

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
MAY 19 2004
Permit Number: 060194
CITY OF PORTLAND

This is to certify that OSHANA DAVID J & ANTHONY A JITS
has permission to Convert existing carriage house into single living unit.
AT 40 LELAND ST PORTLAND, OR 97203 133 C010001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 when permission procured before this building or part thereof is altered or closed-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. Craig Cass 2-21-04
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 5/11/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0197	Issue Date: PERMIT ISSUED	CBL: 133 C010001
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Location of Construction: 40 LELAND ST	Owner Name: OSHANA DAVID J & ANDREA J	Owner Address: 1501 FOREST AVE	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R-5

Past Use: Three family dwelling w/Carriage house	Proposed Use: Three family dwelling w/ new detached apartment- Convert existing carriage house into single living unit. - total of four d.u. on property	Permit Fee: \$456.00	Cost of Work: \$40,000.00	CEO District: 5
Proposed Project Description: Convert existing carriage house into single living unit.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: R-2 Type: SB <i>TRC 2003</i>	
		Signature: <i>Greg C...</i>	Signature: <i>[Signature]</i>	
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: 02/08/2006	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>Site Plan extension applied for</i></p> <p>Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK with conditions</i> Date: <i>2/10/06</i></p>	<p>Zoning Appeal</p> <p><input checked="" type="checkbox"/> Variance <i>practical diff.</i></p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input checked="" type="checkbox"/> Approved <i>12/6/05</i></p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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

5/19/06 - Met w/ new contractor, Colin Greig + owner and went over requirements - Electrical / Plumbing all done - talked about having pressure test done on plumbing + because as now a 4 unit it requires Electric by Mike Collins + also inspect + sign-off by Fire Dept as a 4 unit. Both Contractor + owner understood - stairs to be rebuilt to meet commercial requirements + floor joists to be beefed up in Basement - Deck off 2nd floor Bedroom to be reinforced also. (See new plans)

Jon M

5/26/06 - Plumbing test ok + OK - told contractor that plumbing permit still needed / also electrical, Mike Collins met w/ Electrician + OK'd electrical - Jay Kelly OK'd fire issues. Walls sturdy checked in shop - other issues discussed to be taken care of before final - OK'd inspection.

01/24/07 okay to issue C/O / 1504

Jon M



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 40 LELAND ST

CBL 133 C010001

Issued to OSHANA DAVID J & ANDREA J JTS

Date of Issue 01/22/2007

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. 06-0194, 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

Carriage House

APPROVED OCCUPANCY

Residential dwelling
Use Group R2
Type 5B
IRC 2003

Limiting Conditions:

none

**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.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

PORTLAND PERMIT # 9980 TOWN COPY

Date Permit Issued: 8/16/06 \$ 340.00 Double Fee Charged

Thomas Markley L.P.I. # 0744
Local Plumbing Inspector Signature

130 I 015

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 of Owner/Applicant

Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12345</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

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 11-6-06
 Permit # 06-4983
 CBL# 133 C010

LOCATION: 40 Leland St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Matthew Milliken
 TENANT _____ PHONE # _____

							TOTAL EACH FEE
OUTLETS	<u>50</u>	Receptacles	<u>30</u>	Switches	<u>6</u>	Smoke Detector	.20
FIXTURES	<u>20</u>	Incandescent	<u>2</u>	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	<u>1</u>	oil/gas units		Interior		Exterior	5.00
APPLIANCES	<u>1</u>	Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters		Fans	2.00
	<u>1</u>	Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa	<u>1</u>	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					5.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
	E Lights					1.00	
	E Generators					20.00	
PANELS		Service	<input checked="" type="checkbox"/>	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/COMMERCIAL 55.00							MINIMUM FEE 45.00

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 NOV - 6 2006
 RECEIVED

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

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

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

_____ Date 5-15-06
Signature of Applicant/Designee
Donna Martin Admin _____ Date 5-15-06
Signature of Inspections Official

CBL: 1336010 Building Permit #: 060194

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland ME
Street Subdivision Lot #	40 School St Unit

PROPERTY OWNERS NAME

Last: OSHANA First: NAME

Applicant Name: FLINKS PLUMBING & HEATING

Mailing Address of Owner/Applicant (If Different): 358 PINE ST
Portland ME 04106

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 of Owner/Applicant

Date

Date Permit Issued:

5/30/06

\$ 11.00

If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 0641

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 5486

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	01	Hosebibb / Sillcock	01	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	01	Sink
		Drinking Fountain	02	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	02	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Sediment Filter	01	Clothes Washer
		Grease or Oil Separator	01	Dish Washer
OR		Roof Drain	01	Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

