DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

	CITY	/ OF PC	DRTLAI	ND		
Please Read Application And Notes, If Any,	В	U	TION			
Attached		PERI	MIT	Permit N	umber: 081532 FERMITISSU	ED_
This is to certify that	TANDEM PROPERTIES LL	-C				
has permission to	Move the location of kitchen	- N onstruc /wi	ill re re plum	permits and elec	rical Facaled rosm	will b
AT 180 GRANT ST				53 C006001	Annual Control of the	
provided that th	e person or persons,	file or co	on ac tir	ng this perm	it shalf comply	/with all
of the provision	s of the Statutes of M			-	of Portland reg	-
the construction	n, maintenance and u	se r i buildings	and structure	es, and of th	ne application o	on file in
this department						
	No	oti ution of spe	ectio nust be			

Apply to Public Works for street line and grade if nature of work requires such information.

Notilution of spectio hust be given ad writte ermissic rocured before this builting or partiere of is lather or other ed-in. 24 HOL NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS	5
Fire Dept. Cases	Š
Health Dept	
Appeal Board	
Other	

Department Name

Director - Building & Inspection Services

City of Portland, M	Iaine - Buil	lding or Use	Permi	t Application	n Permit No:	Issue Date	:	CBL:	
389 Congress Street, (•			1			053 C0	06001
Location of Construction:		Owner Name:			Owner Address:			Phone:	
180 GRANT ST TA		TANDEM PR	OPERT	TES LLC	40 COTTAGE P	ARK RD		207-650-	6120
		Contractor Name	e:		Contractor Address	:		Phone	
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:
		<u> </u>			Alterations - Co	mmercial			R-6
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		k: C	EO District:	7
the I		1	Multi Family Residential - Move		\$30.00 \$1,000.00		00.00	2	
		the location of kitchen - No construction/will require plumbing		FIRE DEPT: Approved INSP			ECTION:		
our sermit 9	8-1061	permits and el			☐ Denied Use Gro			1ype: 50	
γ γ, ,	• • • • • • • • • • • • • • • • • • • •	room will be u	be used as a bedroom.		Seechas			Group: R-Z Type: 5B DB6-Z03 ature: MB 12/23/18	
Proposed Project Descriptio		Harflor-	生	· · · · · · · · · · · · · · · · · · ·	Condit	(04.0		174-26	,0,
Move the location of ki	tchen - No co				Signature: Cones	(ces)	Signature	MB	12/23/08
permits and electrical. \	vacated room	will be used as a	a bedroc	om Kat	PEDESTRIAN ACT	WITIES DIST	TRICT (P.A	A.D.)	, ,
1/00° #1					Action: Appro	oved App	oroved w/Co	onditions	Denied
Permit Taken By:	In to A	pplied For:			Signature:			Date:	
lmd)/2008			Zoning Approval				
1. This permit applica	tion does not	preclude the	Spe	cial Zone or Revie	ws Zon	Zoning Appeal		Historic Pres	ervation
Applicant(s) from r Federal Rules.			☐ Shoreland		☐ Varian	☐ Variance		Not in District or Landmark	
2. Building permits do septic or electrical		plumbing,	☐ Wetland ☐ Flood Zone		☐ Miscell	☐ Miscellaneous ☐ Conditional Use		☐ Does Not Require Review ☐ Requires Review	
3. Building permits ar within six (6) mont	e void if work				Condit				
False information n permit and stop all	nay invalidate		☐ Su	bdivision	☐ Interpre	etation		Approved	
			Sit	e Plan	Approx	/ed		Approved w/	Conditions
PERI	HT ISSUE	$\overline{0}$	Maj [Minor MM	Denied			Denied	
			Okulconditions					ABU	
DEC	2 5 %	1 1	Date:	21,010x AM	Date:		Date	: 	
CITY OF	· Paratio								
<u>Ulliv.</u>	the sold set .								
				ERTIFICATI				_	
I hereby certify that I am I have been authorized b									
jurisdiction. In addition,									
shall have the authority t									
such permit.									
SIGNATURE OF APPLICAN	NT			ADDRES	s	DATE		PHC)NE
RESPONSIBLE PERSON IN	CHARGE OF W	VORK, TITLE				DATE		PHO	NE

6/9/09 Inspected w/ Catherine N. The plans were opposite Existing & proposed -Clarified This with notes on plans. - Smoke Letector needed in Lu Rm interconnected W/ New bedroom bocation - check for grounding of panel to Hometer - 6 New Rinnais need fermis. - Called Electrician - + gas installer. Called Catherine to inform need another inspection. JMB 06/26/09 Firm Owny

City of Portland, Maine - Buile	ding or Use Permit	t		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (2	•		4-8716	08-1532	12/10/2008	053 C006001
Location of Construction:	Owner Name:		o	wner Address:		Phone:
180 GRANT ST	TANDEM PROPERT	IES LLC	4	10 COTTAGE PAI	RK RD	207-650-6120
Business Name:	Contractor Name:		C	ontractor Address:		Phone
·			ŀ			
Lessee/Buyer's Name	Phone:		P	ermit Type:		
			L	Alterations - Com	nercial	
Proposed Use:			Proposed	Project Description:		
Multi Family Residential - unit #1 1st	floor. Move the locatio	nof	Unit #1	, 1st floor. Move th	he location of kitchen	ı - No
kitchen - No construction/will require					lumbing permits and	electrical. Vacated
electrical. Vacated room will be used	as a bedroom.		room w	ill be used as a bed	iroom.	
Dept: Zoning Status: A	pproved with Condition	is Rev	iewer:	Ann Machado	Approval Da	te: 12/10/2008
Note: Apartment is located on the le	eft as you enter the build	ding.			(Ok to Issue: 🗹
This is NOT an approval for an ac not limited to items such as stoves	_			•		including, but
 This property shall remain a six fa approval. 	mily dwelling. Any cha	nge of us	e shall re	equire a separate p	ermit application for	review and
This permit is being approved on work.	the basis of plans submi	itted. Any	y deviati	ons shall require a	separate approval be	fore starting that
Dept: Building Status: A	pproved with Condition	is Rev	iewer:	Jeanine Bourke	Approval Da	te: 12/23/2008
Note:	11				• •	Ok to Issue:
Hardwired interconnected battery bedroom.	backup smoke detectors	s shall be	installed	in the new bedroo	om, and in the hallway	y outside the
Permit approved based on the plar noted on plans.	ns submitted and review	red w/owr	ner/contr	actor, with addition	nal information as ag	reed on and as
Dept: Fire Status: A	pproved with Condition	is Rev	iewer:	Capt Greg Cass	Approval Da	te: 12/11/2008
Note:						Ok to Issue: 🔽

Comments:

1) All construction shall comply with NFPA 101

2) No means of egress shall be affected by this renovation

12/16/2008-jmb: Spoke to Mrs. Nekoie about an egress size window in the newly created bedroom and a hard wired smoke detector. She will get back with the measurements and confirmed there is a smoke detector already.

12/17/2008-jmb: Kathy N. Called, the dimensions of the open sash are 30" accross the sill and 42" diagonal, also verified no smoke in the new bedroom, will add. The 42" measurement is not per code, she will inform of the actual vertical dimension.

12/23/2008-jmb: Kathy N. Called with the correct dimensions of the egress window 30"x32"=960 sf, ok for egress

General Building Permit Application

property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	c gran	t st Apt +	+ \	
Total Square Footage of Proposed Structure/	<u> </u>	Square Footage of Lo		Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# US3. C OCC	Name BA	must be owner, Lessee of HMAN NEKO O Cottage Palk & Zip Poltland, A	16 9	Telephone: (201) 650 - 6120 CONTACT
Lessee/DBA (If Applicable)	Owner (if do Name Address City, State &	ifferent from Applicant	C	ost Of ork: \$ \loo_\c \circ of O Fee: \$ \loo_\tall otal Fee: \$ \loo_\tall
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: Contractor's name:	I CIL	f yes, please name		
Address:/ City, State & Zip				none:
Who should we contact when the permit is rea				
Mailing address:				
Please submit all of the information do so will result in the				Failure to
order to be sure the City fully understands the request additional information prior to the is form and other applications visit the Inspectition office, room 315 City Hall or call 874-8703.	ssuance of a pe	rmit. For further inform -line at <u>www.portlandmair</u>	ation or to ne.gov, or sto	download copies of op by the Inspections
reby certify that I am the Owner of record of the normal I have been authorized by the owner to make this of this jurisdiction. In addition, if a permit for working depresentative shall have the authority to entisions of the codes applicable to this permit.	application as hork described in t	is/her authorized agent. I his application is issued, I	agree to con certify that the	form to all applicable he Code Official's

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

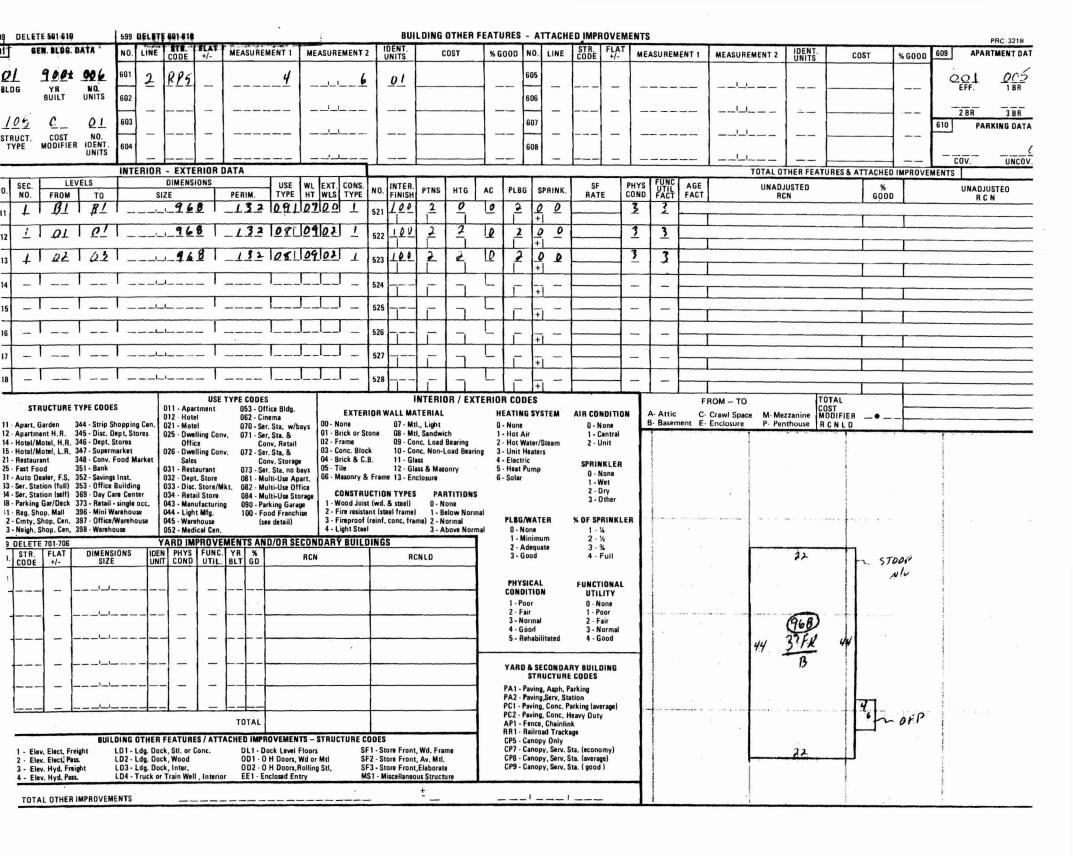
By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

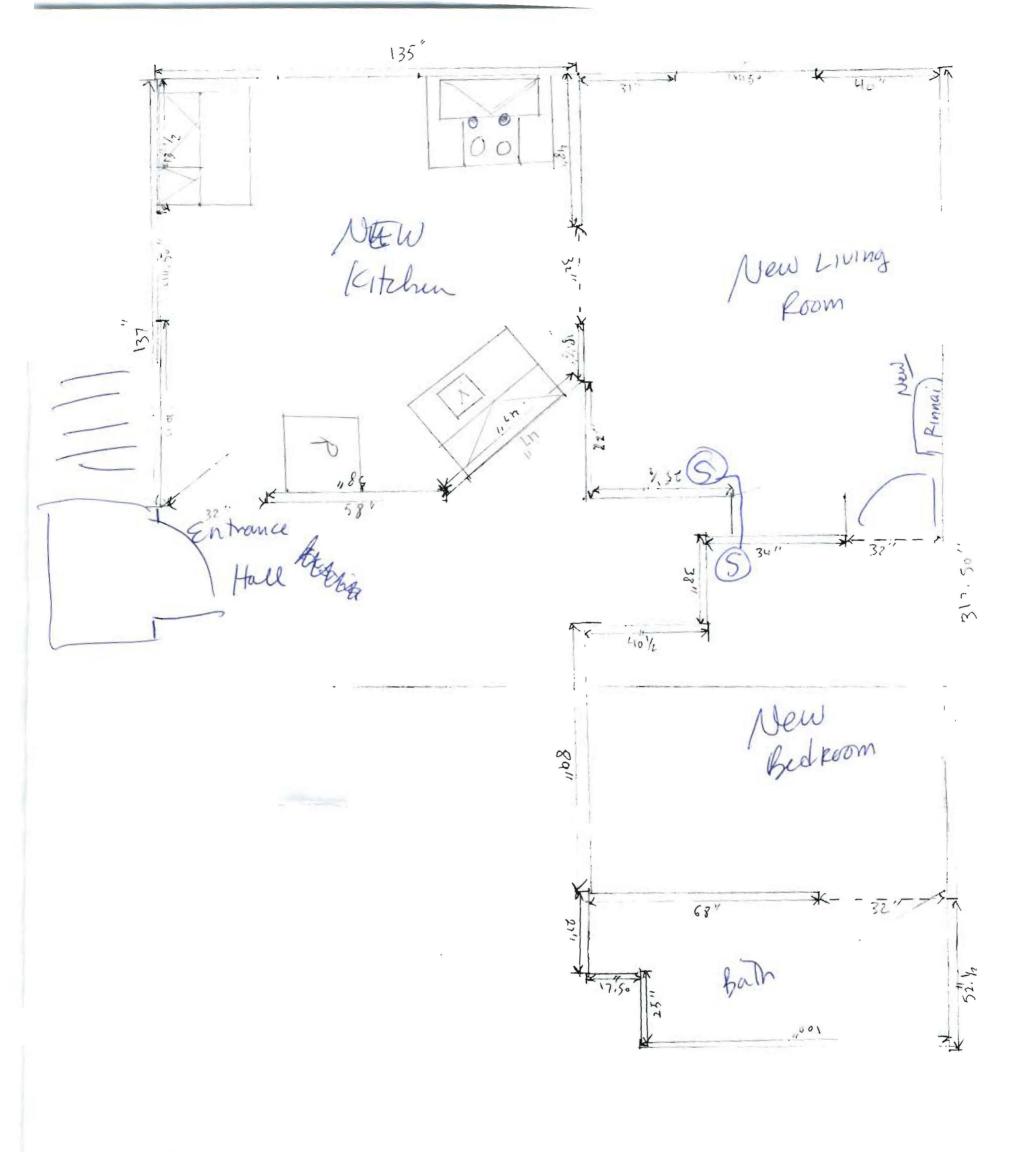
Order Release" will	be incurred if the proced	ure is not fol	lowed as stated below.
A Pre-construction I	Meeting will take place up	oon receipt of	f your building permit.
X Framing/F	lough Plumbing/Electrics	al: Prior to A	ny Insulating or drywalling
X Final inspe	ection required at comple	tion of work	
			Your inspector can advise you if DO require a final inspection.
•	ons do not occur, the pro THE NOTICE OR CIRC	•	.
CERIFICATE OF C		BE ISSUED A	AND PAID FOR, BEFORE
Signature of Applican	t/Designee		12/23/08 Date
amf	Zeu		$\frac{\frac{2}{23}\sigma^{8}}{\text{Date}}$
Signature of Inspection	ns Official		Date / /

Clivia

CBL: 053 C006001

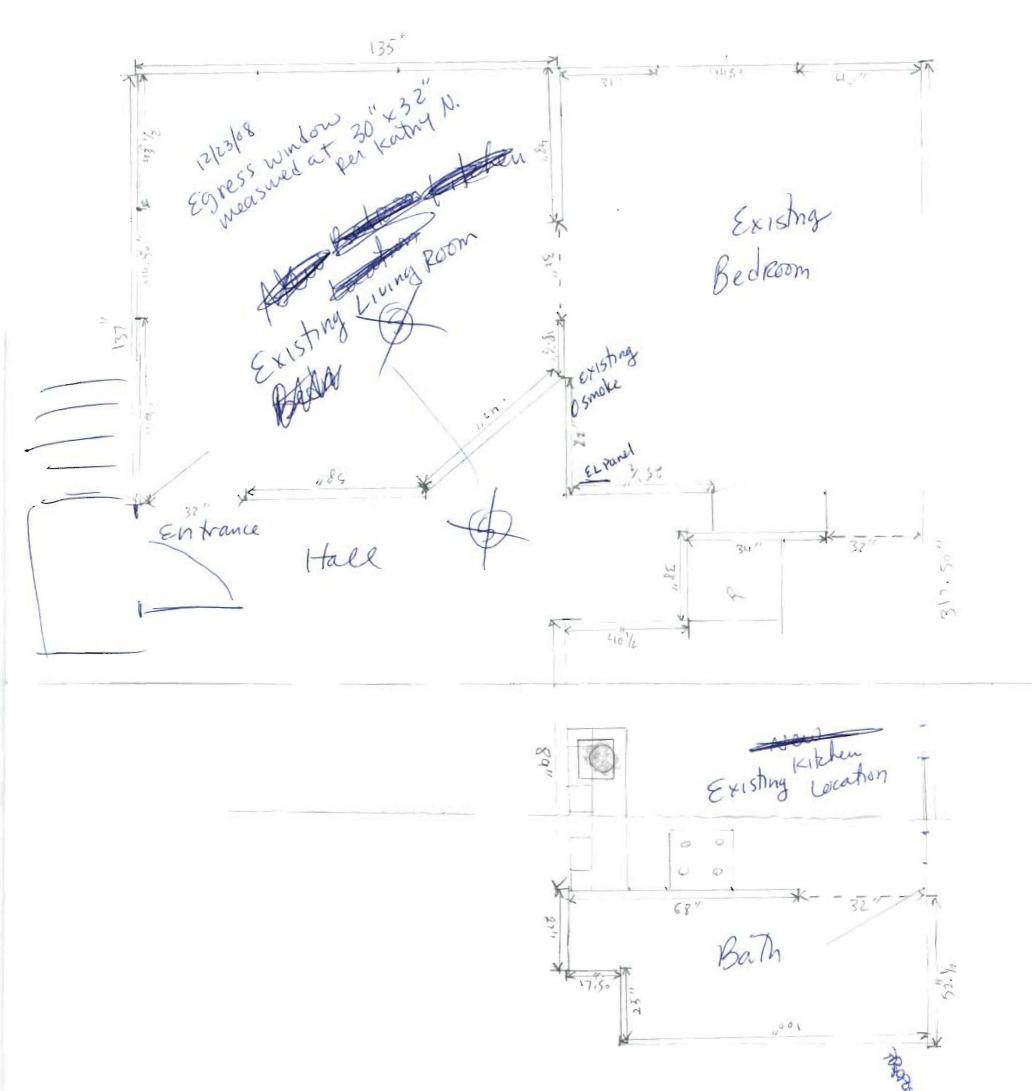
Building Permit #: 08-1532





Japan July 1

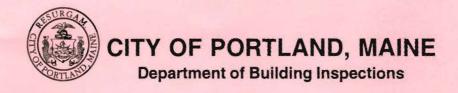
Ja



Existing 6/9/09

T Clock

* Sporce to Bahman Netone on the telephone.
Hisaid the apartment is on the left as you entr



Original Receipt

	- 19	December 1	10 20 08			
Received from Bal	uman, No	ekone				
Location of Work	Oxfrant	Strat - Cept	# 1 - Jues + Flow			
Cost of Construction	\$ 1,000	Building F	ee:			
Permit Fee	\$	Site F	ee:			
	Certifica	ate of Occupancy Fe	ee:			
	10	Tot	al:			
Building (IL) Plum	bing (I5)	Electrical (I2)	Site Plan (U2)			
Other						
CBL: 053. C. CO	do					
Check #:		Total Collec	ted s			
No work is to be started until permit issued. If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater) In order to receive a refund, you MUST present the Original Receipt.						
Taken by:	afolde					

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy