

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

ENGINEERING SECTION

## PERMIT

Permit Number: 030907

Please Read Application And Notes, If Any, Attached

This is to certify that Ascanio James &/Owner

has permission to Convert Existing Daycare Structure to Dwelling Unit

AT 1093 Washington Ave 172 C004001

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 work on permit on procedure 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. \_\_\_\_\_

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

Appeal Board \_\_\_\_\_

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

*[Signature]*  
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: 03-0907	Issue Date:	CBL: 172 C004001
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Location of Construction: 1093 Washington Ave	Owner Name: Ascanio James &	Owner Address: 1105 Washington Ave	Phone: 797-2337
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R3/ Stream protection

Past Use: Single Family/Day Care Center	Proposed Use: Two Unit Dwelling	Permit Fee: \$105.00	Cost of Work: \$1,000.00	CEO District: 2
Proposed Project Description: Convert Existing Daycare Structure to Dwelling Unit		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB 12/11/03 Signature: [Signature]	
		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: gad	Date Applied For: 07/29/2003	<b>Zoning Approval</b>
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1. This permit application does not 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>outside of floodplain over 250' from HWM</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 7 Zone A</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>Needs extension to 12/11/03</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>12/2/03</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <i>9/4/03</i> <input type="checkbox"/> Denied <i>5-0</i> Date: <i>[Signature]</i>	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <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: <i>[Signature]</i>
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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

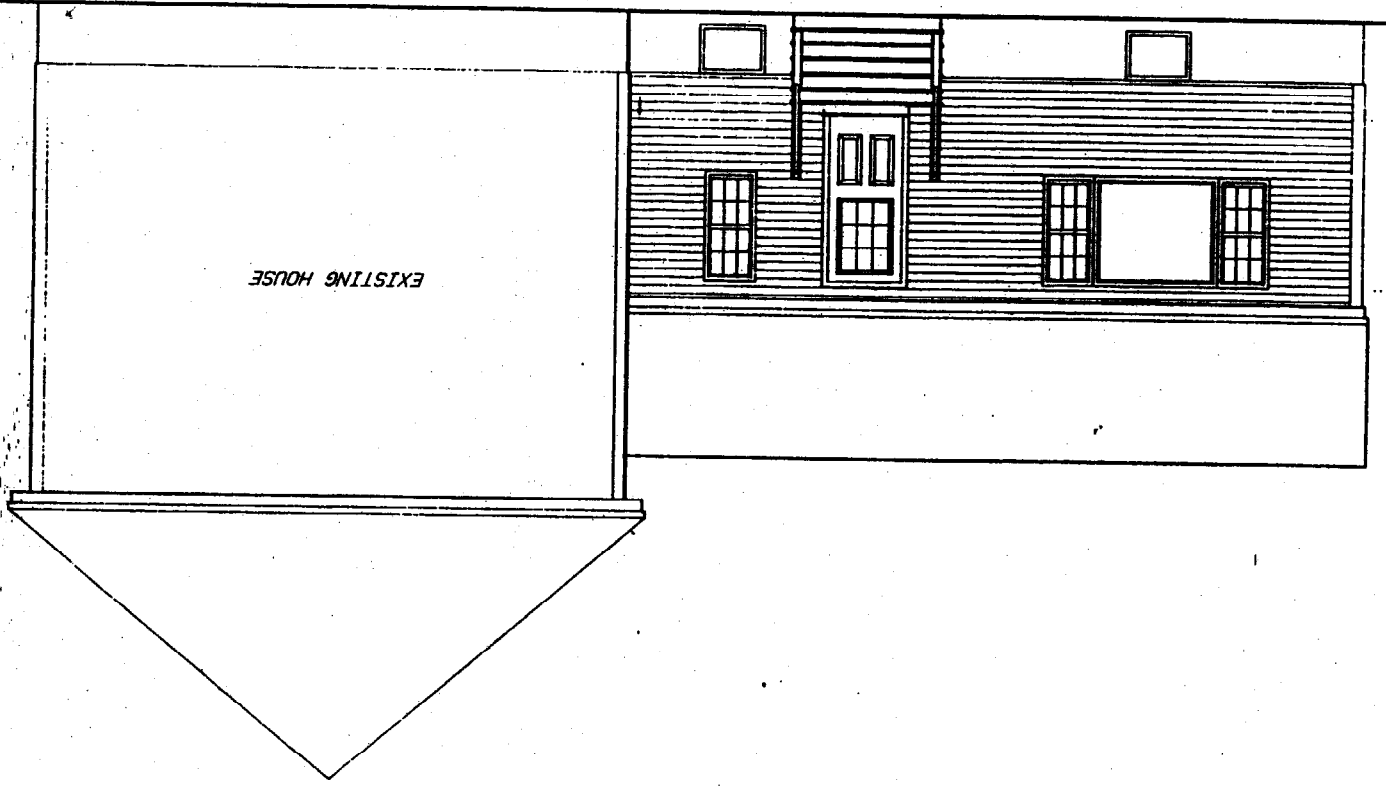
Plan Sheet - W 766-2854 H 766-2615

DATE: 11-88	BY: W.T.W.
SHEET: 1 OF 7	SCALE: 1/4"=1'-0"
FRONT ELEVATION	
DAY CARE CENTER ADDITIO	
THE ASCANIO'S PROPOSED	

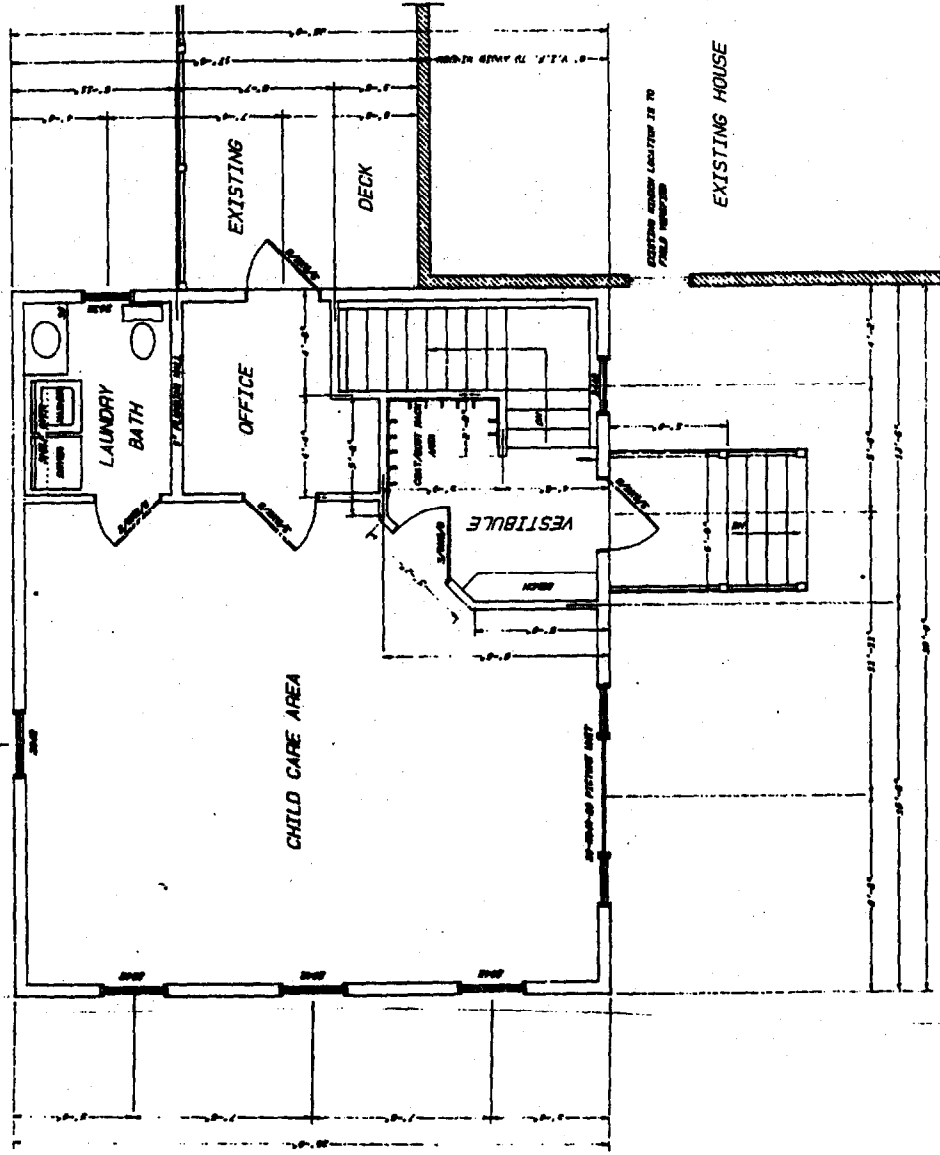
NOTICE:  
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MAINE  
 DRAFTING  
 DESIGN, INC.  
 YARMOUTH, MAINE

FRONT ELEVATION



EXISTING



NOTE:  
 ALL DIMENSIONS, MEASURES, ROOF PITCH,  
 ORDERS, STUD HEIGHTS AND EXISTING STRUCTURAL  
 INTERMITTENT, ARE TO BE FIELD VERIFIED  
 BY BUILDER CONTRACTOR PRIOR TO CONSTRUCTION. ALL ADJUSTMENTS  
 ARE TO BE PERFORMED AS REQUIRED.

**MAINE**  
**DRAFTING**  
**DESIGN, INC.**  
 YARMOUTH, MAINE

THE ASCANIO'S PROPOSED DAY CARE CENTER ADDITION	
FIRST FLOOR PLAN	
DATE: 11-08	SCALE: 1/8"=1'-0"
SHEET: 2	OF 7

NOTICE:  
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 CONTRACTOR SHALL BE RESPONSIBLE FOR  
 VERIFYING ALL DIMENSIONS, MEASURES,  
 AND LOCAL CODE COMPLIANCE.

FIRST FLOOR PLAN  
 DATE 11-08

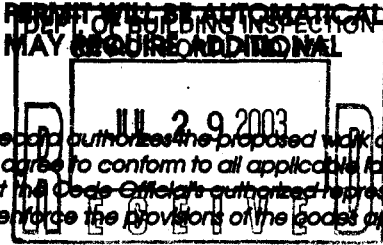
03-0907

# 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>1093 Washington Ave.</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>21,490</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>172</u> Block# <u>C</u> Lot# <u>004</u>	Owner: <u>Ascario</u> <del>1105</del> <u>1105 Washington Ave.</u>	Telephone: <u>797-2337</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Mr + Mrs Ascario</u> <u>1105 Washington Ave</u> <u>797-2337</u>	Cost Of Work: \$ <u>&lt; 1,000</u> Fee: \$ <u>30.00</u>
Current use: <u>single family w/ day care center</u>		<u>+ 75.00 Copo</u>
If the location is currently vacant, what was prior use: _____		<u>\$ 105.00</u>
Approximately how long has it been vacant: _____		
Proposed use: <u>two unit</u>		
Project description: <u>convert existing day care structure to dwelling unit.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Mr/Mrs Ascario</u>		
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: <u>797-2337</u>		

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 Officer'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: 7/29/02

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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 03-0907	<b>Date Applied For:</b> 07/29/2003	<b>CBL:</b> 172 C004001
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<b>Location of Construction:</b> 1093 Washington Ave	<b>Owner Name:</b> Ascanio James &	<b>Owner Address:</b> 1105 Washington Ave	<b>Phone:</b> ( ) 797-2337
<b>Business Name:</b>	<b>Contractor Name:</b> Owner	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Dwellings	

<b>Proposed Use:</b> Two Unit Dwelling	<b>Proposed Project Description:</b> Convert Existing Daycare Structure to Dwelling Unit
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/02/2003

**Note:** 8/7/03 needs a conditional use appeal first to change to a 2 unit in R-3 zone - then will need a site plan/exemption - see letter.      **Ok to Issue:**

9/4/03 received ZBA approval for the second unit

12/2/03 Still needs site plan- I made out an exemption form for them and delivered to planning

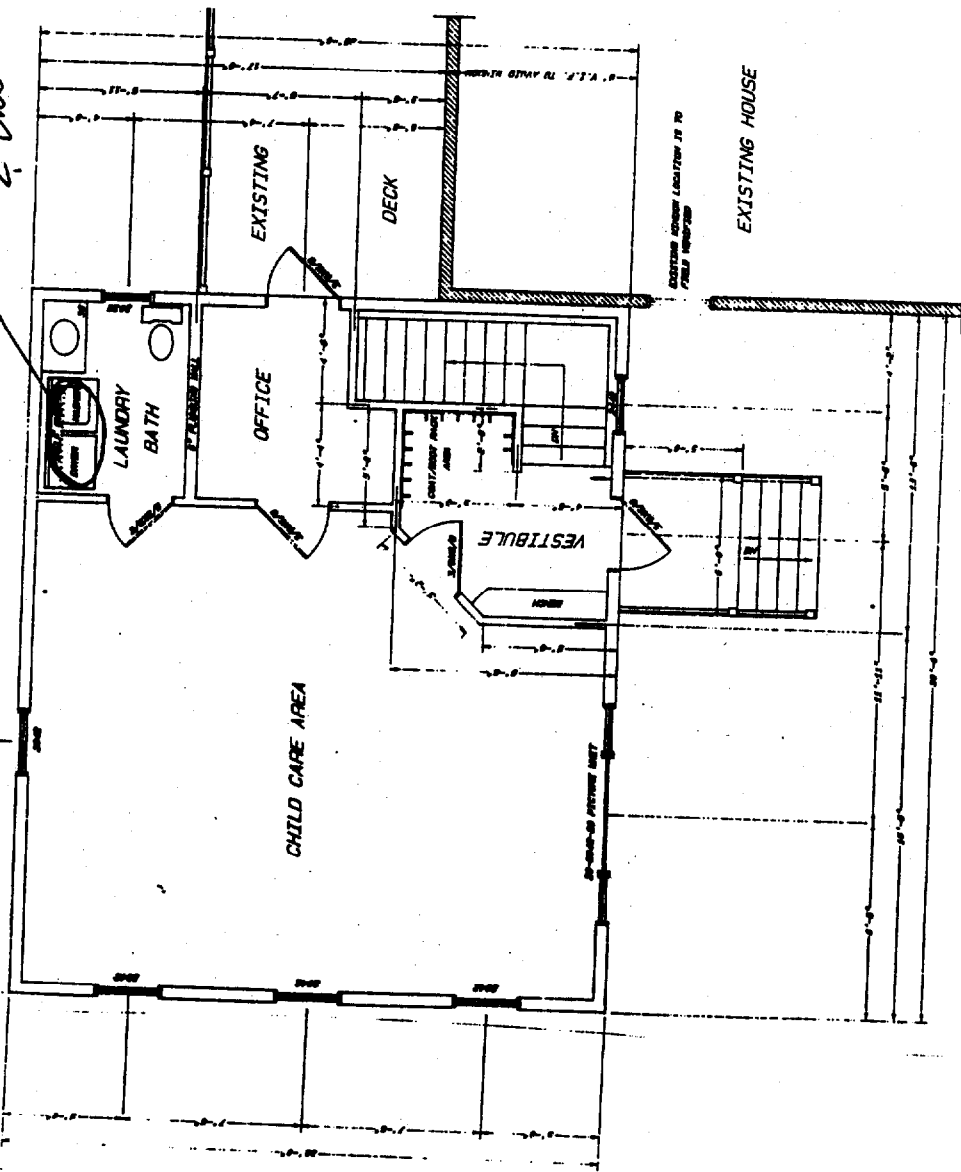
- 1) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a two (2) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Pending      **Reviewer:**      **Approval Date:**

**Note:**      **Ok to Issue:**

PROPOSED

remove laundry  
& install shower



NOTE:

ALL DIMENSIONS, MEASURES, ROOF PITCH, GRADES, STOD HEIGHTS AND EXISTING STRUCTURAL INTEGRITY, ARE TO BE FIELD VERIFIED BY BUILDER/CONTRACTOR PRIOR TO BEGINNING CONSTRUCTION. ALL ADJUSTMENTS ARE TO BE PERFORMED AS REQUIRED.

MAINE  
DRAFTING  
DESIGN, INC.  
YARMOUTH, MAINE

FIRST FLOOR PLAN

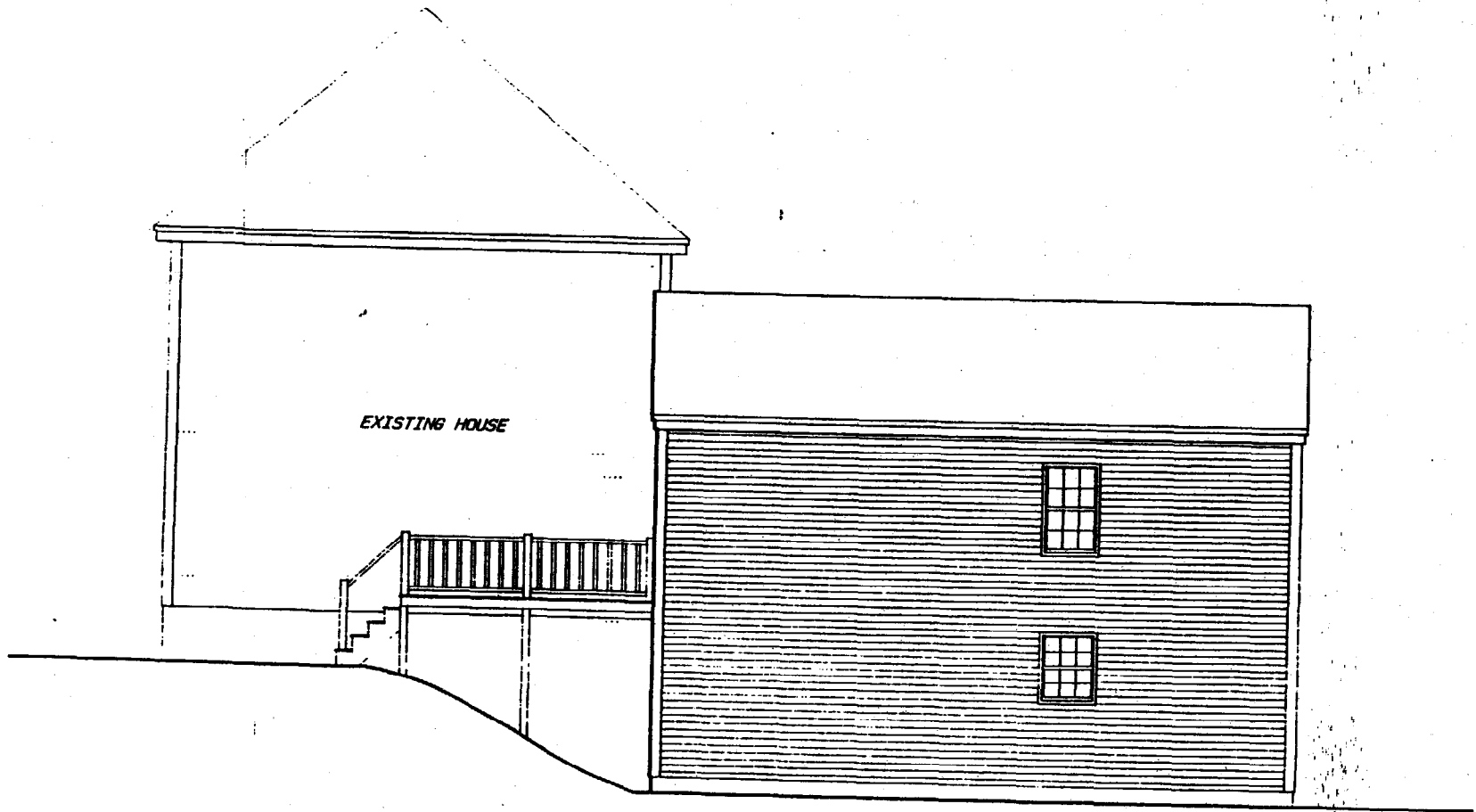
SCALE: 1/4"=1'-0"

NOTICE:

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THE ASCANIO'S PROPOSED  
DAY CARE CENTER ADDITION  
FIRST FLOOR PLAN

DATE: 11-20  
SCALE: 1/4"=1'-0"  
SHEET: 2 OF 7



EXISTING HOUSE

REAR ELEVATION

**M** AINE  
**D** RAFTING  
 DESIGN, INC.  
 YARMOUTH, MAINE

**NOTICE:**

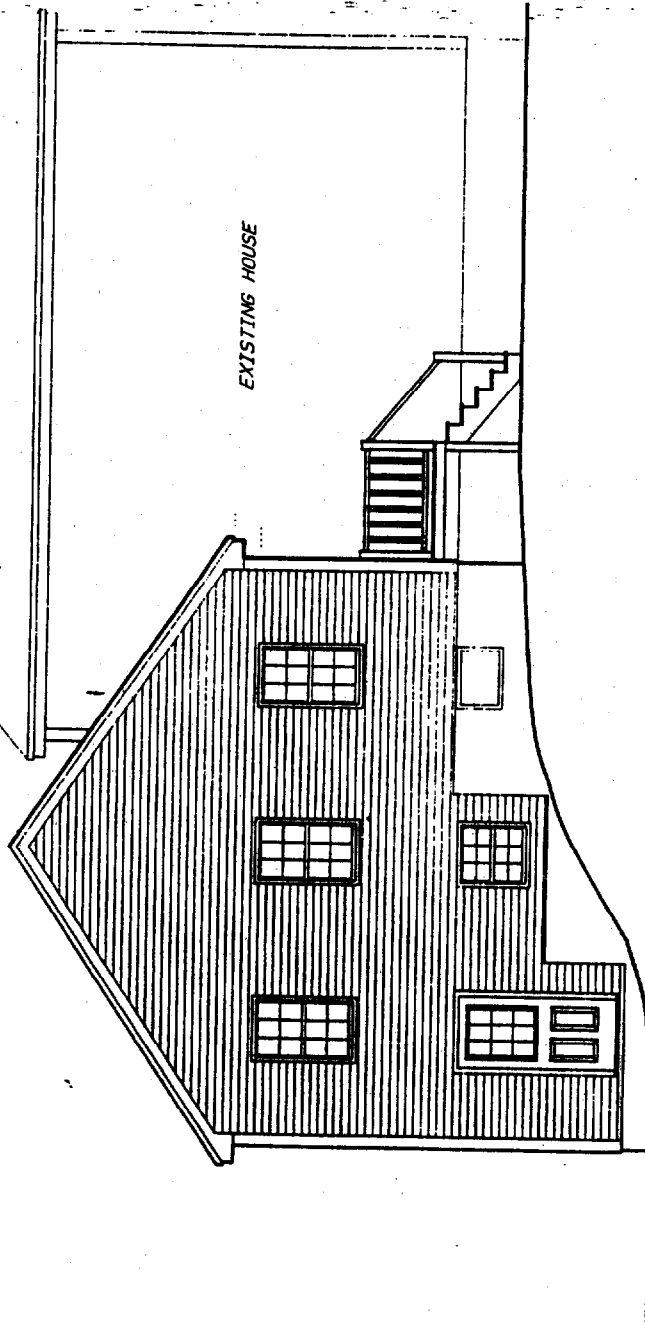
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THE ASCANIO'S PROPOSED  
 DAY CARE CENTER ADDITION

REAR ELEVATION

BY: W.T.W.	SCALE: 1/4" = 1'
DATE: 11-89	SHEET: 4 OF 4





EXISTING HOUSE

LEFT SIDE ELEVATION

**MAINE DRAFTING DESIGN, INC.**  
YARMOUTH, MAINE

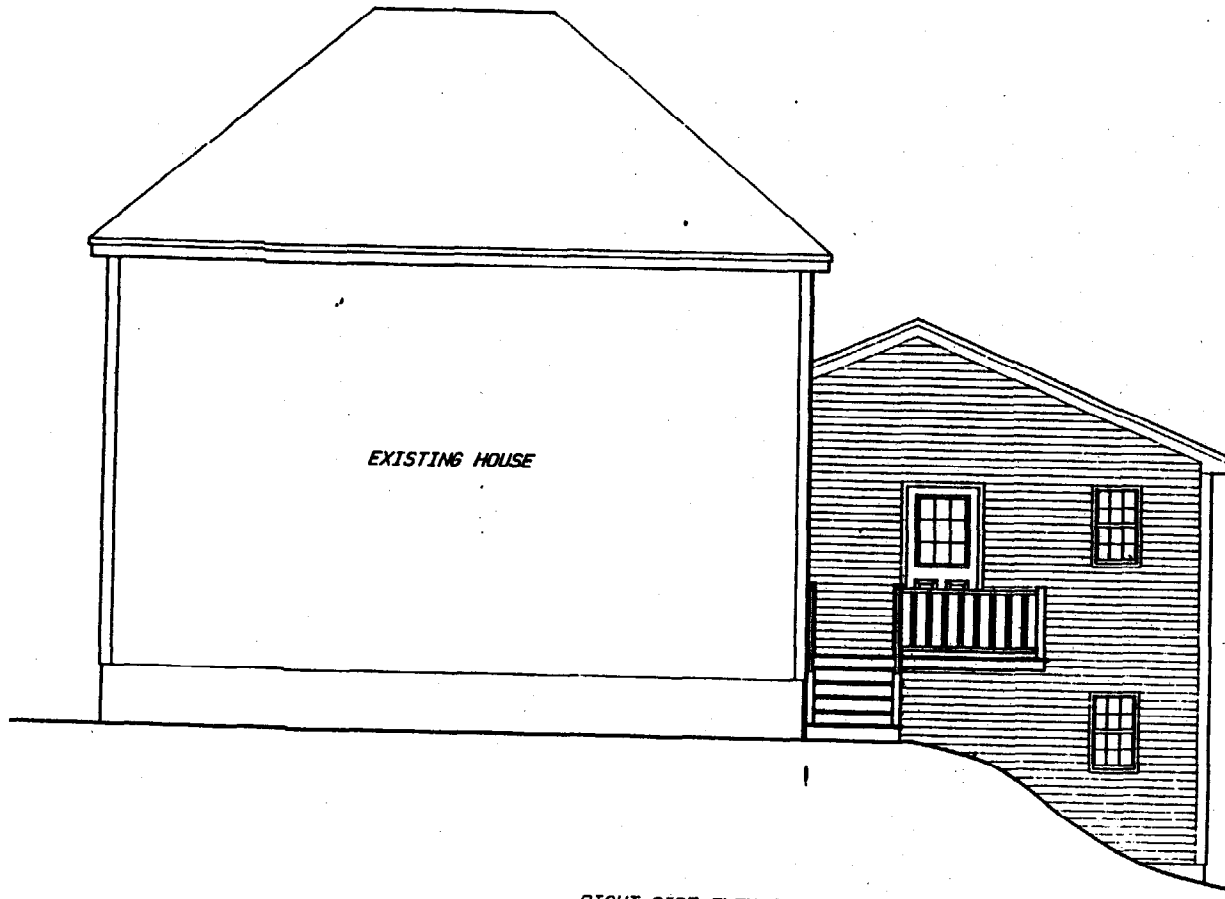
THE ASCANIO'S PROPOSED  
DAY CARE CENTER ADDITION

LEFT SIDE ELEVATION

BY: W. F. W.	SCALE: 1/4"=1'-0"
DATE: 11-89	SHEET: 5 OF

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EXISTING HOUSE

RIGHT SIDE ELEVATION

**M** AINE  
**D** RAFTING  
**D** ESIGN, INC.  
 YARMOUTH, MAINE

**NOTICE:**

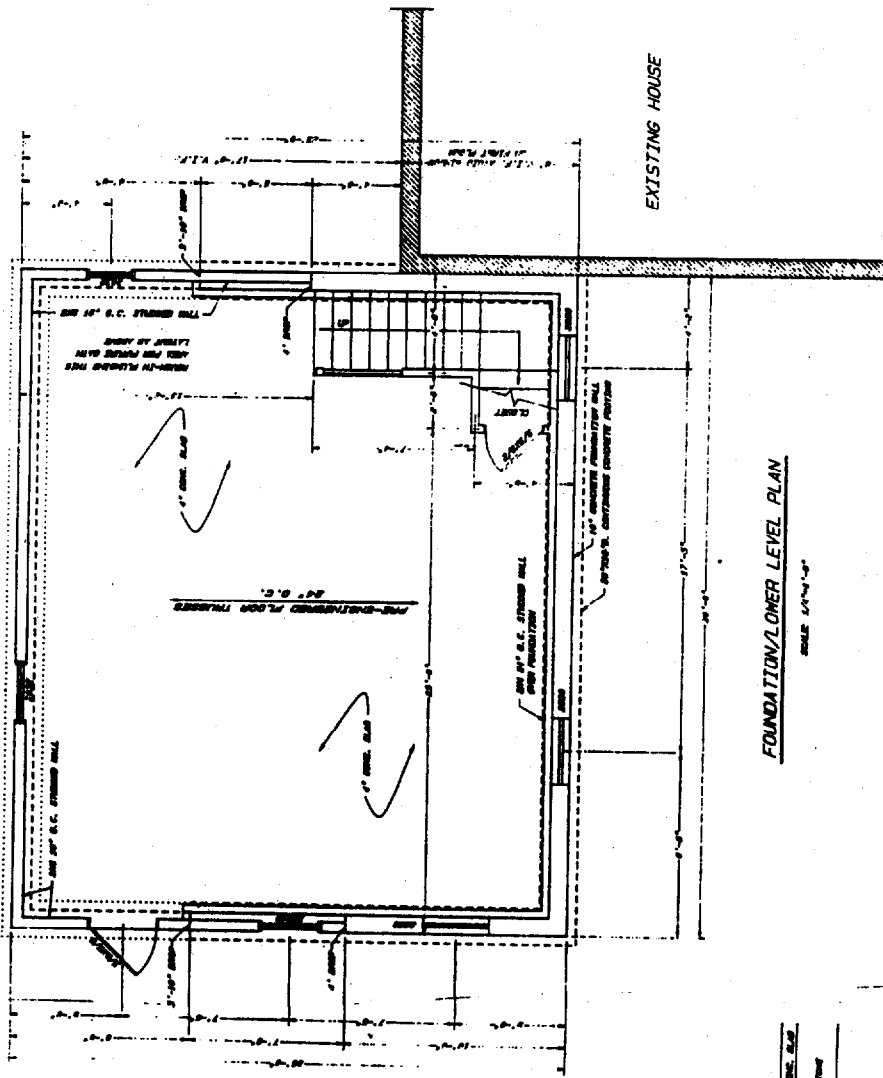
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THE ASCANIO'S PROPOSED  
 DAY CARE CENTER ADDITION  
 RIGHT SIDE ELEVATION

BY: W. T. W.	SCALE: 1/4" = 1'
DATE: 11-88	SHEET: 6 OF

**MAINE  
DRAFTING  
DESIGN, INC.**  
YARMOUTH, MAINE

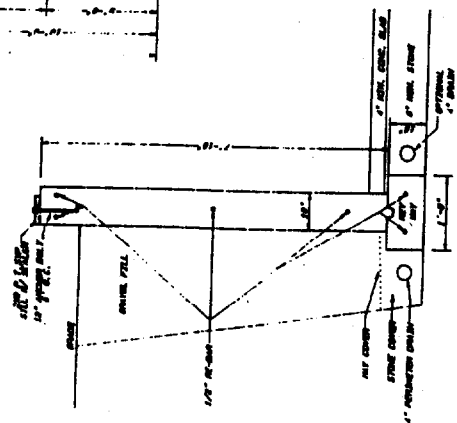
**THE ASCANIO'S PROPOSED  
DAY CARE CENTER ADDITION  
FOUNDATION/LOWER LEVEL PLAN**  
BY: W.T.P. SCALE: 1/4"=1'-0"  
DATE: 11-99 SHEET: 3 OF 7



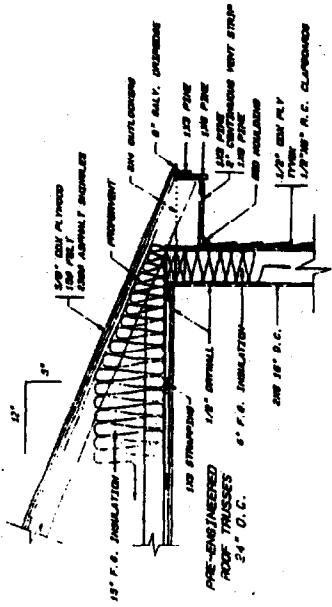
EXISTING HOUSE

**FOUNDATION/LOWER LEVEL PLAN**  
SCALE 1/4"=1'-0"

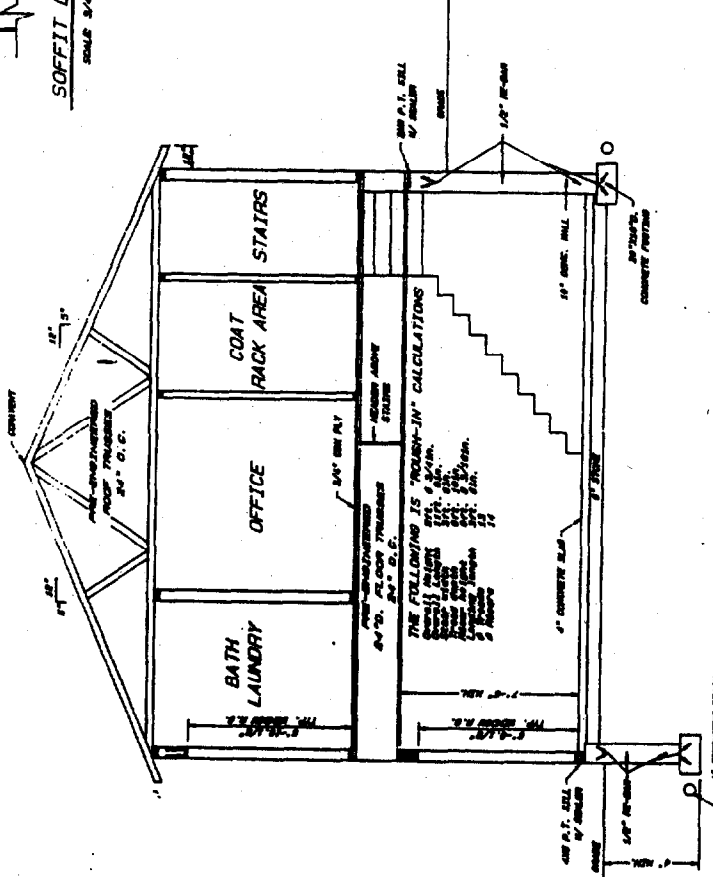
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**FOUNDATION DETAIL**  
SCALE 1/4"=1'-0"



SOFFIT DETAIL  
SCALE 3/4"=1'-0"



FRAMING SECTION  
SCALE 1/4"=1'-0"

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**WOOD FRAMING NOTES:**

1. STRUCTURAL LAMBER IS 2" SPACING UNLESS NOTED OTHERWISE.
2. ALL JOISTS AND RAFTERS SHALL BE SPACED AT 16" O.C. UNLESS NOTED OTHERWISE.
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