

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

Location of Construction: 96 FRANCES STREET ***		Owner: **** MORTON & YVONNE SOULE		Phone: 775-1650		Permit No: 010045
Owner Address: 96 FRANCES STREET		Lessee/Buyer's Name:		Phone:		
Contractor Name:		Address:		Phone:		Zone: R-3 CBL: 187-E-023
Past Use: SINGLE FAMILY		Proposed Use: HOME OCCUPANCY		COST OF WORK: \$ 800.00		
Proposed Project Description: FAMILY ROOM TO BEAUTY SHOP		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: A-3 Type: 503 BOC-99 Signature: <i>[Signature]</i>		Zoning Approval: <i>[Signature]</i> 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"/>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		
Permit Taken By: GAYLE		Date Applied For: JANUARY 9, 2001 GG				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 Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

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..

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 provisions of the code(s) applicable to such permit

JANUARY 11, 2001

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

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

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS
CEC DISTRICT 3

COMMENTS

4-2-01: Inspected & Approved installation of hair sink in left rear room. Discussed required modifications to rear deck railing & steps to become code compliant. ~~sent copy~~ Delivered copy of stair & railing code to site. AKW.

5-31-01- Final - OK to issue CO - no structural work done. TM.

CBL 187-E-23
Permit # 010045

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

CBLA 187 E 023 #3 T M

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	
Street	96 FRANKS ST.
Subdivision Lot #	
Last: <u>Souk</u>	First: <u>Yvonne</u>
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	96 FRANKS ST. PORTLAND ME, 04103

PORTLAND
Date Permit Issued: 03 22 01

7642 TOWN COPY
\$ 29.40 # Double Fee Charged

A.K. Wintuath
Local Plumbing Inspector Signature

L.P.I. # 0124

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.

Jingja Dubowsky 3/22/01
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.

A.K. Wintuath
Local Plumbing Inspector Signature

4-2-01
Date Approved

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" 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 _____	Plumbing To Be Installed By: 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>19261</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<u>0,1</u> Other: <u>SALON SINK</u>	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
	<u>0,1</u>	Fixtures (Subtotal) Column 2
		Total Fixtures
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee (Total)
		<u>74.00</u>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 96 Frances St. CBL# 187-E023

Issued to Morton & Yvonne Soule

Date of Issue May 31, 2001

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. 010045, 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

Left Rear Room

APPROVED OCCUPANCY

Hair Salon

Use Group R-3 Type 5B
Boca 1999

Limiting Conditions:

This is a Use Occupancy ONLY.

It does not certify the existing structure complies with the Boca 1999 Building Code.

This certificate supersedes certificate issued

Approved:

5/31/01 *Tammy Soule*

(Date) Inspector

G. Samuel Hoffer

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.