

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING PERMIT

Permit Number: 081397

Please Read Application And Notes, If Any, Attached

This is to certify that BEH REDEVELOPMENT LLC Portland, Inc.

has permission to Apartment Remodel

AT 20 HILL ST City of Portland ID: 054 C001001

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 written permission procured before this building or part thereof is lathed or otherwise used-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 _____

[Signature] 11/4/08

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1397	Date Applied For: 10/30/2008	CBL: 054 C001001
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Location of Construction: 20 HILL ST	Owner Name: BEH REDEVELOPMENT LLC	Owner Address: 17 CHESTNUT ST	Phone:
Business Name:	Contractor Name: Portland Builders, Inc.	Contractor Address: P.O. Box 4902 Portland	Phone (207) 879-0118
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	

Proposed Use: 2 Family Home - Apartment remodel	Proposed Project Description: Apartment Remodel
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 10/31/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) This permit is being issued with the understanding that all the work is taking place within the existing footprint including the replacement of the rear platform. 2) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval. 3) 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: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 11/06/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating. 2) The basement is NOT approved as habitable space. A code compliant 2nd means of egress must be installed in order to change the use of this space. 3) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level. 4) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process. 			

Comments: 11/3/2008-amachado: Left message for Peter Bass. Is replacement platform on the left rear side same size as existing? Does not appear to be.
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City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1397	Issue Date:	CBL: 054 C001001
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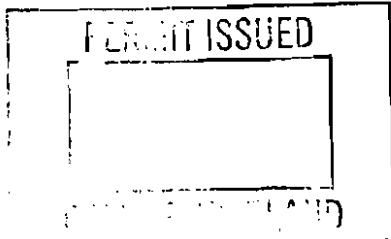
Location of Construction: 20 HILL ST	Owner Name: BEH REDEVELOPMENT LLC	Owner Address: 17 CHESTNUT ST	Phone:
Business Name:	Contractor Name: Portland Builders, Inc.	Contractor Address: P.O. Box 4902 Portland	Phone: 2078790118
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: R-6

Past Use: 2 Family Home	Proposed Use: 2 Family Home - Apartment remodel	Permit Fee: \$680.00	Cost of Work: \$65,250.00	CEO District: 2
Legal Use: 2 du. per per 1987 assessment Ord.		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-3 Type: SB <i>TLC 2003</i>	

Proposed Project Description: Apartment Remodel	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: Idobson	Date Applied For: 10/30/2008	Zoning Approval
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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 <i>all work w/in existing footprint</i> <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"/> Or w/condition Date: 10/31/08 <i>ABM</i>	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 <i>ABM</i> Date:
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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 _____



General Building Permit Application

If 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: <u>20 HILL STREET</u>		
Total Square Footage of Proposed Structure/Area <u>2692</u>	Square Footage of Lot <u>2340</u>	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>54</u> Block# <u>C</u> Lot# <u>1</u>	Applicant *must be owner, Lessee or Buyer* Name <u>BEH REDEVELOPMENT LLC</u> Address <u>17 Chestnut St</u> City, State & Zip <u>Portland ME 04101</u>	Telephone: <u>772-6005</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>same</u> Address City, State & Zip	Cost Of Work: \$ <u>65,250</u> C of O Fee: \$ <u>0</u> Total Fee: \$ <u>680.-</u>
Current legal use (i.e. single family) <u>2 FAMILY</u> Number of Residential Units <u>2</u> If vacant, what was the previous use? <u>-</u> Proposed Specific use: <u>2 FAMILY</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>General apartment remodel</u>		
Contractor's name: <u>PORTLAND BUILDERS</u> Address: <u>PO BOX 1902</u> City, State & Zip: <u>PORTLAND ME 04112</u> Telephone: <u>879-0118</u> Who should we contact when the permit is ready: <u>PETER BASS</u> Telephone: <u>772-6005</u> Mailing address: <u>17 Chestnut St Portland ME 04101</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

8007 08 100

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work 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: *Mark Surget* Date: 10-20-08

This is not a permit; you may not commence ANY work until the permit is issued

20 Hill Street

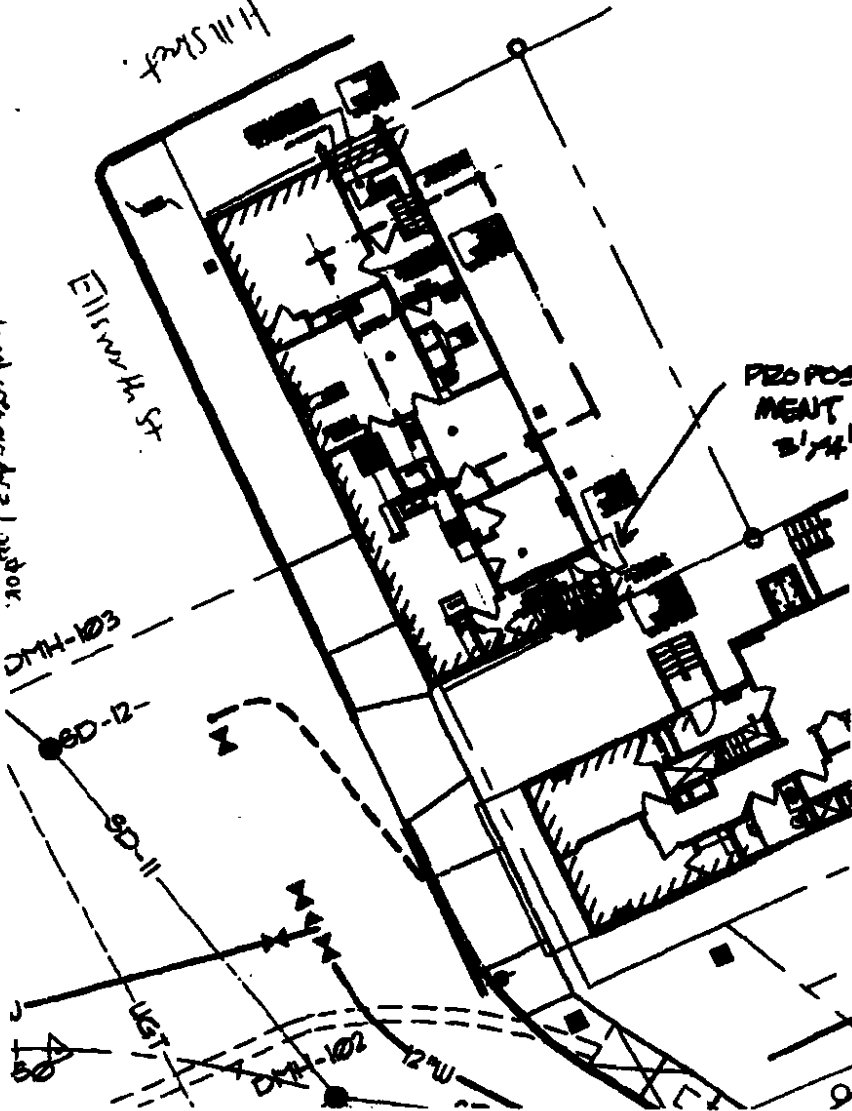
Hill Street

Ellsworth St

level average floor 1, 2nd floor.
lot size = 2400
lot coverage = 50% = 1200

existing 23 x 28 = 1334
5 x 1 = 8

platform



PROPOSED REPLACEMENT PLATFORM
31' x 41'

Must be same side as existing

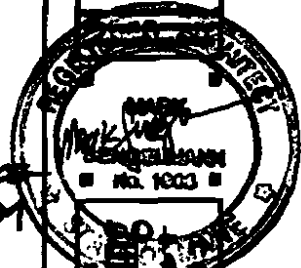
SITE PLAN

1" = 20'-0"



17 CHESTNUT STREET
PORTLAND, ME 04101
PHONE 857.764.4000
FAX 857.761.6000

COPYRIGHT



B.E.H Redevelopment Housing
20 Hill Street
Portland, ME 04101

08010

PREPARED BY	
REVIEWED BY	
DATE	10-31-08

SP.1

10-31-08



Accessibility Building Code Certificate

Designer:

Mark Sengelmann

Address of Project:

Nature of Project:

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: _____

Title:

Principal

Firm:

ALPHA architects

Address:

17 Chestnut St

Portland ME 04101-4946

Phone:

761-9500

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

Date: 10-30-08

From: Mark Jungelmann

These plans and / or specifications covering construction work on:

20 Hill Street

2 Family Remodel

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



(SEAL)

Signature: Mark Jungelmann

Title: Principal

Firm: ALPHA architects

Address: 17 Chestnut St

Portland ME 04101-4140

Phone: 761-1500

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

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 initialzing 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.

A Pre-construction Meeting will take place upon receipt of your building permit.

Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

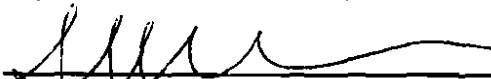
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

Date



Signature of Inspections Official



Date



Certificate of Design Application

Room Designer:

Mark Suedmann

Date:

10-30-08

Job Name:

BEH Housing

Address of Construction:

20 Hill St

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year 2003 IBC Use Group Classification (s) Residential R-3

Type of Construction 5B

Is there a fire suppression system in accordance with Section 903.3.1 of the 2003 IBC? NR Supervisory alarm system? N *Inbar connected Smoke Det.*

Is the structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____

Geotechnical/Soils report required? (See Section 1802.2) NR

Structural Design Calculations

_____ Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Wind loads (1603.1.4, 1609)

- _____ Design option utilized (1609.1.1, 1609.6)
- _____ Basic wind speed (1809.3)
- _____ Building category and wind importance Factor, I_w (table 1604.5, 1609.5)
- _____ Wind exposure category (1609.4)
- _____ Internal pressure coefficient (ASCE 7)
- _____ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- _____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

- _____ Design option utilized (1614.1)
- _____ Seismic use group ("Category")
- _____ Spectral response coefficients, S_D & S_{D1} (1615.1)
- _____ Site class (1615.1.5)

- _____ Live load reduction
- _____ Roof live loads (1603.1.2, 1607.11)
- _____ Roof snow loads (1603.7.3, 1608)
- _____ Ground snow load, P_g (1608.2)
- _____ If $P_g > 10$ psf, flat-roof snow load P_f
- _____ If $P_g > 10$ psf, snow exposure factor, C_e
- _____ If $P_g > 10$ psf, snow load importance factor, I_s
- _____ Roof thermal factor, C_t (1608.4)
- _____ Sloped roof snowload, P_s (1608.4)
- _____ Seismic design category (1616.3)
- _____ Basic seismic force resisting system (1617.6.2)
- _____ Response modification coefficient, R , and deflection amplification factor, C_d (1617.6.2)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Other loads

- _____ Concentrated loads (1607.4)
- _____ Partition loads (1607.5)
- _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

State Id 10855 City Permit Id 2008-8348

Type New Plumbing

Schedule Inspection

Invoicing

Add

Save

Find

Close

1E+05

HILL ST	20	054 C001001	01/07/2009	\$34.00
81397		Michael Collins	01/07/2009	13.00
Closed		2	05/05/2009	

Other Permits Referenced

Applicant Name:	Granite Corp	Owner Name:	BEH REDEVELOPMENT LLC
Mail Address:		Mail Address:	17 CHESTNUT ST
City, State, Zip:	ME	City, State, Zip:	PORTLAND, ME 04101
Phone:		Phone:	

Multi-Family Master Plumber

lmd	01/07/2009	mc	05/05/2009
	12:30		15:06



E-Mail CMP

Schedule Inspection

Invoicing

Add

Find

Close

2009-4023	HILL ST	20	054 C001001	01/09/2009
81397		2	Closed	01/09/2009
BEH REDEVELOPMENT LLC		13.00	R	05/05/2009
17 CHESTNUT ST	PORTLAND, ME 04101		\$45.00	\$0.00

Other Permits Referenced

Search By: Company Name Add New

License Number Electrician's Name

License # MS000060015119 License Status: A GARRY S. PICKRELL

Company Name

First Name GARRY Middle S Last PICKRELL Suffix

Address: 36 SEBAGO LAKE RD Phone (207)892-6128

GORHAM, ME 04038 Cell Phone

Beeper

GORHAM ME 04038 252

License Date: 2/2/1990 Issue Date: 5/12/2004 ExpDate: 6/30/2010

ldobson

01/09/2009

mc

05/05/2009

13:35

15:05

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 January 8, 2009
 Permit # 2009-4015
 CBL# 054-C-001

LOCATION: 20 Hill St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER BEH
 TENANT _____ PHONE # 877-0118

							TOTAL EACH FEE	
OUTLETS	35	Receptacles	15	Switches	12	Smoke Detector		.20
FIXTURES		Incandescent	10	Fluorescent		Strips		.20
SERVICES		Overhead		Underground		TTL AMPS <800		15.00
		Overhead		Underground		>800		25.00
Temporary Service		Overhead		Underground		TTL AMPS		25.00
								25.00
METERS		(number of)						1.00
MOTORS		(number of)						2.00
RESID/COM		Electric units						1.00
HEATING		oil/gas units		Interior		Exterior		5.00
APPLIANCES	2	Ranges		Cook Tops		Wall Ovens		2.00
		Insta-Hot		Water heaters		Fans		2.00
	2	Dryers		Disposals		Dishwasher		2.00
		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
JAN 8 2009		Circus/Carnv						25.00
		Alterations						5.00
		Fire Repairs						15.00
		E Lights						1.00
		E Generators						20.00
PANELS		Service		Remote		Main		4.00
TRANSFORMER		0-25 Kva						5.00
		25-200 Kva						8.00
		Over 200 Kva						10.00
						TOTAL AMOUNT DUE		
						MINIMUM FEE	45.00	
						MINIMUM FEE/COMMERCIAL	55.00	

CONTRACTORS NAME Pickrell Electric Inc. MASTER LIC. # MS 600 15119
 ADDRESS 36 Sebago Lake Rd LIMITED LIC. # _____
 TELEPHONE 893-2008

SIGNATURE OF CONTRACTOR Dana Pickrell

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 20 Hill St

PROPERTY OWNERS NAME

Last: BEH First: Housing

Applicant Name: Granite Corp
Mailing Address of Owner/Applicant (If Different): Po Box 370
Oakland Me 04963

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] 11/6/09
Signature of Owner/Applicant Date

054-0001

PORTLAND PERMIT # 10855 TOWN COPY

Date Permit Issued: 11/7/09 \$ 1118 If Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 10165

2008-8348

Caution: Inspection Required

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

[Signature] Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>700051546</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>	1	Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	2	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	2	Water Heater
	Fixtures (Subtotal) Column 2		16	Fixtures (Subtotal) Column 1
			11	Fixtures (Subtotal) Column 2
			17	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE