

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: 02-1213	Issue Date: OCT 31 2002	CBL: 420 B005001
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Location of Construction: 273 Presumpscot St	Owner Name: O'neil H Timothy	Owner Address: 3857 Clipper Cove Dr	Phone: 207-831-2603
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Commercial	Zone:

Past Use: Commercial / Photography	Proposed Use: Commercial / Change of use from Photography to Wholesale appliance csales and refurbishing appliances.	Permit Fee: \$105.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Change from photography to Wholesale and refurbishing appliances.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: <i>OV/P</i> <i>10/31/02</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: gg	Date Applied For: 10/24/2002	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"/>	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 <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: <i>[Signature]</i>	Date:	Date:

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

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.

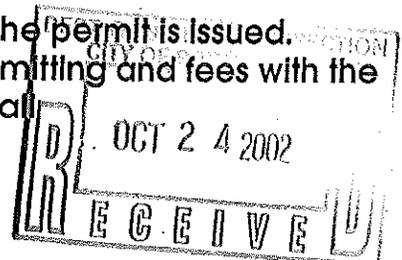
Location/Address of Construction: <u>273 Presumpscot</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>420</u> Block# <u>B</u> Lot# <u>005</u>	Owner: <u>TIM O'NEIL</u>	Telephone: <u>831 2603</u>
Lessee/Buyer's Name (If Applicable) <u>McLaughlin Appliance</u> <u>931 Congress</u> <u>207 761 4468</u>	Applicant name, address & telephone: <u>McLAUGHLIN APP</u> <u>INC</u>	Cost Of Work: \$ <u>1,000.00</u> Fee: \$ <u>30.00</u>
Current use: <u>Commercial / Photo</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Refurbish Appliances, + some detail</u>		
Project description: <u>Change of use take down 2 non bearing wall</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>McLaughlin Appliance</u> * Mailing address: <u>761 4468 call</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

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: Edward C. McLaughlin Sr. Pres Date: 10/24/02

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall.



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 021213

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
OCT 31 2002
CITY OF PORTLAND

This is to certify that O'neil H Timothy/n/a
has permission to Change from photography to wholesale and refurbishing appliances.

AT 273 Presumpscot St 420 B005001

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 is procured before this building or part thereof is occupied or closed-in. **HEAVY 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 10/31/02
Director - Building Inspection Services

PENALTY FOR REMOVING THIS CARD

Application ID Number:

Delete

Save

Close

Department:

Status:

Reviewer

Comments:

Approval Date

Given On Date

OK to Issue Permit

Name

Date

Date 2

Conditions Section:

Add New
Condition From

Add New Condition

Delete Condition

This use must be a wholesale use primarily w/appliance refurbishing. Any retail use must be ancillary to this foregoing permitted main use.

Create Date:

By

Update Date:

By

McLAUGHLIN APPLIANCE, INC.
931 CONGRESS ST.
PORTLAND, ME 04102

OCTOBER 30, 2002

THE CITY OF PORTLAND
BUILDING DEPT.
ATT: MIKE NUGENT

RE: PERMIT TO DO BUSINESS AT 27B PRESUMPSOOT ST.

DEAR MR. NUGENT:

McLAUGHLIN APPLIANCE, INC.; IS A USED APPLIANCE REPAIR SERVICE CO., THAT DOES WHOLESALE TRADE, IN WHICH RETAIL IS ANCILLARY TO THE CORE OF THE BUSINESS.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER. IF WE MAY BE OF ANY FURTHER HELP ON ANY PERTINENT INFORMATION; DO NOT HESITATE TO CALL. TEL. 761-4468.

RESPECTFULLY,

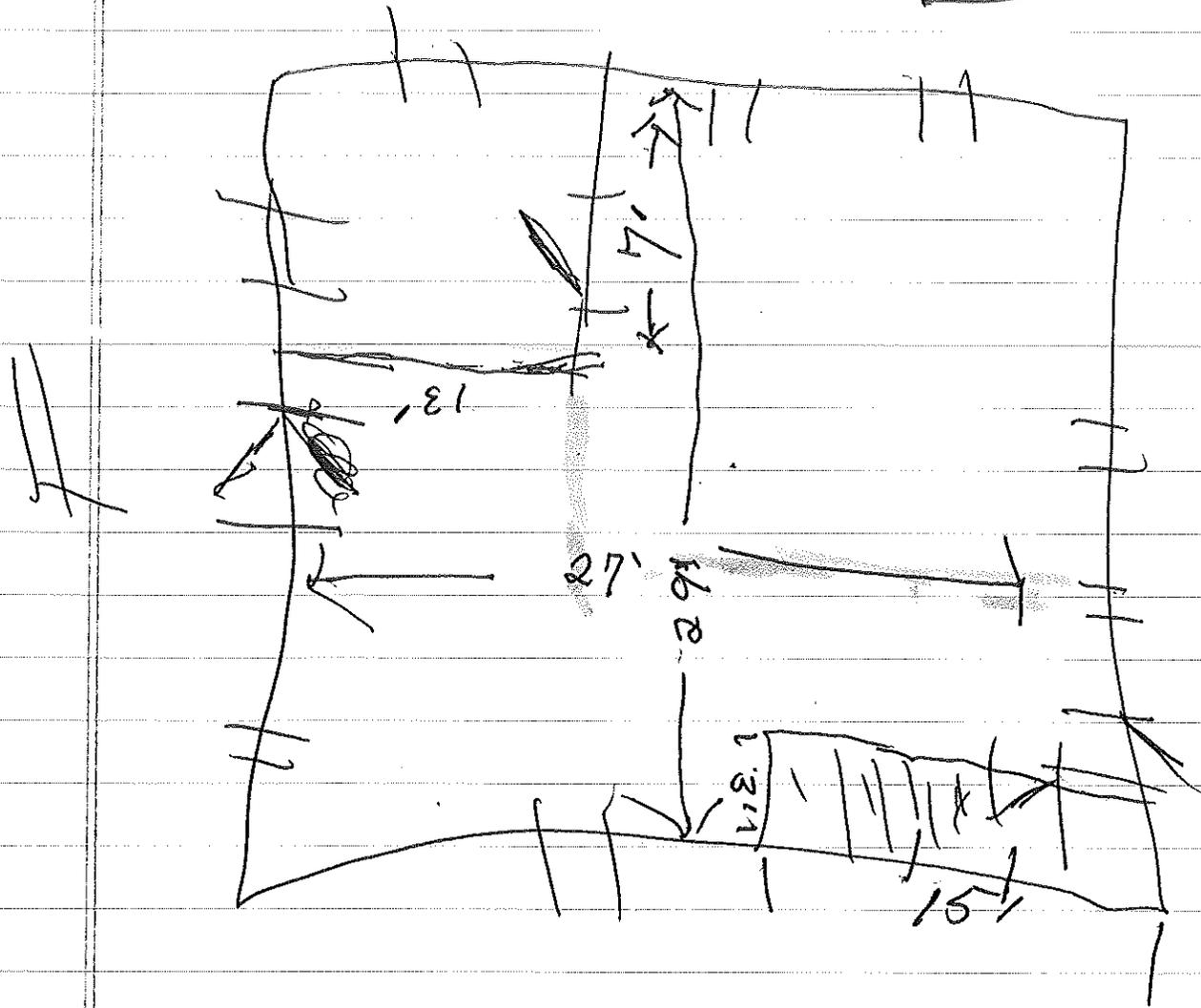
Edwin C McLaughlin Sr.
PRESIDENT

ECM/dm

273

1st FLOOR

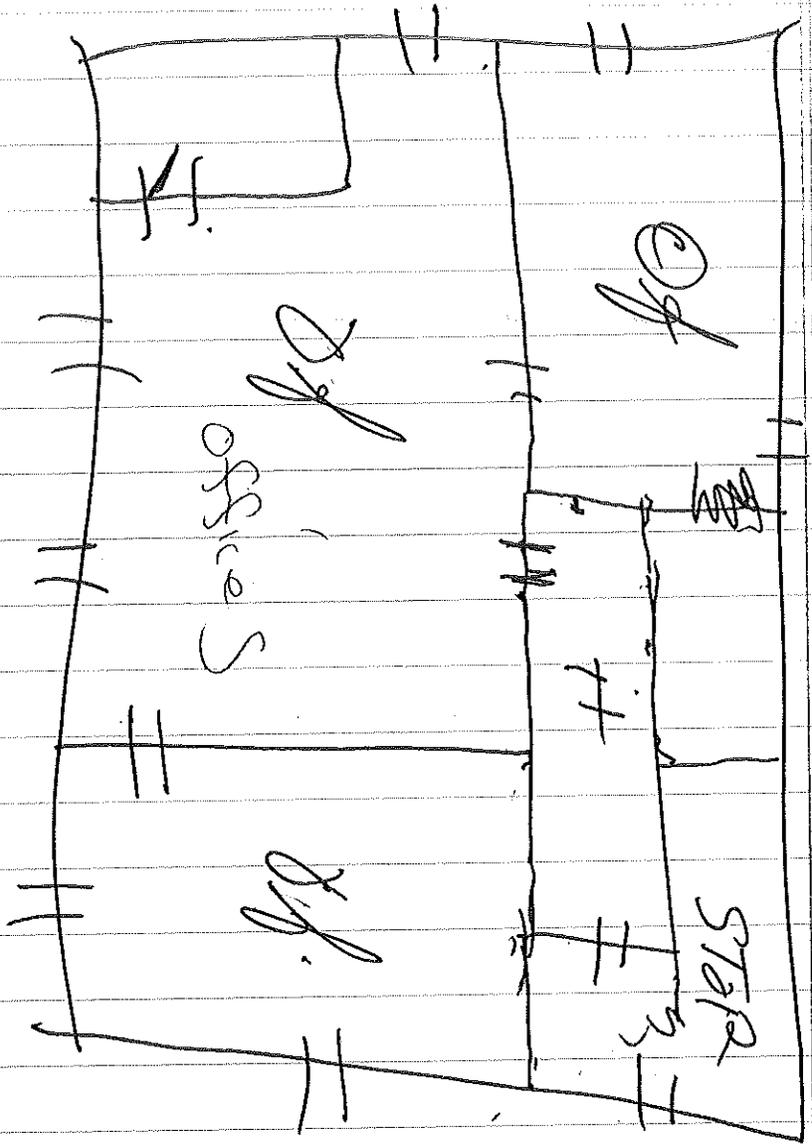
Soil OK



Highlighted area are the non bearing walls.

Building

28 X 30



F

2nd.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

000090
FEB 10
420-B-005

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 273 PRESUMPSCOT STREET Use of Building COMMERCIAL Date 2/9/00
Name and address of owner of appliance KUCINE PHOTOGRAPHY
273 PRESUMPSCOT STREET
Installer's name and address DEAD RIVER COMPANY
73 PLEASANT HILL ROAD - GARBOROUGH Telephone 883-9515

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas PROPANE
- Oil
- Solid

Appliance Name: RINNAI MODEL # 329A

U.L. Approved Yes No A.G.A. APPROVED

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # 1449 STEPHEN FOSTER
- Other _____

Type of Chimney:

Masonry Lined
Factory built N/A

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
 - Gas
- 10 Feb / 2K. called Dead River to get info. UNVENTED AS PER DICK COY.*

Size of Tank 100 GALLON ASME

Number of Tanks 1

Distance from Tank to Center of Flame 15 feet.

Approved

Fire: [Signature]
Ele.: _____
Bldg.: [Signature]

Approved with Conditions

- See attached letter or requirement UNVENTED

Signature of Installer [Signature]

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 4-13-01
 Permit # 1426
 CBL# 420 B 005

LOCATION: 273 PRESUMPSCOT ST METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Safe Handling Inc.
 TENANT Safe Handling Inc. PHONE # _____

OUTLETS	8	Receptacles	Switches	Smoke Detector	TOTAL EACH FEE
					.20 8
FIXTURES	4	Incandescent	Fluorescent	Strips	.20 4
SERVICES		Overhead	X Undergound	TTL AMPS <800	15.00 1
		Overhead	Undergound	>800	25.00
Temporary Service		Overhead	Undergound	TTL AMPS	25.00
METERS		(number of)			25.00
MOTORS		(number of)			1.00
RESID/COM		Electric units			2.00
HEATING		oil/gas units	Interior	Exterior	1.00
APPLIANCES		Ranges	Cook Tops	Wall Ovens	5.00
		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			10.00
		HVAC	EMS	Pools	5.00
		Signs		Thermostat	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	1	Service	Remote	Main	4.00
TRANSFORMER		0-25 Kva			5.00
		25-200 Kva			8.00
		Over 200 Kva			10.00
TOTAL AMOUNT DUE					45.00
MINIMUM FEE/COMMERCIAL <u>45.00</u>					35.00

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Roy J. Sibley Inc. MASTER LIC. # 03285
 ADDRESS P.O. Box 411, 11 School St Auburn ME LIMITED LIC. # _____
 TELEPHONE 207-782-3734

SIGNATURE OF CONTRACTOR Daniel P. Sibley



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

000090
FEB 10 2000

CITY 420-B-0050

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. *Call Dick Conley when ready 883-9515*
The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 273 PRESUMPSCOI STREET Use of Building COMMERCIAL Date 2/9/00
Name and address of owner of appliance KUCINE PHOTOGRAPHY
273 PRESUMPSCOI STREET
Installer's name and address DEAD RIVER COMPANY
73 PLEASANT HILL ROAD - CARBOROUGH Telephone 883-9515

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas PROPANE
- Oil
- Solid

Appliance Name: RINNAI Model # 329A
U.L. Approved Yes No A.G.A. APPROVED

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # 1449 STEPHEN FOSTER
- Other _____

Type of Chimney:

Masonry Lined
Factory built N/A

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas 14 Feb/2K. called Dead River to get info. UNVENTED AS PER DICK CONLEY

Size of Tank 100 GALLON ASIDE

Number of Tanks 1

Distance from Tank to Center of Flame 15 feet.

Approved

Fire: AKW
Ele.: _____
Bldg.: B

Approved with Conditions

- See attached letter or requirement UNVENTED

Signature of Installer [Signature]