## CITY OF PORTLAND, MAINE



Department of Building Inspection

# Certificate of Occupancy

LOCATION

1051 WASHINGTON AVE

CBL 172 F009001

Issued to

Cooney Rachel &

Date of Issue

10/02/2009

— changed as to use under Building Permit No.

09-099,5 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

1st floor (rear)

### APPROVED OCCUPANCY

Retail to Commerical Office Use Group: B Tpye: 5B

IBC 2003

**Limiting Conditions:** 

None

This certificate supersedes certificate issued

Approved:

10-2-09

(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. Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND** 

Please Read Application And Notes, If Any, Attached

-- Permit Number: 090995

Attached		
This is to certify thatCOONEY_RACHEL &	WILLL M COC	· · · · · · · · · · · · · · · · · · ·
has permission toChange of use from Con	mmercia fice / R Lto Co ercial O	• · · · · · · · · · · · · · · · · · · ·
AT -1051-WASHINGTON AVE	- CF	172 F009001
•	of Mage and of the	ng this permit shall comply with also of the City of Portland regulating res, and of the application on file in
Apply to Public Works for street line	Not ation or ispection must be give and written permissic procured	A certificate of occupancy must be

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

Not ation of ispectic must be give and writte permissis procured before this building or procured in lath or otherwise sed-in. 2 HOL NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Director - Building & Inspection Serv

OTHER REQUIRED APPROVALS

Fire Dept. APT. A. Jaulian

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

<del>-</del>	_	Permit Applicatio   Fax: (207) 874-871	l l	t No: 09-0995	Issue Date:		172 F00	09001
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871  Location of Construction:   Towner Name:			Owner Address:			====	Phone:	
1051 WASHINGTON AVE	COONEY RACHEL & WILLIAM		1051 WASHINGTON AVE				i nonc.	
Business Name:	Contractor Name:		Contractor Address:				Phone	
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use - Commercial			<b>-</b>	Zone:	
Past Use:	Proposed Use:	<del></del>	Permit F	'ee:	Cost of Worl	c: CE	O District:	
		Office - Change of use cial office / Retail to	FIRE DE	\$105.00 EPT:	\$10 Approved	5.00 INSPECTI	4 ON:	<u> </u>
		Office			Denied	Use Group	B	Type: 56
			<del>*</del> S	see Con	ditions			íi
Proposed Project Description: Change of use from Commercial offi	ce / Retail to Cor	mmercial Office	1.307		Signature.	W 9	29/09	
			PEDEST	RIAN ACTIV	TTIES DIST	RICT (P.A.	.D.)	•
			Action:	Approve	ed 🗌 App	roved w/Cor	ved w/Conditions Denied	
		<del></del>	Signature		<del></del>		nte:	
	pplied For: 1/2009		Zoning Approval					
1. This permit application does not	preclude the	Special Zone or Revi	ews	Zoning	g Appeal		Historic Pres	ervation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	☐ Variance		d	Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland	Miscellaneous			Does Not Require Review		
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		☐ Flood Zone	Conditional Use			Requires Review		
		Subdivision				Approved		
		Site Plan		Approved	i		Approved w/	Conditions
		Maj Minor MM		☐ Denied			Denied	
	Date:	D	ate:		Date:			
SEP 2 9 200		9/	14/09					
OE1 Z J LAG			,					
Cilia		CERTIFICAT	ION					
I hereby certify that I am the owner of	f record of the na			sed work is	authorized	by the ow	ner of reco	d and that
I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authorized in the application is	ed agent and ssued, I c	nd I agree to ertify that t	o conform t he code off	to all applicial's auth	icable laws norized repr	of this esentative
SIGNATURE OF APPLICANT		ADDRES	SS		DATE		РНО	NE
RESPONSIBLE PERSON IN CHARGE OF V	WORK, TITLE				DATE		PHO	ONE.

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716			16	09/11/2009	172 F009001
Location of Construction: Owner Name: O			Owner Address:	Owner Address:	
1051 WASHINGTON AVE	INGTON AVE COONEY RACHEL & WILLIAM 1		1051 WASHINGT	1051 WASHINGTON AVE	
Business Name:	Contractor Name:	Contractor Name: Co		Contractor Address:	
Lessee/Buyer's Name	Phone:		Permit Type:		
			Change of Use - 0	Commercial	
Proposed Use:		I -	osed Project Description:		
Commercial Office - Change of us			nge of use from Com		ail to Commercial
to Commercial Offices (realator &	professional offices for cli	inical Off	ce (realator & profes	sional offices)	
social worker)					
Dept: Zoning Status	Approved with Condition	ns <b>Review</b>	er: Marge Schmuck	al Approval I	Date: 09/14/2009
Note:					Ok to Issue:
1) Separate permits shall be requ	ired for any new signage.				
2) This permit is being approved		itted Anyder	riations shall require	s cenarate annroval	hefore starting that
work.	on the basis of plans subm	med. Any de	iations shall require a	i separate approvar	before starting that
Dept: Building Status	: Approved with Condition	ns Review	er: Jeanine Bourke	Approval I	Date: 09/29/2009
Note:	••				Ok to Issue:
1) This is a Change of Use ONL	Y permit. It does NOT auth	orize any con	truction activities.		
Separate permits are required need to be submitted for appro			e alarm or HVAC or	exhaust systems. Se	parate plans may
Application approval based up and approrval prior to work.	on information provided by	y applicant. A	ny deviation from app	proved plans require	s separate review
Dept: Fire Status	Approved with Condition	ns <b>Review</b>	er: Capt Keith Gaut	reau Approval I	Date: 09/17/2009
Note:					Ok to Issue: 🗸
1) Fire extinguishers required. In	stallation per NFPA 10				

## Comments:

2) Exit signs are required per 101 38.2.10

9/29/2009-jmb: Left vcmsg with Rachel C. To clarify the plans which show retail space in the hatch area. Rachel called to confirm that space used to be retail, will now be office.

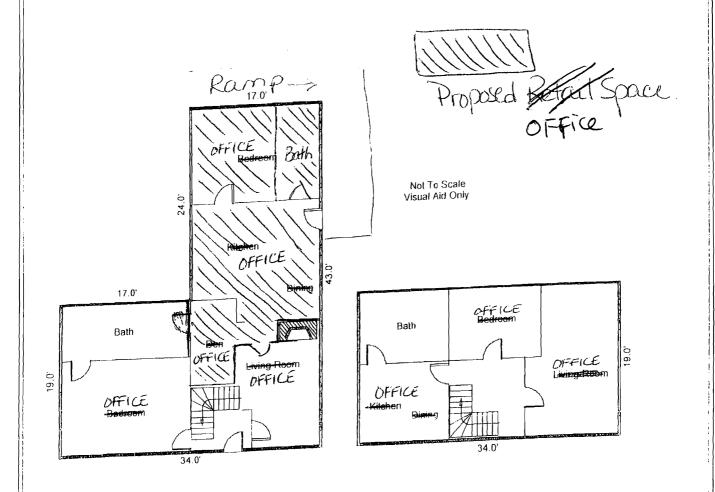
# \* Change of use only

# General Building Permit Application

property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: /05/	Wash	ington f	tue Por	Hand
Total Square Footage of Proposed Structure/A	rea	Square Footage	of Lot 2 SF	Number of Stories
Tax Assessor's Chart, Block & Lot		ust be owner, Le		Telephone:
Chart# Block# Lot#	Name FAC	hel Coone	24	2073188177
172 F 9	Address 38	Hillside,	Ave	
	City, State &	Zip Zip	1 M. 04100	
Lessee/DBA (If Applicable)	`	ferent from Appl	icant) Co	ost Of WA
1 41/2 . 11 \ 4	Name OO = 5 Address 4 City, State &	ame	í	~~~~
N/A 16004	Address 4	Karea	C	of O Fee: \$
1	City, State &	$Z_{ip}$ $\mathcal{N}$	$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $	otal Fee: \$
	9	PKS Sh	900	
Current legal use (i.e. single family) Hice P	ocet reto	Number of	of Residential Us	nits Ø
If vacant, what was the previous use?		01	<del>\ \</del>	
If vacant, what was the previous use?  Proposed Specific use: 100% office  Is property part of a subdivision? 100	Space If	ves please name	1 4 uce	~ Sen Churc
Project description: Refail worting (1)	ill pow h	e 1100 d a	Afine S	mer south
Project description: Refail portion we No building m	od Lina	tions	o allice of	para.
Contractor's name: N/A				
Address:				
City, State & Zip	·		Telep	hone:
Who should we contact when the permit is ready			:	1
Mailing address:	0.12.1		·	
Please submit all of the information of	outlined on	the applicabl	e Checklist.	Failure to
do so will result in the	automatic o	lenial of your	permit.	
o ouden to be some the City F. Normal and a deal of	.11 C .1			. D
n order to be sure the City fully understands the funay request additional information prior to the issu				
nis form and other applications visit the Inspection Division office, room 315 City Hall or call 874-8703.				
hereby certify that I am the Owner of record of the nar	med property, c	r that the owner of	record authorizes	s the proposed work and
nat I have been authorized by the owner to make this ap ws of this jurisdiction. In addition, if a permit for work	opucation as his described in th	/her authonzed ago	ent. I agree to con ned, I certify that t	ntorm to all applicable The Code Official's
athorized representative shall have the authority to ente rovisions of the codes applicable to this permit.	r all areas cover	ed by this permit a	t any reasonable h	our to enforce the
as a second of the codes applicable to this permit.				
ignature: Rachel Cooneys	Date:	9/11/0	9	
This is not a permit; you may no	ot commence	ANY work unt	il the permit is	issue

10-2-09 OK-CO 1971



Sketch by Apex IV Windows™

Code	AREA CALCULATION  Description	ONS SUMMARY Size	Totals
GLA1	First Floor	-646:00	-646-80
glA2	Second Floor	580	580.
			1634
	TOTAL LIVABLE (ro	ounded)	-170U

LIVING	AREA BREAKDO	NWO
	akdown	Subtotals
First Floor		,
17.0	x 43.0	731.00
17.0	x 19.0	323.00
Second Floor		
19.0	x 34.0	646-00
		550.
		1
	400 = 4,	12 - 26
(700)	$\Lambda \Lambda \Lambda = \Lambda$	125 PK9
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		1 (2)
		1 1654
2 Arron Total (	rounded)	-1700
3 Areas Total (	(Guriaça)	J

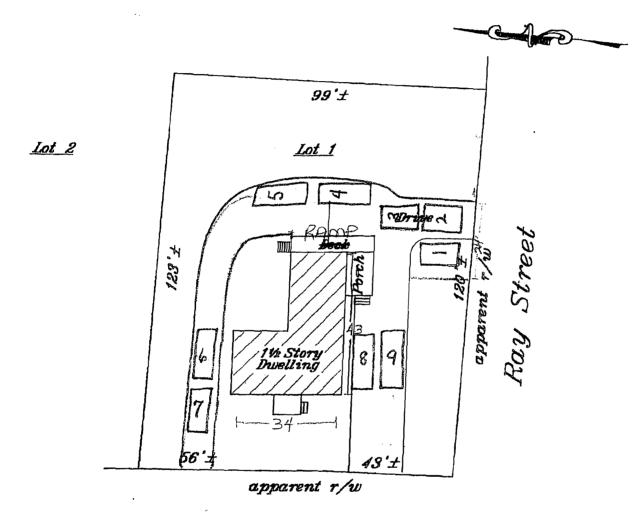
## FOR MORTGAGE LENDER USE ONLY

VERAL MOTES: (1) DISTANCES SHOWN ARE TAKEN FROM PROVIDED PITLE REFERENCES SHOWN BELOF. (2) THE PURPOSE OF THIS SPECTION IS TO PENIDER AN OPINION AS POLIDES: A) DESLINE AND ACCESSORY STRUCTURE'S COMPLIANCE WITH RESPECT TO NICIPAL SONINC SETBACES, AND B) FLOOD SOME DETERMINATION BY ENGINEENTAL SCALING ON BELOT REFERENCED PEMA MAP. PRISS INSPECTION EXCEPTS OUT ALL PECHNICAL STANDARDS CURRENTLY SET PORTH BY STATE OF MAINE BOARD OF LICENSURE PRISS INSPECTION LAND SURVEYOURS: (4) THIS INSPECTION IS TO BE USED ONLY BY THE BELOT LISTED LENGTH THE ATTORNEY TITLE INSURER AND IS MOT TO BE USED BY ANOTHER PARTY FOR BOUNDARY LINE LOCATIONS OR LAND TITLE OPINIONS.

A BOUNDARY SURVEY SERVILD BE PERFORMED TO RENDER A PROPESSIONAL OPINION PERTAINING TO BOUNDARY LINE LOCATIONS, SEMENTS, RIGHTS OF WAY, ENCUMBRANCES, AND/OR ENCROCHMENTS.

THIS SKETCH IS NOT TO BE USED FOR CONSTRUCTION PURPOSES

ODRESS: 1051 Washington Ave. INSPECTION DATE: June 11, 2004
Portland, Maine SCALE: 1" = 30'



Washington Ave.

SEE PROVIDED TITLE REFERENCES FO.	INSP. BY SBH R APPLICABLE APPURIENANCES, IF ANY.
	REQ. PARTY: New England Title, LLC
rr. Donna Borelli	ATTORNEY:
WER First Financial Mortgage Corp.	FILE No. 20415770
E REFERENCES:	YOUR FILE # AQ4-593
BOOK: 15200 PAGE: 141   BOOK: 13 PAGE: 72 LOT: 1	NADEAU & LODGE, INC. PROFESSIONAL LAND SURVEYORS
ry. <u>Cumberland</u>	BIO BRICETON AVENUE SSE CLARICS FOODS ROAD