

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|-----------------------|-----------------------------|-------------|
| PERMIT ISSUED | | CBL: 1916 |
| Permit No: 01-1389 | Issue Date: DEC - 3 2001 | 051 D003001 |

| | | | |
|---|---|---|-------------------------------|
| Location of Construction: 198 Deering Ave | Owner Name: Bennert Jeffrey D & | Owner Address: 198 Deering Ave CITY OF PORTLAND | Phone: 207-775-2990 |
| Business Name: | Contractor Name: Applicant | Contractor Address: 60 Tuttle Road Cumberland | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Change of Use - Dwellings | Zone: R-5 |

| | | | | | |
|----------------------------------|--|-------------------------------|---------------------------------|---------------------------|---------------------|
| Past Use: Multi Family | Proposed Use: Change of use to 3 unit 95/0016 permit issued for 3 unit OK | Permit Fee: \$30.00 | Cost of Work: \$30.00 | CEO District: 3 | 11,746 ⁴ |
|----------------------------------|--|-------------------------------|---------------------------------|---------------------------|---------------------|

| | | |
|--|--|---|
| Proposed Project Description: Convert attic space to third unit legally considered A 3 D.U. | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R2 Type: 50 11/29/01 Signature: <i>[Signature]</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: gad | Date Applied For: 11/06/2001 | 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"/> Date: 11/27/01 | Zoning Appeal <input 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: | Historic Preservation <input checked="" 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: |
|--|--|---|--|

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 |

12-5-01

Met w Property owner
checked 3rd floor New unit
fire doors ok checked Bailers
Smoke Det's hand wired
installed

~~not inspected~~

~~John McDougal inspected~~ APT'S

also 4 are
OK per fire Dept

MMW

12-11-01

Gayland McDougal
inspected the
front room on 3rd
floor will not be used
as a bedroom
per LT MAC &
M wing



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 198 Deering Ave

CBL 051 D003001

Issued to Bennert Jeffrey D &/Applicant

Date of Issue 12/20/2001

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. 01-1389 , 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

Entire

APPROVED OCCUPANCY

Multi-Family (3-Unit), Use Group R2, Construction Type 5B, BOCA 99

Limiting Conditions:
No Sleeping Area Permitted in 3rd Floor Front Room

This certificate supersedes
certificate issued

Approved:

12-20-01 *[Signature]*

(Date) Inspector

[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.

Application Number: 1-1389

Department: Zoning

Status: Approved

Officer: Marge Schmuckal

Comments: 198 Deering Ave

Approval Date: 11/27/2001

Given On Date: 11/13/2001

OK to Issue Permit

Name: Marge Schmuckal

Date: 11/27/2001

Date 2:

Grant Date: 11/13/2001 By: gg

Update Date: 11/27/2001 By: mes

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| | | |
|---|---|--|
| Location of Construction: 198 Deering Ave | Owner: Bennert, Jeffrey | Phone: 775-3755 |
| Owner Address: 22 Stormy Brook Rd Falmouth, ME 04105 | Lease/Buyer Name: Bennert, Jeffrey | Phone: 775-3755 |
| Contractor Name: Arelberg | Address: | Phone: |
| Past Use: 2-Fam | Proposed Use: 3-fam w/int/reno | COST OF WORK: \$ 25,000. |
| | | PERMIT FEE: \$ 150.00 |
| | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied |
| | | INSPECTION: Use Group: Type: |
| | | Signature: <i>J. Bennert</i> |
| | | Signature: |
| Proposed Project Description: Change of use from 2 fam to 3 fam dwelling Interior Renovations | PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | |
| | Signature: | Date: |

Permit No: 050076

PERMIT ISSUED

JAN 11 1995

CITY OF PORTLAND

Zone: CBL: 051-D-003

Zoning Approval: *[Signature]*

Special Zone or Restriction:

Shoreland
 Wetland
 Flood Zone
 Submerged
 Sea Pond

Zoning Appeal:

Variances
 Reconsideration
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation:

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *12/13/94*

Permit Fee: Vary Greatly Date Applied For: 13 Dec 94

This permit application form includes the Applicant's responsibility to comply with 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.

PERMIT ISSUED WITH REQUIREMENTS

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Jeffrey Bennert* ADDRESS: LATE: 13 Dec 94 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.F.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **5**
MR. WING