

124-5-005
City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 202 Woodfords St		Owner: Woodfords Congregational Church		Phone:	Permit No: 960667
Owner Address: 202 Woodfords St- PT1d NE		Leasee/Buyer's Name: 04103		Phone:	Business Name:
Contractor Name: Burrigh-Ryan Construction Inc		Address: 10 Danforth St- PT1d NE		Phone: 773-3625	
Past Use: church		Proposed Use: 04101 churchw int/ext renov & addtn		COST OF WORK: \$ 3000.00	PERMIT FEE: \$ 1520
Proposed Project Description: intr/extr renovas & additn		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 04 (Type: 5A) 190 CA 93	
Permit Taken By: L Chase		Date Applied For: 6/20/95		Signature: [Signature] Date:	

PERMIT ISSUED
 Permit Issued:
JUL 11 1996
CITY OF PORTLAND

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: 6/21/96

PERMIT ISSUED WITH LETTER

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

SIGNATURE OF APPLICANT John Ryan	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT **6**

COMMENTS

9-13-96 Work is in progress. Putting in new ADA facilities, ramp & elevator etc.

10-7-96 Fire escape has been rebuilt to code. Alarm has been installed.

2-26-97 Work is all completed. Walked through with job foreman.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

10 July 1996

Wright Ryan Const. Inc.
10 Danforth St.
Portland, Me. 04101.

Ref: 202 Woodfords Congregational Church

Dear: Sir

Your application to make interior renovations and additions as per plans has been reviewed and a permit is herewith issued subject to the following requirement(s): This permit doesn't excuse the applicant from meeting applicable STATE and Federal laws.

NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTILL ALL REQUIREMENTS OF THIS LETTER IS MET.

SITE PLAN REQUIREMENTS

Building Inspection : Approved Ms. Schmuckal
Fire Dept. : Approved Lt. McDougall
Planning Div. : Approved Sarah Hopkins
Dev. Review Coordinator : J. Seymour

BUILDING and FIRE CODE REQUIREMENTS

1. The sprinkler system shall be maintained to NFPA # 13 standards.
2. The fire alarm system shall be maintained to NFPA # 72 standards.
3. Portable fire extinguishers shall be provided in accordance with NFPA # 10.
4. All plumbing and electrical permits must be obtained by masters of their trade.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. Mc Dougall
M. Schmuckal
S. Hopkins



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

Woodfords Congregational Church
Applicant

6/26/96
Application Date

202 Woodford St - Portland ME 04103
Applicant's Mailing Address

202 Woodford St
Project Name/Description

Herbert Semple - 761-4231
Consultant/Agent

Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax _____

Assessor's Reference: Chart-Block-Lot _____

Proposed Development (check all that apply):
 ___ New Building X Building Addition ___ Change of Use ___ Residential
 ___ Office ___ Retail ___ Manufacturing ___ Warehouse/Distribution ___ Other (specify) _____

28'x17' - appx Proposed Building Square Feet or # of Units
u/k Acreage of Site
R-5 Zoning

Check Review Required:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan \$300 subdivision _____

Approval Status:

Reviewer James Seymour

- Approved Approved w/Conditions listed below Denied

1. _____
2. _____
3. _____
4. _____

Approval Date 6/22/96 Approval Expiration 6/97 date date
 Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

- | | | | |
|---|----------------------|-------------------------|-----------------------|
| <input type="checkbox"/> Performance Guarantee Accepted | _____ date | _____ amount | _____ expiration date |
| <input type="checkbox"/> Inspection Fee Paid | _____ date | _____ amount | |
| Performance Guarantee Reduced | _____ date | _____ remaining balance | _____ signature |
| Performance Guarantee Released | _____ date | _____ signature | |
| Defect Guarantee Submitted | _____ submitted date | _____ amount | _____ expiration date |
| Defect Guarantee Released | _____ date | _____ signature | |

Address:



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

Woodfords Congregational Church
Applicant

5/25/95

Application Date

202 Woodford St - Ptd 45 04103
Applicant's Mailing Address

Project Name/Description

Herbert Semple - 761-4231
Consultant/Agent

Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax _____

Assessor's Reference: Chart-Block-Lot _____

Proposed Development (check all that apply):
 ___ New Building Building Addition ___ Change of Use ___ Residential
 ___ Office ___ Retail ___ Manufacturing ___ Warehouse/Distribution ___ Other (specify) _____

22'x17' - 200x
Proposed Building Square Feet or # of Units

u/k
Acreage of Site

R-5
Zoning

Check Review Required:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
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| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan \$300 subdivision _____

Approval Status:

Reviewer Sarah Hopkins

- Approved** **Approved w/Conditions listed below** **Denied**

1. _____
2. _____
3. _____
4. _____

Approval Date _____ Approval Expiration _____ date Extension to _____ date

Additional Sheets Attached

Condition Compliance _____ signature _____ date

Performance Guarantee Required* Not Required

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- | | | | |
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Address: _____



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

Woodfords Congregational Church
Applicant

6/26/96
Application Date

202 Woodford St - Portland ME 04103
Applicant's Mailing Address

Project Name/Description _____

Herbert Semple - 761-4231
Consultant/Agent

202 Woodford St
Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax _____

Assessor's Reference: Chart-Block-Lot _____

Proposed Development (check all that apply): New Building Building Addition Change of Use Residential
 Office Retail Manufacturing Warehouse/Distribution Other (specify) _____

28'x17' - approx Proposed Building Square Feet or # of Units u/k Acreage of Site R-5 Zoning

Check Review Required:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
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| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan \$300 subdivision _____

Approval Status:

Reviewer [Signature]

- Approved Approved w/Conditions listed below Denied

1. _____
2. _____
3. _____
4. _____

Approval Date 6/27/96 Approval Expiration _____ date Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date _____

Performance Guarantee Required* Not Required

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- | | | | |
|---|----------------------|-------------------------|-----------------------|
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Address: _____



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

Woodfords Congregational Church
Applicant

6/26/96
Application Date

202 Woodford St - Pt1d ME 04103
Applicant's Mailing Address

202 Woodford St
Project Name/Description

Herbert Semple - 761-4231
Consultant/Agent

Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax _____

Assessor's Reference: Chart-Block-Lot _____

Proposed Development (check all that apply): New Building Building Addition Change of Use Residential
 Office Retail Manufacturing Warehouse/Distribution Other (specify) _____

28' x 17' - appx Proposed Building Square Feet or # of Units u/k Acreage of Site R-5 Zoning

Check Review Required:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan \$300 subdivision _____

Approval Status:

Reviewer Marge Schwartz

- Approved per Sec. 14-436 (b) & Sec. 14-430(2) elevator structures Approved w/Conditions listed below Denied
- _____
 - _____
 - _____
 - _____

Approval Date 7/9/96 Approval Expiration _____ date Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

- | | | | |
|---|----------------------|-------------------------|-----------------------|
| <input type="checkbox"/> Performance Guarantee Accepted | _____ date | _____ amount | _____ expiration date |
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| Performance Guarantee Released | _____ date | _____ signature | |
| Defect Guarantee Submitted | _____ submitted date | _____ amount | _____ expiration date |
| Defect Guarantee Released | _____ date | _____ signature | |

Address: 202 Woodford Church


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 202 Woodford St		Owner: Woodfords Congregational Church		Phone:		Permit No:
Owner Address: 202 Woodford St- Ptld ME 04103		Leasee/Buyer's Name:		BusinessName:		
Contractor Name:		Address:		Phone:		Permit Issued:
Past Use: church		Proposed Use: church w porch & elevator		COST OF WORK: \$ PERMIT FEE: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type:		
Proposed Project Description: construct porch & elevator site plan review - \$300		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: _____ Signature: _____		Zone: _____ CBL: _____ Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <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"/>
Permit Taken By: L Chase		Date Applied For: 6/26/96				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

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..

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


 SIGNATURE OF APPLICANT

ADDRESS: _____ DATE: 6/26/96 PHONE: _____

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

