Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

# BU

Permit Number: 090215

This is to certify that \_\_\_\_FORESTATE ASSOCIATES I

provided that the person or persons, file

of the provisions of the Statutes of Ma

the construction, maintenance and use

has permission to Aparment (430) Forest Ave - aming 2 closes and in kitchen. Sinets

**AT** 428 FOREST AVE (430)

this department.

or common accounting this permit shall comply with all e and of the October of the City of Portland regulating buildings and structures, and of the application on file in

116 C001001

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

nust be Noti tion of spectio nd writte ermissic rocured give befo his bui g or pa hereof is lath or oth ed-in. 24 HOU 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. CAPT. X. Soutean

Health Dept. \_\_\_\_\_

Appeal Board \_\_

Other \_\_\_\_\_ Department Name

PENALTY FOR REMOVING THIS CARD

<b>City of Portland, Mai</b> 389 Congress Street, 041	_			- 1	09-0215	Issue Date:		116 C00	1001	
Location of Construction:	Owner Na				ner Address:	<u> </u>		Phone:		
428 FOREST AVE (430)	1		ASSOCIATES LLC		ONE CITY CENTER			I HOULE.		
Business Name:	r Name:			Contractor Address:			Phone			
essee/Buyer's Name Phone:				Permit Type: Ally Alon Additions - Multi Family		mmer	umercial B-26			
Past Use: Proposed Use:				Permit Fee: Cost of Work:				CEO District:		
					\$50.00 \$2,500.00  FIRE DEPT: Approved Use Denied  See Conditions Signature: KG Signature:		0.00 INSPECT	SPECTION:  See Group: A-2/R Type: 5B		
Proposed Project Description:					romma	notions auts	IK	X - 2003	<b>}</b>	
Aparment (430) Forest Av				Sig	gnature: (K		Signature	AMB 4	1/1/09	
2nd floer left side	ront be	+ Bathroom		PEDESTRIAN ACTIVITIES DISTRICT			(P.A.D.) ( /			
		Action: Approved Approve			roved w/C	Date:				
_ = . = . =	·			Signature:						
Permit Taken By: Ldobson	Date Applied For:	applied For:			Zoning Approval					
This permit application	n does not preclude t	he Sp	Special Zone or Review		vs Zoning Appeal			Historic Preservation		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			☐ Shoreland		☐ Variance			Not in District or Landmark		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>			etland/		☐ Miscellaneous			Does Not Require Review		
			ood Zone	Conditional Use			Requires Review			
			ubdivision	☐ Interpretation			Approved			
			ite Plan		Approved	1		Approved w/C	Conditions	
First A MARKET			Maj Minor MM		Denied			Denied		
			Okwlandihin Date: 3/20/09 Apm					Man		
Circle		Date			Date:		Date	e:		
		(	CERTIFICATION	ON						
I hereby certify that I am the I have been authorized by th jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to make this a permit for work de	s application scribed in the	as his authorized application is is	l ag sue	ent and I agree to d, I certify that the	o conform t ne code offi	o all app cial's au	licable laws of thorized repre	of this esentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		——————————————————————————————————————		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

# 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:	30 Forest Ao					
Total Square Footage of Proposed Structure/A		Number of Stories				
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or I	Buyer* Telephone:				
Chart# Block# Lot#	Name Bree H Astor	20774998				
////	Address 430 Forest Ava					
	City, State & Zip Solland 041	103				
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of				
	Name (	Work: \$ 2 500 -				
	Address (Same)	C of O Fee: \$				
	City, State & Zip	Total Fee: \$				
		4 legal du				
Current legal use (i.e. single family)	Number of Resid	lential Units (5) keyin Flaket				
If vacant, what was the previous use?						
Proposed Specific use:	TC 1	this was region				
Is property part of a subdivision?  Project description:						
Troject description.	2 closeds and he	ew kitchen cobises				
Contractor's name: // // // // // // // // // // // // //	herry	-				
Address: 1 Teilight To		_				
City, State & Zip Gray ME C	Telephone: <u>@576027</u>					
Who should we contact when the permit is reac		Telephone: <u>617 794 5309</u>				
Mailing address: (5 sme)	/					

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 <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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: Date: 3/19/09

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

#### CBL: Permit No: Date Applied For: City of Portland, Maine - Building or Use Permit 09-0215 03/19/2009 116 C001001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: FORESTATE ASSOCIATES LLC 428 FOREST AVE (430) ONE CITY CENTER Business Name: Contractor Name: Contractor Address: Phone Lessee/Buyer's Name Phone: Permit Type: Alterations - Multi Family Proposed Use: **Proposed Project Description:** Multi-use building - restaurant & four dwelling units- Apartment Apartment (430) Forest Ave, 2nd floor left - adding 2 closets and (430) Forest Ave, 2nd floor left- adding 2 closets and new kitchen new kitchen cabinets cabinets Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado **Approval Date:** 03/20/2009 Ok to Issue: Note: 1) The use of the property shall remain as a restaurant and four residential dwelling units. Any change of use shall require a separate permit application for review and approval. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. Dept: Building 04/01/2009 **Status:** Approved with Conditions Reviewer: Jeanine Bourke **Approval Date:** Ok to Issue: Note: 1) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712. 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process. 03/26/2009 Dept: Fire **Status:** Approved with Conditions Reviewer: Capt Keith Gautreau **Approval Date:**

### **Comments:**

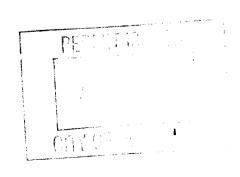
3/26/2009-gautreauk: According to the plans it does not look like there are two means of egress from the second floor apartment.

3/31/2009-jmb: Contractor submitted the rest of the floor plan showing the rear egress stairs

**Note:** I am concerned about the apartments not having two means of egress. Keith 1) Two means of egress are required from every story. "State Law Title  $25 \sim 2453$ "

2) All construction shall comply with NFPA 101

4/1/2009-jmb: Spoke to Kevin F. About what appears to be a new bathroom off the front bedroom, he confirmed, but no breach of the walls, ok to issue.



Ok to Issue:

### To Whom It May Concern:

I have requested Kevin Flaherty of Kevco Construction, Inc. to pull the permit or work at 430 Forest Avenue in Portland and he has my permission to do so. If you have any questions, you may contact me at 207 749 9489.

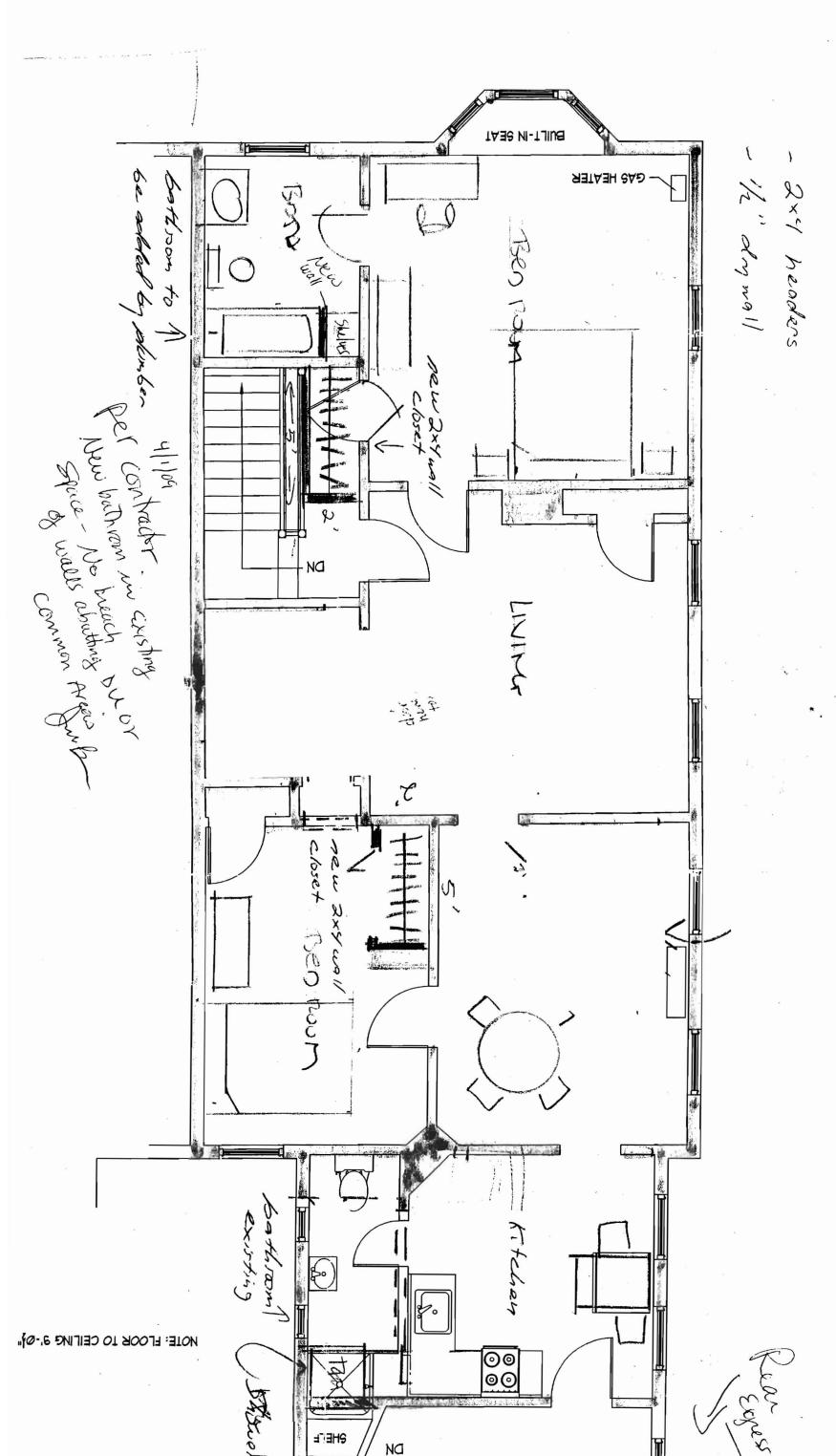
Thank you,

Brett Astor, Manager

Forestate Associates, LLC

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- Attic above unit

430 Forest Ave