

8/1/01 Rough in of partitions ok to close JB

8/30/01 Final.C.O. Inspection ok. JB

425-A-2

01-0777



Certificate of Occupancy

LOCATION 50 Ashley Lane (CBI.#423-A-031)

Issued to Royal River development

Date of Issue 12-20-99

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. 990561, 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

Unit 16 Phase#1

APPROVED OCCUPANCY

Use Group R-3
Type of Const. 5A
Building Code BOCA 96

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

20/Dec/99
(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.

Handwritten: 12/20/99



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 125 Presumpscot St

CBL 425 A002001

Issued to Roundhouse Realty Associates Llc /n/a

Date of Issue 08/30/2001

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. 01-0777 , 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

APPROVED OCCUPANCY

Rear Left

Photographic Lab
Use Group B
Type 3B
BOCA 1999

Limiting Conditions:

None

**This certificate supersedes
certificate issued**

Approved:

8/30/01

(Date)

Jennie Bunde
Inspector

R. Thomas Hopper
Inspector of Buildings

H.M.

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.

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 7-5-01
 Permit # 1662
 CBL# 425 A 002

LOCATION: 125 Presumpscot St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Photographic Traditions PHONE # 774-8200

							TOTAL EACH FEE	
OUTLETS	Receptacles		Switches		Smoke Detector			.20
FIXTURES	Incandescent		Fluorescent		Strips			.20
SERVICES	Overhead		Underground		TTL AMPS	<800		15.00
	Overhead		Underground			>800		25.00
Temporary Service	Overhead		Underground		TTL AMPS			25.00
								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
	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							15.00
	Heavy Duty(CRKT)							2.00
	Circus/Carnv							25.00
	Alterations							5.00
	Fire Repairs							15.00
E Lights							1.00	
E Generators							20.00	
PANELS	2 <u>Film Processors</u>							
	Service		Remote	/	Main			4.00
TRANSFORMER	0-25 Kva							5.00
	25-200 Kva							8.00
	Over 200 Kva							10.00
MINIMUM FEE/COMMERCIAL							<u>45.00</u>	
TOTAL AMOUNT DUE								
MINIMUM FEE							35.00	
								<u>75.00</u>

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME JEFF WILLIAMS MASTER LIC. # MS60017787
 ADDRESS 44 CLINTON ST. PORTLAND LIMITED LIC. # _____
 TELEPHONE 874-8060 ; 671-4880 (cell)

SIGNATURE OF CONTRACTOR Jeffrey P. Williams

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

425-1002

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	125 PRESUMPSCOT ST.
PROPERTY OWNERS NAME	
CHAPMAN CORP.	
Last:	First:
Applicant Name:	RIVERSIDE MECH.
Mailing Address of Owner/Applicant (If Different)	125 PRESUMPSCOT ST PORTLAND, ME. 01103

PORTLAND	6507	TOWN COPY	<input type="checkbox"/> If Double Fee Charged
Date Permit Issued:	6/16/98	\$	72 FEE
<i>[Signature]</i>			

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 Inspector to deny a Permit.

[Signature] Date *6/16/98*

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[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>COMMERCIAL</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>082611</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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	10	Hosebibb / Sillcock	10	Bathtub (and Shower)
	10	Floor Drain	10	Shower (Separate)
	012	Urinal	019	Sink
	10	Drinking Fountain	10	Wash Basin
	10	Indirect Waste	017	Water Closet (Toilet)
	10	Water Treatment Softener, Filter, etc.	10	Clothes Washer
	10	Grease / Oil Separator	10	Dish Washer
	10	Dental Cuspidor	10	Garbage Disposal
	10	Bidet	10	Laundry Tub
	10	Other: _____	10	Water Heater
Number of Hook-Ups & Relocations Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		16	Fixtures (Subtotal) Column 1
			12	Fixtures (Subtotal) Column 2
OR TRANSFER FEE [\$6.00]			18	Total Fixtures
			\$ 72	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 72.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE @4.

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
 Street Subdivision Lot #: 125 PRESUMPSCOT. ST
Photographic Traditions
 Last: _____ First: _____
 Applicant Name: DON NEUTS/RIVERSIDE MECHANICAL
 Mailing Address of Owner/Applicant (If Different): 125 PRESUMPSCOT ST

PORTLAND 7780 TOWN COPY
 Date Permit Issued: 7/26/01 \$ 3100.01 # Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 01044
125 A 002

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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 7/19/01

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: [Signature] Date Approved: 8/30/01

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 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>Commercial Bldg.</u>	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>L182611</u>
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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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. * Number of Hook-Ups & Relocations * Hook-Up & Relocation Fee		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	12	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		2 Other: <u>Photo Processors</u>	0.1	Water Heater
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		0.3	Fixtures (Subtotal) Column 1
			0.2	Fixtures (Subtotal) Column 2
			5	Total Fixtures
			\$ 30	Fixture Fee
			\$	Transfer Fee
		\$ 10	Hook-Up & Relocation Fee	
		\$	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

City Port/PA