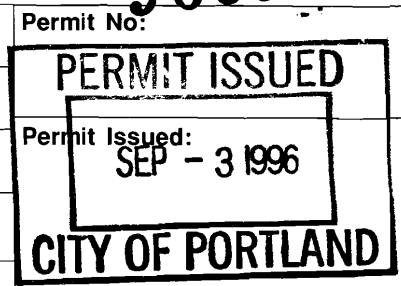


960864

Location of Construction: 100 Spring St		Owner: Portland West Neighborhood Planning Council		Phone:	
Owner Address: 100 Mockett St, Portland, ME 04101		Leasee/Buyer's Name:		Phone: 879-3710	
Contractor Name:		Address:		Phone:	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ 51,000.00 PERMIT FEE: \$ 275.00	
Proposed Project Description: Rehab/renovate		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		INSPECTION: Use Group: Type: Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:			
Permit Taken By: John Bourke		Date Applied For: 24 July 1996			



Permit No:

Zone: CBL: 057-00103

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 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: _____

1. This permit application doesn't 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.

Suspensions to be taken out under conditions for Rehab/Plu. 100 to pull out permits.

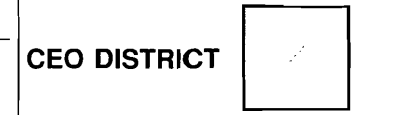
CERTIFICATION

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

24 July 1996

SIGNATURE OF APPLICANT: John Bourke ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____



COMMENTS

April - full walk thru + framing + plumbing insp.

Plumbing - OK

Bldg - Need to properly fire rate around chimney - Need to add supports in basement - beams splitting.

Sept 4, 1997 - Work going well - Need to add dryer vent - seal fire pent. in hallway add + finish plumbing, smoke det., add support posts in basement, do some repointing, fill in some open concrete holes and repoint support post.

10/2/97 - Work mostly complete - only have repointing left to do -

Window on 3rd flr to fire escape does not meet egress + rear bedrm. on 2nd flr cannot be used as bedroom - not big enough. - M.

Inspection Record

	Type	Date
Foundation:	N/A	
Framing:	OK	OK
Plumbing:	OK	OK
Final:	OK	10/2/97
Other:		



CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION

Issued to

Date of Issue

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. _____, 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

APPROVED OCCUPANCY

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.