

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED

Permit Number 040748-2005

This is to certify that BACK COVE ESTATES LLC / First Choice Construction

has permission to add 1/2 baths - units 2 thru 12, 15 thru 17, 19 thru 21, 25 thru 29, 33, 34, 37, 41 thru 43, 46, 50, 51, 54 thru 57 & 62, 1

AT 610 BAXTER BLVD

CBL 156 F006001

CITY OF PORTLAND

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 laid or otherwise 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 3/18/05
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: 05-0248	Issue Date: PERMIT ISSUED MAR 17 2005	156 F006001
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Location of Construction: 610 BAXTER BLVD	Owner Name: BACK COVE ESTATES LLC	Owner Address: 163 MOUNTAIN RD	Phone: 2005
Business Name:	Contractor Name: First Choice Construction	Contractor Address: 15 Martin Street Scarborough	Phone: 207-874-876
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:

Past Use: Condo - units 2 thru 12, 15 thru 17, 19 thru 21, 25 thru 29, 33, 34, 37, 42 thru 46, 50, 51, 54 thru 57 & 62 thru 64	Proposed Use: add 1/2 baths -units 2 thru 12, 15 thru 17, 19 thru 21, 25 thru 29, 33, 34, 37, 42 thru 46, 50, 51, 54 thru 57 & 62 thru 64 and add new window throughout complex	Permit Fee: \$2,496.00	Cost of Work: \$275,000.00	CEO District: 4
Proposed Project Description: add 1/2 baths -units 2 thru 12, 15 thru 17, 19 thru 21, 25 thru 29, 33, 34, 37, 42 thru 46, 50, 51, 54 thru 57 & 62 thru 64 and add new window throughout complex		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>R3</i> Type: <i>55</i> <i>3/16/05</i>
		Signature		Signature <i>[Signature]</i>
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 03/15/2005	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>	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"/> Date: _____	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 type="checkbox"/> Not in District or Landmar <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 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0248	Date Applied For: 03/15/2005	CBL: 1.56 F006001
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Location of Construction: 610 BAXTER BLVD	Owner Name: BACK COVE ESTATES LLC	Owner Address: 163 MOUNTAIN RD	Phone:
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Business Name:	Contractor Name: First Choice Construction	Contractor Address: 15 Martin Street Scarborough	Phone (207) 318-2876
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Tenant/Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family
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Proposed Use: add 1/2 baths -units 2 thru 12, 15 thru 17, 19 thru 21, 25 thru 29, 33, 34, 37, 42 thru 46, 50, 51, 54 thru 57 & 62 thru 64 and add new window throughout complex	Proposed Project Description: add 1/2 baths -units 2 thru 12, 15 thru 17, 19 thru 21, 25 thru 29, 33, 34, 37, 42 thru 46, 50, 51, 54 thru 57 & 62 thru 64 and add new window throughout complex
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Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 03/16/2005
Note:	Ok to Issue: <input type="checkbox"/>		
1) No penetrations of the fireseparation assemblies are authorized by this permit.			

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All Purpose 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.

Total Square Footage of Proposed Structure NA		Square Footage of Lot NA	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 156 F006, 158A005, 159J006		Owner: BACK COVE ESTATES, LLC Telephone:	
Lessee/Buyer's Name (If Applicable)		Applicant name, address & telephone: JIM MCCANN MOUNTAIN AVE, FALMOUTH 207-671-1009	
Current use: _____		Cost Of Work: \$ 140,000 Fee: \$	
If the location is currently vacant, what was prior use: _____		4 \$2,496	
Approximately how long has it been vacant: _____			
Proposed use: BATHS			
Project description:			
Contractor's name, address & telephone: George First Choice 15 Martin			
Who should we contact when the permit is ready:			
Mailing address: George Schuman -> 756-3448		Scarborough ME 04074	
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop-work order will be issued and a \$100.00 fee if any work starts before the permit is picked up.		PHONE: 378 2876 Dave	

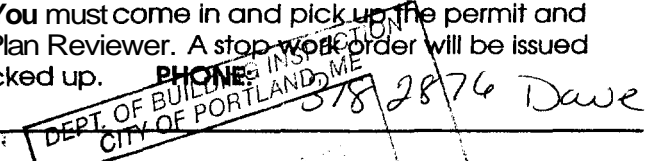
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: *[Signature]*

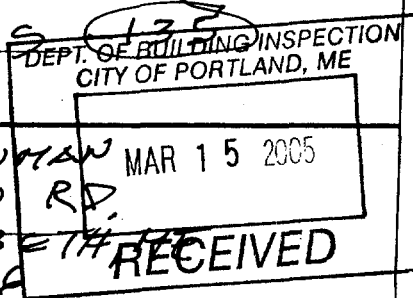
Date: **2-10-05**

Permit,



All Purpose 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>67 OCEAN AVE (610 BAXTER BLVD)</u>		
Total Square Footage of Proposed Structure <u>N/A</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>156F006, 158A005, 159J006</u>	Owner: <u>BACK COVE ESTATES, LLC</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>JIM MCCANN MOUNTAIN AVE, FAIRBURY 207-671-1069</u>	Cost Of Work: \$ <u>135,000</u> Fee: \$ <u>1236⁰⁰</u>
Current use: <u>CONDOS</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>WINDOW INSTALLATIONS</u>		
Project description:		
Contractor's name, address & telephone: <u>GEORGE SCHUMAN 11 EASTFIELD RD. CAPE ELIZABETH, ME 207-799-0364 c-207-256-3488</u>		
Who should we contact when the permit is ready: _____		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

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Signature of applicant: <u>[Signature]</u>	Date: <u>2-18-05</u>
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This is **NOT** a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall