

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

DEPARTMENT OF BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Permit Number: 050846 FEB 17 2006 RECEIVED

This is to certify that SANDERSON STEPHEN N MELINDA M SANDERSON TS /

has permission to Change of use to 2 unit w/ int for renovations

AT 165 GRANT ST

053 B031001

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 be given and when permission is procured before this building or part thereof is altered or closed-in. 24 HOUR 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

Handwritten signature and date 2/16/06 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: 05-0846	DEPT OF BUILDING INSPECTION CITY OF PORTLAND, ME	
	053	B031001

Location of Construction: 165 GRANT ST	Owner Name: SANDERSON STEPHEN N & ME	Owner Address: 165 GRANT ST	Phone: FEB 17 2005
Business Name:	Contractor Name: Stephen Sanderson	Contractor Address: 878 North Rd North	Phone: 0777493998
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R6

Past Use: Single Family Home	Proposed Use: 2 unit residential/ Change of use to 2 unit w/ interior renovations	Permit Fee: \$501.00	Cost of Work: \$45,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: 5B IRC 2003	

Proposed Project Description: Change of use to 2 unit w/ interior renovations	Signature: N/A	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: ldobson	Date Applied For: 06/22/2005	Zoning Approval	
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<ol style="list-style-type: none"> 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 N/A <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone Panel 13 Zone C <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan requires before issuing Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 7/20/05	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:
	ok with conditions [Signature]		

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 _____

5/25/06 Met Steve on site Ben close in. Bathroom ^{FAN} needs
to be properly vented. Everything else OK JR

2/13/07 Met Steve at site. OK. No permits for furnaces
asked that he get permit SM.H.

05-23-07 All items checked, everything all set for C of O JR, T/M



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 165 A GRANT ST CBL 053 B031001

Issued to BACK BAY PROPERTIES LLC Date of Issue 05/23/2007

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. 06-0805 , 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

Single Fam. Condo, use group R-3, Type 5B, IRC 2003

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(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.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 165 B GRANT ST CBL 053 B031001

Issued to BACK BAY PROPERTIES LLC Date of Issue 05/23/2007

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. 06-0805 , 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.

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Inspector of Buildings

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PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Freeport
Street Subdivision Lot #	105 Green St

PROPERTY OWNERS NAME

Last:	First:
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Applicant Name:	Robert J. [unclear]
Mailing Address of Owner/Applicant (If Different)	[unclear]

Date Permit Issued: 05/19/06 \$ 111.00 If Double Fee Charged

[Signature]
Local Plumbing Inspector Signature

L.P.I. # 06150

53 73 31

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.

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

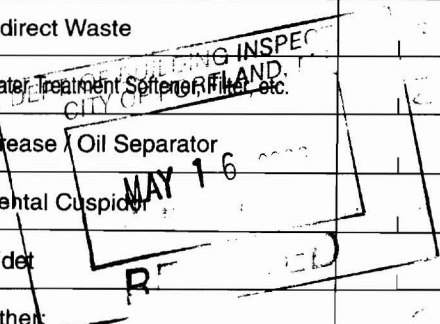
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input 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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" 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 # <u>12345</u>
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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 System or Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		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)



ELECTRICAL PERMIT

City of Portland, Me.

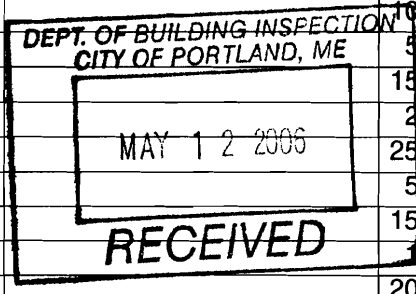


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date May 12 06
 Permit # 04-4414
 CBL# 053-8-031

LOCATION: 165 Grant ST. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Back Bay Properties
 TENANT _____ PHONE # (207) 749-3998

				TOTAL EACH FEE					
OUTLETS	66	Receptacles	32	Switches	7	Smoke Detector	.20	21.00	
FIXTURES		Incandescent		Fluorescent		Strips	.20		
SERVICES	1	Overhead		Underground		TTL AMPS <800	15.00	15.00	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS	2	(number of)					1.00	2.00	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING	2	oil/gas units		Interior		Exterior	5.00	10.00	
APPLIANCES	2	Ranges		Cook Tops		Wall Ovens	2.00	4.00	
		Insta-Hot		Water heaters		Fans	2.00		
	2	Dryers		Disposals		Dishwasher	2.00	4.00	
		Compactors		Spa		Washing Machine	2.00		
		Others (denote)					2.00		
MISC. (number of)		Air Cond/win					3.00		
		Air Cond/cent				Pools	10.00		
		HVAC		EMS		Thermostat	5.00		
		Signs					10.00		
		Alarms/res					5.00		
		Alarms/com					15.00		
		Heavy Duty(CRKT)					2.00		
		Circus/Carnv					25.00		
		Alterations					5.00		
		Fire Repairs					15.00		
		E Lights					1.00		
		E Generators					20.00		
PANELS	2	Service		Remote		Main	4.00	8.00	
TRANSFORMER		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
TOTAL AMOUNT DUE									
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE	35.00	64.00



CONTRACTORS NAME Bob Miles + Son Inc. MASTER LIC. # M560008500
 ADDRESS 184 Ledge Rd. Yarmouth LIMITED LIC. # _____
 TELEPHONE (207) 846-9374

SIGNATURE OF CONTRACTOR [Signature] # 16887