

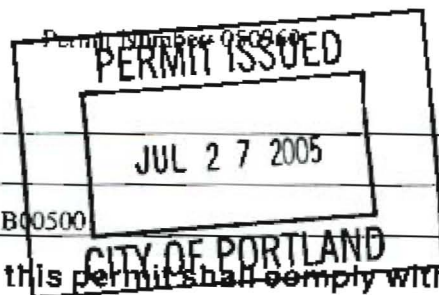
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

PERMIT



This is to certify that St Joseph's Convent & /The Hebit Co

has permission to install toilet room, ramp and

AT 27 Capisic St

City of Portland 194 B00500

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 when permission procured before this building or part thereof is occupied or closed-in. **HEAR 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

*Allyson J. 7/27/05*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

July 12 20 05

Received from The Pochet Co Inc

Location of Work 27 Chapin

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 37200

Building (I1)  Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 194 B 005

Check #: 26326

Total Collected \$ 37200

# THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Donna

- WHITE - Applicant's Copy
- YELLOW - Office Copy
- PINK - Permit Copy

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

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

Permit No: 05-0960	Issue Date: <b>PERMIT ISSUED</b> JUL 27 2005	CBL: 194 B005001
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Location of Construction: 27 Capisic St	Owner Name: St Joseph's Convent &	Owner Address: 605 Stevens Ave	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave, Portland	Phone: 207973369
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: Church /Sisters of Mercy	Proposed Use: Reflection Room/ install toilet room, ramp and Door	Permit Fee: \$372.00	Cost of Work: \$39,000.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>A3</b> Type: <b>SB</b> <b>7/25/05</b> Signature: <i>[Signature]</i>
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Proposed Project Description:  
install toilet room, ramp and Door

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 07/12/2005	<b>Zoning Approval</b>	
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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><b>Special Zone or Reviews</b></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 type="checkbox"/> Site Plan <i>EXEMPTED TO PLANNING</i></p> <p>Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/></p> <p><i>ok</i></p> <p>Date: _____</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></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><i>to DA</i></p> <p>Date: _____</p>
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*D. Andrew B*  
*7/20/05*

**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

7/27/05 Did Pre Con w/ John Pochebit in office  
JMB

8/12/05. Checked sonar tube holes all at 4K5 plus  
except a few which hit solid bedrock - OK to  
pour cement. (Rebar Put in Bedrock) - Joe M

8/29/05 Ckd Plumb tests & Bathroom Framing - dk -  
① Needs Permit For New GAS Heating Syst. -  
② Notified PFD In Ck. Existing wood stove  
Conditions. @

9/11/05 Chkd final Prop.  
Need hand rail tunnel in +  
exit emergency lights in Bathroom.  
mu

# 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
- + Trench for Plumbing  
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**

John Schebit  
Signature of Applicant/Designee

Date

Janice Bunte  
Signature of Inspections Official

Date

CBL: 194-B-5

Building Permit #:

05-0960

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

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

Permit No: 05-0960	Date Applied For: 07/12/2005	CBL: 194 B005001
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Location of Construction: 27 Capisic St	Owner Name: St Joseph's Convent &	Owner Address: 605 Stevens Ave	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave. Portland	Phone: (207) 797-3369
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Reflection Room/ install toilet room, ramp and Door	Proposed Project Description: install toilet room, ramp and Door
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<b>Dept:</b> Historical	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Deborah Andrews	<b>Approval Date:</b> 07/20/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 07/18/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 07/25/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>





# Residential 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: 27 CAPISIC STREET, PORTLAND, ME.

Total Square Footage of Proposed Structure (EXIST. BLDG = 954 SF) 0 Square Footage of Lot 1.36 ACRES (59,241 SF±)

Tax Assessor's Chart, Block & Lot  
Chart# 194 Block# B Lot# 005

Owner: SISTERS OF MERCY

Telephone: 797-7861

Lessee/Buyer's Name (If Applicable)

Applicant name, address & telephone:  
SISTERS OF MERCY  
MOTHER HOUSE  
605 STEVENS AVE.  
PORTLAND, ME. 04103

Cost Of Work: \$ 39,000<sup>00</sup>  
Fee: \$ 372<sup>00</sup>

Current Specific use: VACANT

Proposed Specific use: REFLECTION ROOM (PRAYER - SISTERS OF MERCY)

Project description: INSTALL TOILET ROOM & ADDNL ELECTRICAL LIGHT  
FIXTURES & OUTLETS - UPDATE HEATING & A.C.  
ADD RAMP & NEW DOOR

Contractor's name, address & telephone: THE POCKET COMPANY, Inc <sup>tel</sup> 797-3369  
171 WARREN AVE. PORTLAND, MAINE  
04101

Who should we contact when the permit is ready: JOHN POCKET

Mailing address: THE POCKET CO. INC.  
171 WARREN AVE.  
PORTLAND, ME. 04101

Phone: 797-3369

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: John Pocket

Date: 7-12-05

Permit Fee: \$30.00 for the first \$1000.00 <sup>DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME</sup> \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street Subdivision Lot #: 27 Cadisic St

## PROPERTY OWNERS NAME

Last: St. Josephs Carent First: \_\_\_\_\_  
 Applicant Name: Johnson + Jordan  
 Mailing Address of Owner/Applicant (If Different): 18 Mussey Rd Scarborough, ME

PORTLAND PERMIT # 9525 TOWN COPY

Date Permit issued: 8/22/05 \$ \_\_\_\_\_  Double Fee FEE Charged

Jon Reed  
Local Plumbing Inspector Signature

L.P.I. # 87,26

194 B 005

## 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.

Sam DeRoche  
Signature of Owner/Applicant

8/22/05  
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 checked="" 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 checked="" type="checkbox"/> OTHER - SPECIFY <u>Chapel</u>	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>18161/31</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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
<b>OR</b>  TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY 10/24 31



# 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 April 22, 2005  
 Permit # 054761  
 CBL# 194 B 005

LOCATION: 37 Capisic Street METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Frances Wages Covert  
 TENANT \_\_\_\_\_ PHONE # 772-1142

**TOTAL EACH FEE**

OUTLETS	Receptacles	Switches	Smoke Detector	TOTAL	EACH FEE
10	10			.20	4.00
FIXTURES	Incandescent	Fluorescent	Strips	.20	3.00
SERVICES	Overhead	Underground	TTL AMPS <800	15.00	
	Overhead	Underground	>800	25.00	
Temporary Service	Overhead	Underground	TTL AMPS	25.00	
METERS	(number of)			1.00	
MOTORS	(number of)			2.00	
RESID/COM	Electric units			1.00	
HEATING	oil/gas units	Interior	Exterior	5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens	2.00	
	Insta-Hot	Water heaters	Fans	2.00	2.00
	Dryers	Disposals	Dishwasher	2.00	
	Compactors	Spa	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	1.00
	E Generators			20.00	
PANELS	Service	Remote	Main	4.00	4.00
TRANSFORMER	0-25 Kva			5.00	
	25-200 Kva			8.00	
	Over 200 Kva			10.00	
			TOTAL AMOUNT DUE		14.00
			MINIMUM FEE	35.00	45.00
			MINIMUM FEE/COMMERCIAL	45.00	

DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
 AUG 22 2005  
 RECEIVED

CONTRACTORS NAME Anthony Mancini Inc MASTER LIC. # ME 6000-3358  
 ADDRESS 179 Sheridan Street Portland, Me 04101 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 774-5829

SIGNATURE OF CONTRACTOR Gino Mancini

#5432