



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04103
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

61 Wendy Way

February 1, 1988

H. Michael Alpren
280 East Avenue
Lewiston, Maine 04240

Dear Mr. Alpren:

This is in reference to your application for a change of use from single family to single family with home occupation for your residence at 61 Wendy Way. We have your floor plan which shows which room of the house on the second floor will be used for office purposes.

Please advise this office as to what type of home occupation you plan to have using the office as shown on the second floor of your residence. Then we shall be able to continue to process this building permit application.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Kathleen Taylor, Code Enforcement Officer



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→ (See bottom of this letter please)

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Kathleen Taylor, Code Enforcement Officer

2/4/88

→ Dear Mr. Turner:

Regarding your note-above, my Application should have stated an approval request for both the room on the second floor and the one right below it on the first floor. I am a certified marriage counselor and psychotherapist and intend on practicing that profession on a "back-up basis" at 61 Wendy Way in Portland.

H. Michael Alpren
H. Michael Alpren, J.D., M.S.

PERMIT # 91 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: H. Michael & Marilyn S. Alpen

Address: 280 East Avenue, Lewiston, ME 04240 786-3556

LOCATION OF CONSTRUCTION 161 Werydway

CONTRACTOR: R.E.M. Construction SUBCONTRACTORS:

ADDRESS: Lisbon Falls, ME

For Official Use Only	
Date: <u>January 27, 1988</u>	Submitted: <u> </u> / <u> </u> / <u> </u>
Inside Fire Limits	Name: _____
Bldg Code	Lot: _____
Time Limit	Block: _____
Estimated Cost: <u>25,500</u>	Permit Expires: _____
Value of Structure: _____	Ownership: _____
Fee: <u>23.25</u>	Public _____ Private _____

Est. Construction Cost: 25,500 Type of Use: Single family/home occupation

Past Use: Single family psychiatric

Building Dimension: L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Change of use with conversion

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____ # Of Dwelling Units: _____ # Of New Dwelling Units: _____

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Grid Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Vent/lor Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____
- Insulation Type: 0000 91 Size _____
- Ceiling Height: _____

Roof:

- Tra's or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type: CITY OF PORTLAND
- Other: _____

Chimneys:

Type _____ Number of Fire Places _____

Heating:

Type of Heat _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

- Approval of soil test if req'd Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Feet _____
- Must conform to National Electrical Code and State Law.

Zoning:

District R-2 Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved: 1/27/88

Permit Received By: L. Alpen

Signature of Applicant: [Signature] Date: 1/27/88

Signature of CEO: H. Michael Alpen Date: _____

Inspection Dates: _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 51 Kendy Way

Issued to H. Michael Alpron

Date of Issue February 25, 1988

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. 88-91, 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

entire

single family dwelling with home
occupation (psychotherapist office)

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

2/25/88 *K. S. Taylor*
(Date) Inspector

[Signature]
Inspector of Buildings

Notice This certificate identifies lawful use of building or premises, and must be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 61 Wendy Way

Issued to E. Michael Alpran

Date of Issue February 25, 1958

This is to certify that the building, premises, or part thereof, at the above location, but altered or changed as to use under Building Permit No. 88-91, 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 to otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

entire
Existing Conditions:

single family dwelling with home
occupation (psychotherapist office)

This certificate supersedes
certificate issued

Approved:

E. Michael Alpran
(Date) Inspector

[Signature]
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 lessor for one dollar.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: 17 WINDY WAY

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: KIRBY First: THOMAS

Applicant Name: JIMMY RUSSELL

Mailing Address of Owner/Applicant (if Different): 17 WINDY WAY

PORTLAND PERMIT \$ 1,793 TOWN COPY

DATE OF PERMIT: 6/18/86 FEE: _____

LOCAL PLUMBING INSPECTOR SIGNATURE: _____ L.P.I. # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and that the information is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: 6-18-86

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: JUN 23 1986

Signature of Owner/Applicant: _____ Date: _____ Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY: _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. JOURNEYPERMAN

3. MFG'D HOUSING DEALER/MECHANIC

4. PUBLIC EMPLOYEE

5. PROPERTY OWNER

LICENSE # 1517141

JUN 19 1986

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hose/Sb / S. Cock	1	Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	2	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	1	Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator	1	Dish Washer
			Dental Cusplator	2	Garbage Disposal
			Bidet	2	Laundry Tub
	Hook-Ups (Subtotal)		Other		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				12	Total Fixtures
				\$ 34	Permit Fee
				\$ 34	Other Fees
				\$ 34	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

BUILDING PERMIT APPLICATION Portland 3/2/87 Previous permit # _____
APPLICANT FILL OUT I - ZONING AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request.

I. GENERAL INFORMATION

Location/address of construction 51 Wendy Way Tel. 797-6230
 Owner or lessee's name A. Michael Alprock
 Address same 04103

Contractor's name Suburban Propane Tel. 774-0387
 Address Thompsons Point, Portland, ME 04102

Subcontractors: _____

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE

Name _____
 Lot _____
 P/for _____
 Bk. & pg. Reg. / deeds _____
 Date recorded _____

III. PROPOSED USE: 378 Gas and Propane Tank Seasonal Condominium/Apartment
IV. PAST USE: _____
V. OWNERSHIP: Private (individual/corp./other) PUBLIC (state/local government) PRIVATE (individual/corp./other)

VI. DESCRIPTION OF WORK: To install one 100 gal. *AG Propane storage tank.
* (above ground)

ISSUE PERMIT TO CONTRACTOR

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

VIII. EST. CONSTRUCTION COST: _____ **IX. GR. SQ. FT. OF LAND:** _____ **BUILDING:** _____

X. RESIDENTIAL BUILDINGS ONLY: 1 BDRM _____ 2 BDRMS _____ 3 BDRMS _____
 NEW DWELLING UNITS WITH _____
 EXISTING DWELLING UNITS WITH _____
XI. RESIDENTIAL UNITS: NEW DWELLINGS _____ EXISTING DWELLINGS _____ NET RESIDENTIAL UNITS _____

XII. SIGNATURE OF APPLICANT: _____ **DATE:** 3/2/87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT _____ STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE: TAX MAP _____ LOT _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
 special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): _____ **DATE:** _____

XVII. FEES:
 base fee _____
 subdivision fee _____
 site plan review fee _____
 other fees _____
 late fee _____
TOTAL: 25.00

XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues * fireplaces material
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING: floor joists size max. on centers
3. HEAT, type fuel	ceiling joists
4. FOUNDATION type thickness footing	Rafters
5. ROOF, type pitch covering load	studs
6. PLUMBING * tubs * showers * lavatories * laundry tubs * flushes * other	wall studs
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	10. If 1-story building w/ masonry walls: wall thickness height
7. ELECTRICAL service entrance size * smoke detectors	11. BEDROOM WINDOWS height width sill height egress window? <input type="checkbox"/> y/s <input type="checkbox"/> no
NUMBER OF OFF-STREET PARKING SPACES: enclosed outdoors	

PLOT PLAN/DETAILS OF WORK ON REVERSE

White - Municipal Office
 Green - Applicant
 Yellow - CEO
 Pink - Tax Assessor
 Gold - GPCUS

4 Kathy Taylor