

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 060065

JAN 24 2006

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that H.I ASSOCIATES LTD/SF 2000-2

has permission to Renovate the bathrooms for Units 120 132

AT 155 RIVERSIDE ST

267 B001001

provided that the person or persons in charge of the work accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon 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 procedure before this building or part thereof is started or work resumed in 24 HOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept Casa Casa 1-16-06

Health Dept

Appeal Board

Other

Department Name

Al J. Cruz 1/23/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

100-1965

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0065	Issue Date: PERMIT ISSUED JAN 2	CBL: 267 B001001
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Location of Construction: 155 RIVERSIDE ST	Owner Name: H J ASSOCIATES LTD	Owner Address: 155 RIVERSIDE ST	Phone:
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Business Name:	Contractor Address: P.O. Box 2353 West Scarborough	Phone: 207-883-0306
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Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Commercial	Zone: B-4
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Past Use: Commercial/ Hotel	Permit Fee: \$84.00	Cost of Work: \$7,000.00	CEO District: 3
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R1 Type: 3B 1/23/06
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Proposed Project Description: Renovate the bathrooms for rooms 120 & 132	Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Signature: <i>[Signature]</i>
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Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____
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Permit Taken By: Idobson	Date Applied For: 01/13/2006	Zoning Approval	
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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: <i>[Signature]</i> 1/13/06	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 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



General 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 14 sq' x 2 Bathrooms			Square Footage of Lot —		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 207 B 1		Owner: Howard Johnson's		Telephone: 774-5861	
Lessee/Buyer's Name (If Applicable) Howard Johnsons		Applicant name, address & telephone: Stephen Flynn S.F. Flynn - 2 Co Inc. W. Scarborough, Me. 04070		Cost Of Work: \$ 7,000.00 Fee: \$ _____ CofO Fee: \$ 87	
Current Specific use: <u>Single Bathroom</u> Proposed Specific use: <u>A.O.A. Bathroom</u>					
Project description: <u>Remove existing shower stall and rear wall. Increase size of room by interior dimension to allow for the installation of roll-in shower and 3'0x6'x8" door (existing door is 2'8")</u> <u>Finish interior + exterior to match existing Rooms 1208/132</u>					
Contractor's name, address & telephone: <u>Stephen Flynn S.F. Flynn - 2 Co Inc.</u>					
Who should we contact when the permit is ready: <u>Stephen Flynn</u> Mailing address: <u>S.F. Flynn - 2 Co Inc.</u> Phone: <u>883-0306</u> <u>P.O. Box 2353</u> <u>W. Scarborough Me. 04074</u>					

415-6043

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
JAN 12 2006
RECEIVED

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, 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: <u>[Signature]</u>	Date: <u>1-12-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0065		Date Applied For: 01/12/2006	CBL: 267 B001001
Location of Construction: 155 RIVERSIDE ST	Owner Name: H J ASSOCIATES LTD	Owner Address: 155 RIVERSIDE ST	Phone:
Business Name:	Contractor Name: SF Flynn-Z	Contractor Address: P.O. Box 2353 West Scarborough	Phone (207) 883-0306
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	
Proposed Use: Hotel/ Renovate the bathrooms for rooms 120 & 132		Proposed Project Description: Renovate the bathrooms for rooms 120 & 132	
Dept: Zoning Note:	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 01/13/2006 Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building Note:	Status: Pending	Reviewer: Mike Nugent	Approval Date: 01/23/2006 Ok to Issue: <input type="checkbox"/>
1) All replacement Gypsum Board in rated assemblies must be done to match that rating . The new entry door must be a rated/smoke tested assembly.			
Dept: Fire Note:	Status: Approved	Reviewer: Cptn Greg Cass	Approval Date: 01/16/2006 Ok to Issue: <input type="checkbox"/>

Comments:

1/20/2006-mjn: Need additional info regarding fire door, builder will fax