Other Fixtures _____

Exterior Walls:
 1. Siding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes / No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Weather Exposure _____
 9. Siding Type _____
 10. Masonry Materials _____
 11. Metal Materials _____

Zoning:
 District: R-1 Street Frontage Req: _____ Provided: _____
 Required Setbacks: Front _____ Side _____
 Rowlaw Required: _____
 Zoning Board Approval: Yes / No _____ Date: _____
 Planning Board Approval: Yes / No _____ Date: _____
 Conditional Use: _____ Variance: _____ Site Plan: _____
 Shore and Floodplain Mgmt: _____ Special Exception: _____
 Other (Explain): _____
 Date Approved: _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if req. _____
 5. Other Materials _____

Permit received By: Joyce M. Rivaldi
 Signature of Applicant: Wes Pratt Date: 2/3/89
 Signature of CEO: William G. ... Date: 2/6/89
 Inspection Date: _____
 White-Tax Assessor: _____ Yellow-GPCOG: _____

PLOT PLAN



FEES (Break 'own From Front)

Base Fee \$ 25.00 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Work Complete

Signature of Applicant *Mal Prally (M.P.)* Date *2/3/89*

check parking div. 20

not professional offices
home occ. sec. 14-4112
landlord permission

OK architects OK physical therapy
OK health
OK notary public
OK professional research services

~~condo use: architect, health
care practitioners~~

Sign? landlord permission
3620 # cannot occupy more
than 25% or 90,5 #

called on 1-23-89 - will come in for
home occupation permit

Hold for change of
Use - Feb 3rd
R-6

Mae R. Prater

(207) 773-8628

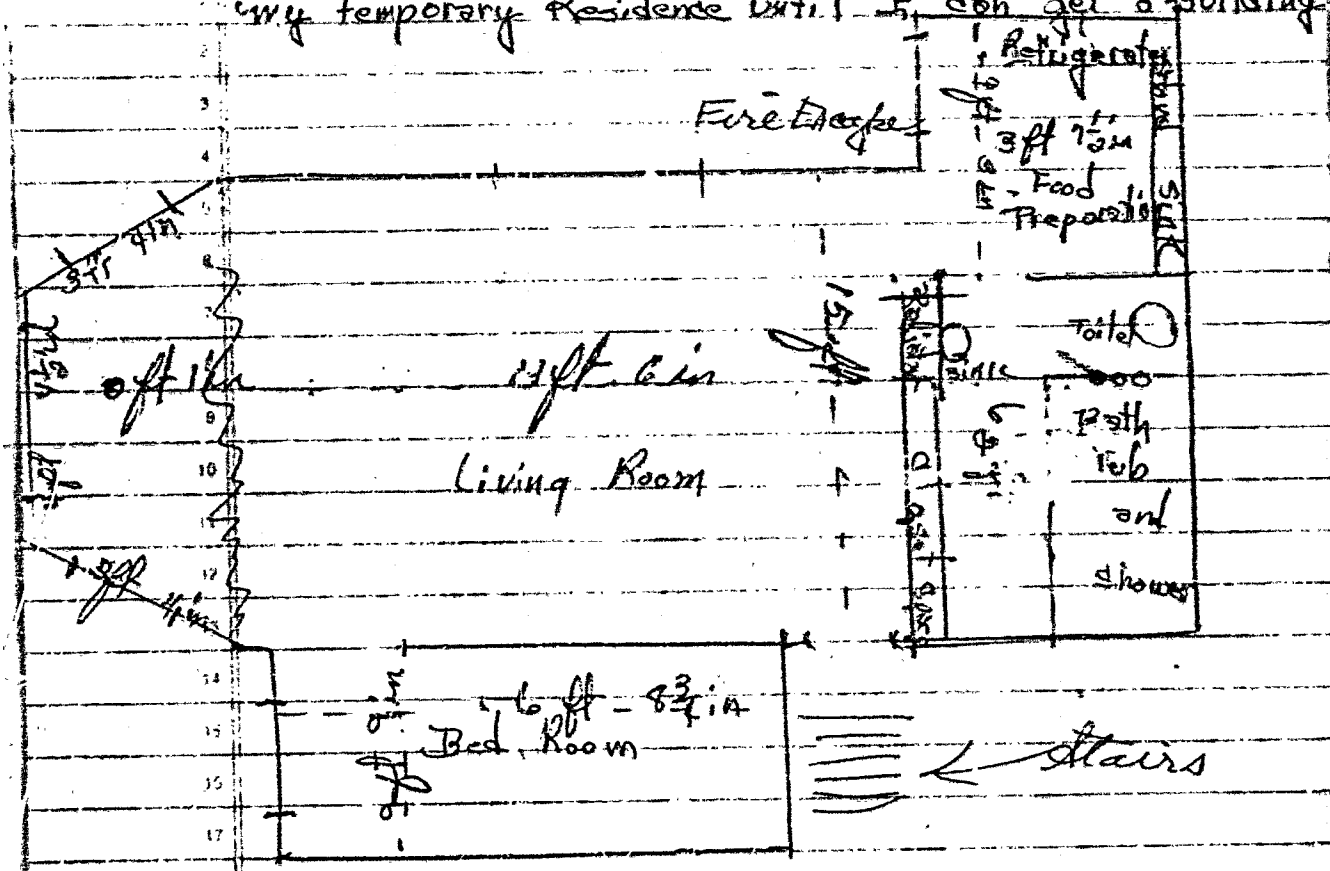
Prater Workshop Enterprises

Notary Public
Architectural Engineering (Basic) Certified
Optical and Microscopic Research
Medical Technician (Certified 1st Part)
Aerobics and Physical Therapy

P.O. Box 8783, 541 Cumberland Ave., Portland, ME 04104

Prater Workshop Enterprises
 Apartment at 544 Cumberland Avenue
 my temporary Residence until I can get a building

main Prater
 Jan 18, 1959



Mr. Warren Wilner:

I have a telephone, color TV, Tape Recorder, radio and a portable copier to do history Public work. I am a Laboratory Technician, microscopic, I am medical Technician certified 1st part. I do architectural drafting. Enclosed you will find cards. I also do political and public programming. I'm presently registered as Computer programmer at Portland Regional Technical Center

Executive

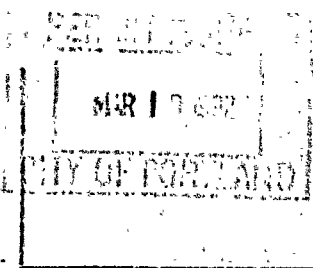
823467

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 541 Cumberland Ave Use of Building 6-4000 No. Stories 3 New Building Existing
Name and address of owner of appliance Brick House Properties, Inc. 208 175 Etta
Installer's name and address Eastland Court, 146 Elm St. Saco, ME 04072 Telephone 332-5576

General Description of Work

To install Replacement Boiler

IF HEATER, OR POWER BOILER

Location of appliance Basement Any burnable material in floor surface or beneath? No
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace 8'
From top of smoke pipe 8' From front of appliance 30' From sides or back of appliance 30'
Size of chimney flue 10" & 10" Other connections to same flue 0
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? Yes

IF OIL BURNER

Name and type of burner Wayne Labeled by underwriters' laboratories? Yes
Will operator be always in attendance? Yes Does oil supply line feed from top or bottom of tank? Bottom
Type of floor beneath burner Concrete Size of vent pipe 7"
Location of oil storage within 20" of boiler Basement Number and capacity of tanks 1-275
Low water shut off Yes Make No
Will all tanks be more than five feet from any flame? Yes How many tanks enclosed? 1
Total capacity of any existing storage tanks for furnace burners 275 Gallons

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

2,800 Brick House Properties, Inc.
208 175
Portland, ME 04112
35.00

Amount of fee enclosed?

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

Robert J. [Signature] #2313

INSPECTION FILE APPLICANT'S COPY ASSESSOR'S COPY

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: P. Samuel Hoffses, Chief of Inspection Services
FROM: Marge Schmuckal, Senior Rehab Officer
SUBJECT: Verification of Legal Number of Units

DATE: 3/27/92

We presently have an application for a Loan/Grant for rehabilitation at:

541 Cumberland Ave
(ADDRESS)

The Owner is Brick House Properties, Inc
(NAME)

The given number of units of the building is 6

Please verify whether the number of units given are legal under the Zoning/Building Ordinance.

YES the number of units are legal

NO the number of units are not presently legal. The present legal number of units is _____

William Verrier
SIGNED BY VERRIER

Zoning Administrator
TITLE

MS/mlb



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 2/24/92, 19__
 Receipt and Permit number 4814

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine.
 The undersigned hereby applies for a permit to make electrical installation in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:
 LOCATION OF WORK: XXX 541 Cumberland Ave
 OWNER'S NAME: Eastland Develop ADDRESS _____

	FEES
OUTLETS:	
Receptacles <u>5</u> Switches <u>5</u> Plugmold _____ ft. TOTAL <u>10</u>	<u>2.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u>	<u>15.00</u>
METERS: (number of) <u>1</u>	<u>1.00</u>
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) <u>1</u>	<u>5.00</u>
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>23.00</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call
CONTRACTOR'S NAME: N & R Elect Co
ADDRESS: Box 5009 - Biddeford
TEL: 284-5233
MASTER LICENSE NO: Robert Boucher #0681 **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO: 04814 *Robert Boucher 2/24/92*

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

Inspection Services
P. Samuel Holmes
Chief

DECEMBER 04, 1986

BRICK HOUSE PROPERTIES INC
PO BOX 103
PORTLAND ME 04112



CITY OF PORTLAND

P 792 57 465
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Sent to	Brick House Prop
Registered No.	103
Postage	04112
Insured	
Delivery Fee	
Returned Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom and Address of Delivery	
Total Postage and Fees	

Re: 541 CUMBERLAND AVE
CE#: 048 - E-021-001-01
DU: 5

Dear Sir,

As owner or agent of the property located at the above-referred address, you are hereby notified that as the result of a recent inspection, the vacant apartment on the second floor, left/front, is hereby declared unfit for human occupancy.

The above-mentioned apartment is to be kept vacant so long as the following conditions continue to exist thereon:

Article V, Section 6-120:

- (1) Properties which are either damaged, decayed, dilapidated, insanitary, unsafe, or vermin-infested in such a manner as to create a serious hazard to the health, safety and general welfare of the occupants or the public --

Note: This second-floor, left/front, unit should be secured immediately. All broken glass should be removed immediately.

Therefore, you will not occupy, permit any other person to occupy, or rent the above-mentioned apartment without the written consent of the Chief of Inspection or his/her agent.

Sincerely,

Tammy Munson

Tammy Munson
Code Enfc. Offr./ Field Supv.



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

June 16, 1989

Somero Management
94 Park Avenue
Portland, ME 04101

Re: 541 Cumberland Avenue, Unit #4

Dear Sir:

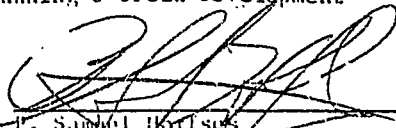
We recently received a complaint and an inspection was made by Code Enforcement Officer Marland Wing of the property owned by you at 541 Cumberland Ave., Unit #4, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:


1. Install 2nd. means of egress from 2nd. Floor rear apartment.

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before July 16, 1989.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development

By 
T. Samuel Holmes
Chief of Inspection Services


Marland Wing for Joe Torres

jmr