

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

PERMIT ISSUED

Permit No: 02-0145 Issue Date: FEB 26 2002 CBL: 432 F003001

Location of Construction: 244 Veranda St	Owner Name: Higgins Timothy A	Owner Address: 244 Veranda St	Phone: 207-838-5870
Business Name: n/a	Contractor Name: Higgins, Tim	Contractor Address: 244 Veranda Street Portland	Phone: 2078385870
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Dwellings	Zone: R-5

Past Use: Residential / Multi Units; 3 Apartments	Proposed Use: Residential / Multi Units; Change of Use from 3 Apartments to 3 Condominiums.	Permit Fee: \$105.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Change of Use from 3 Apartments to 3 Condominiums.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-2 Type: SB	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>

3 D.U OK per Appeals counts, permits

BOCA 1999

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: <i>eg</i>	Date Applied For: 02/19/2002	Zoning Approval	
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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..	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>	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: <i>[Signature]</i>	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>
	<i>NO EXISTING PERMITS FOR NOTICE</i>		

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

02 0145

All Purpose 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: <u>244 Veranda St</u>		
Total Square Footage of Proposed Structure <u>6,731</u>	Square Footage of Lot <u>9001^{sq}</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>432</u> Block# <u>F</u> Lot# <u>3</u>	Owner: <u>Timothy A. Higgins</u>	Telephone: <u>838.5870</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>Timothy A. Higgins</u> <u>242 Veranda St</u> <u>Portland, ME 04103</u>	Cost Of Work: \$ <u>N/A</u> Fee: \$ <u>3 units @ \$25.00 per unit = \$75.00</u> <u>Change of use 30.00</u>
Current use: <u>Residential - apt</u> number of units: <u>3</u>	<u>Total 105.00</u>	
Purposed use <u>Residential - condo</u> number of units: <u>3</u>		
Project description:		
Contractor's name, address & telephone: <u>Same as applicant</u>		
Who should we contact when the permit is ready: <u>Warren Turner</u>		
Mailing address: <u>P.O. Box 255</u> <u>Yarmouth ME 04096</u>		
Phone: <u>846.9041</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>W. Turner</u>	Date: <u>2/15/02</u>
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This is not a permit, you may not commence ANY work until the permit is issued

FEB 19 2002

CONDOMINIUM CONVERSION PERMIT
CITY OF PORTLAND, MAINE
PART I

To the Chief of Building and Inspection Services, Portland, Maine, the undersigned hereby applies for a Condominium Conversion Permit.

Location of Project: ²⁴⁴ Veranda Street Assessor's chart: 438-3
Block: F
Lot: 23

Name of Owner: Timothy A. Higgins
Address: 242 Veranda St., Portland, ME 04103
Telephone No.: 207 838-5870

Name of Project: Harbor's Edge Condominium
No of Units to be Converted: Three
No. of Units applying for: Three (already completed)
No. of Units in structure Three

Date on which Declaration of Condominiums was filed in Cumberland County Registry of Deeds February 15, 2002 Book 17328 Page 1

Approved by: _____ Date: _____

ZONING: _____ Date: _____

No. of units approved (circle)

Fire Dept:	1	3	3	4	5	6	7	8	9	10	Date: _____
others											Date: _____
Plumbing:	1	2	3	4	5	6	7	8	9	10	Date: _____
others											Date: _____
Elec:	1	2	3	4	5	6	7	8	9	10	Date: _____
others											Date: _____
Bldg. & Housing:	1	2	3	4	5	6	7	8	9	10	Date: _____

Comments: -

CONDOMINIUM CONVERSION APPLICATION
PART II

CODE COMPLIANCE:

1. Please attach copy of Notice of Intent to this application. *No existing tenants*
2. Attach also a list of names of tenants or occupants to whom letters were sent. *N/A*
3. Please include addresses of those receiving notices of intent and dates such notice was received. (Please give apt. number wherever possible) *N/A*
4. Have notices of intent been given to tenants in accordance with Chapter 608.4 of the Municipal Code entitled "Condominium Conversion Ordinance"? *No existing tenants*
yes no
5. Have relocation payments been made to eligible tenants in accordance with Chapter 608.5 of the Municipal Code? *No existing tenants*
yes no
6. Have relocation referrals and assistance been provided to tenants on demand? *N/A*
yes no

Condominium Conversion Permit Application, continued

PART III
PROJECT DATA

1. Assessor's reference, Chart, Block; Lot: 432-F-12
2. Number of units before conversion:
0 units with 1 bedroom;
2 units with 2 bedrooms;
1 units with 3 or more bedrooms;
3. Monthly rent (range)
(specify with or without util.)
not rented Unit 1 + 3
..... Unit 2
4. Number of units after conversion:
0 units with 1 bedroom;
2 units with 2 bedrooms;
1 units with 3 or more bedrooms;
5. Purchase Price (range)
.....
345,000.00
400,000.00
6. Length of time building owned by applicant? 1 1/2 years
7. Are any building improvements, renovations, or modifications being made associated with this conversion that require a Building, Plumbing, Electrical, or Heating Permit
Yes No (Please circle applicable permit type.)
8. Type and cost of building improvements associated with this conversion that do not require permits: N/A
\$ _____ exterior walls, windows, doors, roof
\$ _____ insulation
\$ _____ interior cosmetic (wall/floor/refinishing, etc.)
\$ _____ other (specify) _____
_____ none

Application ID Number: 2-0145

Department: Building

Status: Approved

Reviewer: Tammy Munson

Comments:

Approval Date: 02/25/2002

Given On Date: 02/23/2002

OK to Issue Permit

Name: Tammy Munson

Date: 02/25/2002

Date 2:

Conditions Section:

This permit is being issued to change the use of the building only. It does not authorize any changes from the previously approved building plans or any changes to the structure.

Create Date: 02/20/2002 By: gg

Update Date: 02/25/2002 By: fmm