

CONVERSION

City of Portsmouth, NH - 1 Junkins Ave, (603) 431-2006 x243

www.cityofportsmouth.com

Received

Permit Application

TENANT FIT-UP; NEW USE; CHANGE IN USE; HOME OCCUPATION

Office Use:	Cost of All Construction: \$ _____	Fee: \$ _____	Chk #: _____	Cash: _____
Zoning District: _____	HD-A: _____	Map #: _____	Lot #: _____	Index #: _____
				Building Permit #: _____

Print in Ink or Type. Complete all blanks or indicate "N/A" if not applicable.

PROPERTY OWNER

Name: <u>BOB JONES</u>	
Address: <u>165 CRESTVIEW DR</u>	
St. Number	Street Name
City: <u>DOVER</u>	State: <u>NH</u> Zip: <u>03820</u>
Phone: <u>603 742-8888</u>	Fax: () <u>NA</u>
Cell Phone / Pager: <u>603 235-2111</u>	

PERMIT APPLICANT

Name: <u>JOHN FARR (OPTION HOLDER)</u>	
Address: <u>180 E. BROADWAY</u>	
St. Number	Street Name
City: <u>CLAYBROOK</u>	State: <u>NY</u> Zip: <u>12612</u>
Phone: <u>914-866-8666</u>	Fax: () <u>NA</u>
Cell Phone / Pager: () <u>NA</u>	

Address of New/Change In Use: 20 LEXINGTON AVE Unit #: _____
Street Number Street Name

Contact/Contractor Name: NOT DETERMINED Contact Phone: () _____
 Area of Lot: 13,455 S.F. Description of Proposed Work: CONVERT SINGLE FAMILY HOME INTO A TWO UNIT BUILDING.

Existing Use(s) in Building

Unit Number	Business Name/Residential Use	Business/Occupation	S.F. Area of Space
-	<u>3 STORY SINGLE FAMILY HOME</u>		<u>1282</u> S.F.
			S.F.
			S.F.
			S.F.
			S.F.
			S.F.
			S.F.
			S.F.
			S.F.
TOTAL EXISTING AREA			<u>1282</u> S.F.

Proposed New Use(s) in Building

Unit Number	Business Name/Residential Use	Business/Occupation	S.F. Area of Space
<u>A</u>	<u>1 ST FLOOR UNIT</u>	<u>RESIDENTIAL</u>	<u>516</u> S.F.
<u>B</u>	<u>2ND & 3RD FLOOR UNIT</u>	<u> </u>	<u>766</u> S.F.
			S.F.
TOTAL NEW AREA			<u>1282</u> S.F.

Is new use in same building? Y N If no, explain situation: _____

On Site Parking Information

Number of Existing On Site Parking Spaces: 2 Number of Proposed New On Site Parking Spaces: 2

(Provide Site Plan/Sketch)

Central Business District Information

Complete Only if New Use is in the Central Business District

Uses in Building as of 1 June 1997

Unit Number	Business Name-Residential Use	Business Occupation	S.F. Area of Space
_____	_____	_____	_____ S.F.
_____	_____	_____	_____ S.F.
_____	NA	_____	_____ S.F.
_____	_____	_____	_____ S.F.
_____	_____	_____	_____ S.F.
_____	_____	_____	_____ S.F.
_____	_____	_____	_____ S.F.
TOTAL 1997 AREA			_____ S.F.

Interior Construction/Tenant Fitup Information

Each job is different. Provide a scaled floor plan of the areas to be created/modified showing details of Means of Egress, Accessibility, building materials and other information which would assist in a complete code review. Label all rooms and spaces as to their uses. It is helpful, and often needed, to show surrounding areas, as the area being created or modified may be impacted by, or may impact surrounding interior spaces. When structural work is proposed, engineered drawings are required.

COST OF CONTRUCTION FOR FIT-UP: \$ 37,000

Home Occupation I and II Uses

NA

Complete Only if Proposing a Home Occupation

NA

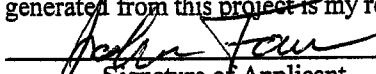
Type of Occupation:		Hours of Operation:	
Total Living Area of Building:	S.F.	Area of Building Devoted to the Occupation:	S.F.
Number of Nonresidential Employees:		Proposed Outdoor Product Storage?	Y / N
On Site Deliveries?	X / N	Type of Delivery Vehicle:	
Number of On Site Parking Spaces:		<i>(Provide site sketch/plan)</i>	

✓ Plans/Sketches Submitted: Site Floor Rolled Other

I certify that the information given is true and correct to the best of my knowledge. *No change from the above information will be made without approval of the Building Inspector.* Construction activities shall not commence until the Building Permit is issued.

I realize that when all necessary approvals have been acquired, a Building Permit may be granted by the Building Inspector to allow construction in conformance with this application and the plans/specifications submitted in support of said construction only.

I further acknowledge that the proposed structure shall not be occupied or otherwise utilized without the issuance of a Building Certificate of Occupancy and only after all necessary inspections have been requested and completed. I am also aware that the disposal of waste generated from this project is my responsibility and not part of the City's curbside collection program.



 Signature of Applicant

7/31/03

Date

OPTION HOLDER

If Not Owner, State Relationship

SAMPLE CONVERSION :

SINGLE FAMILY TO TWO FAMILY

EXTENT OF WORK

- BASEMENT

1. INSTALL ADDITIONAL WATER HEATER & FURNACE
2. PLUMBING AS NECESSARY TO SEPRATE THE APARTMENTS.
3. SHEATHE BASEMENT STAIR WITH 1 LAYER OF FIRECODE GWB
4. INSTALL 110 VAC SMOKE DETECTOR.

- 1ST FLOOR

1. PARTITION OFF DOORWAYS (2) AS SHOWN ON PLAN.
2. ADD A NEW BATH IN EXISTING ROOM OFF KITCHEN.
3. RELOCATE KITCHEN SINK.
4. INSTALL 110 VAC SMOKE DETECTORS

- 2ND FLOOR

1. CONVERT EXISTING BEDROOM INTO KITCHEN.
2. INSTALL NEW ELECTRIC SERVICE TO MEET CODE REQUIREMENTS*
3. INSTALL 110 VAC SMOKE DETECTORS

- 3RD FLOOR

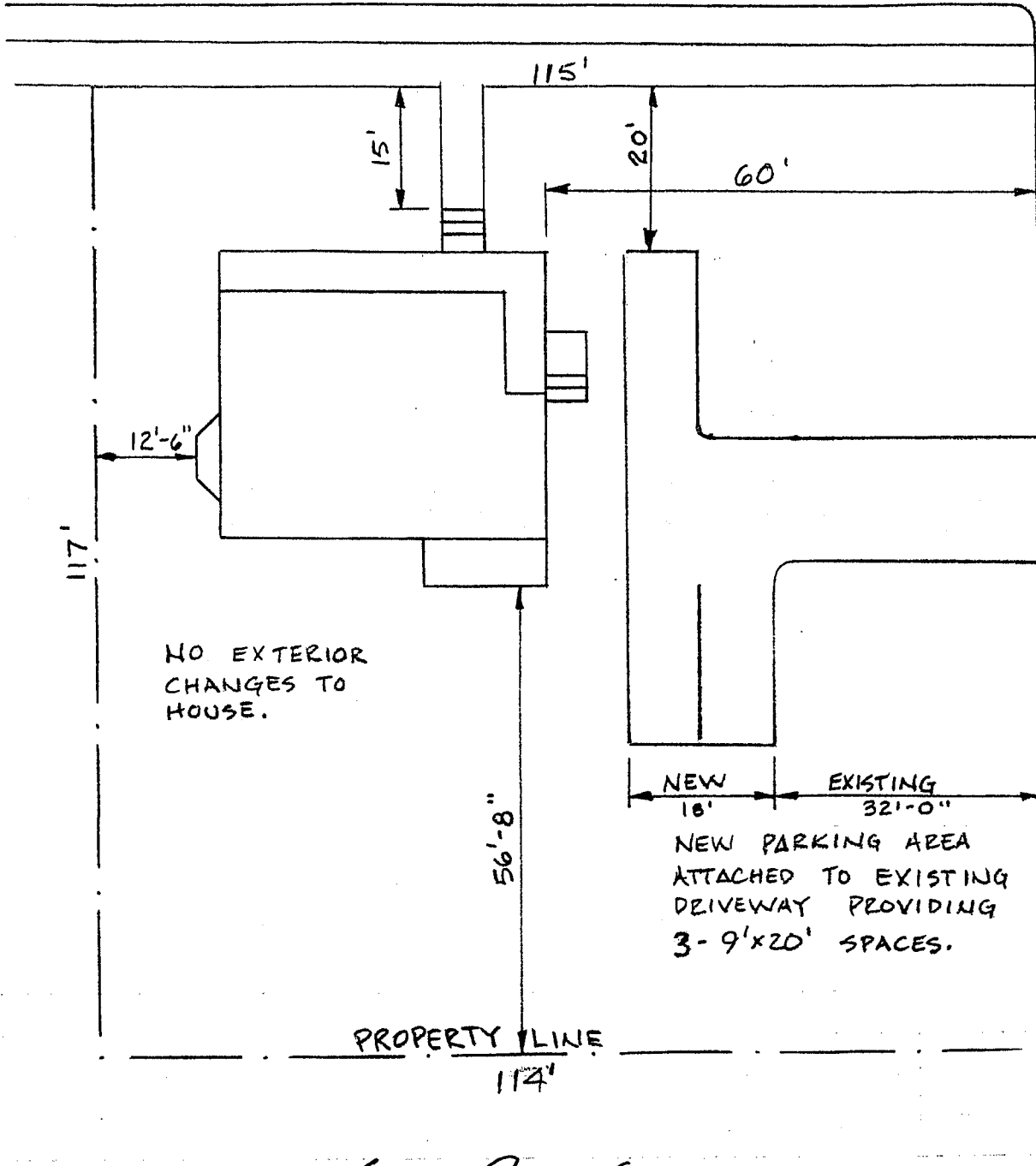
1. ADD PARTITIONS TO EXISTING ATTIC AS SHOWN.
2. INSTALL 110 VAC SMOKE DETECTORS

- EXTERIOR

ENLARGE PARKING AREA AS SHOWN ON SITE PLAN,
TO PROVIDE THE REQUIRED 1 1/2 PARKING SPACES PER UNIT.

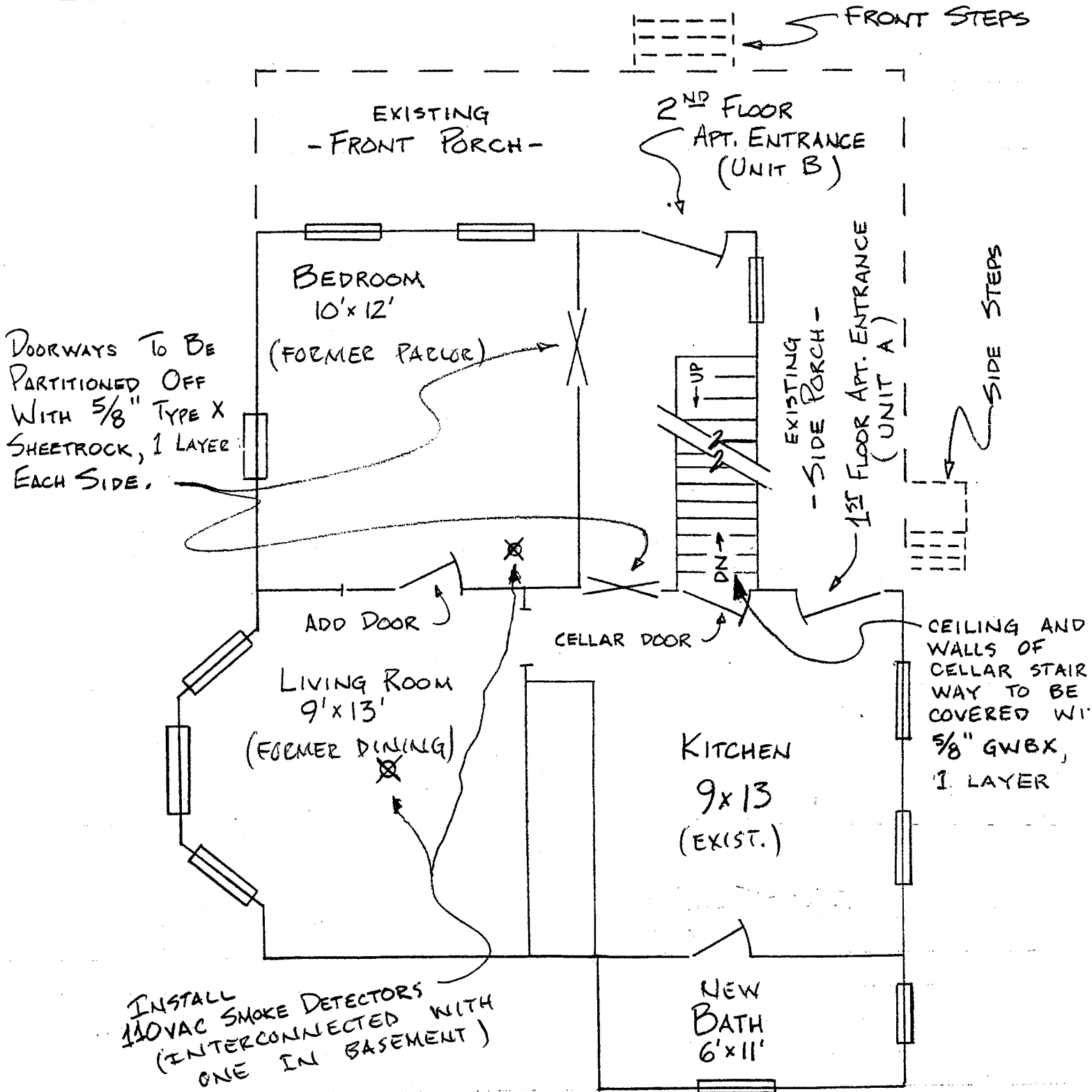
* ACCESS WILL BE PROVIDED FOR EACH OCCUPANT TO THE
CIRCUIT BREAKER PANEL SERVING THEIR RESPECTIVE UNIT,
PER CODE REQUIREMENTS.

— LEXINGTON AVE —

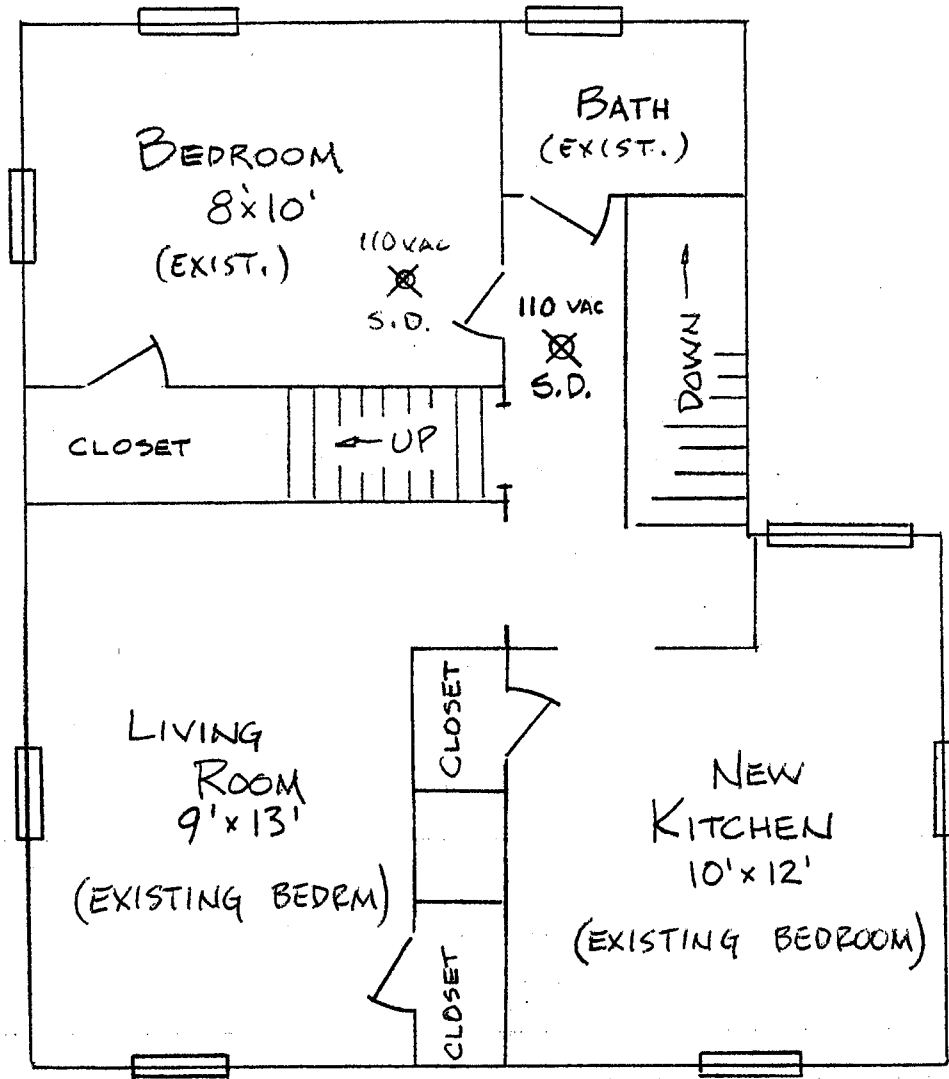


SITE PLAN SAMPLE

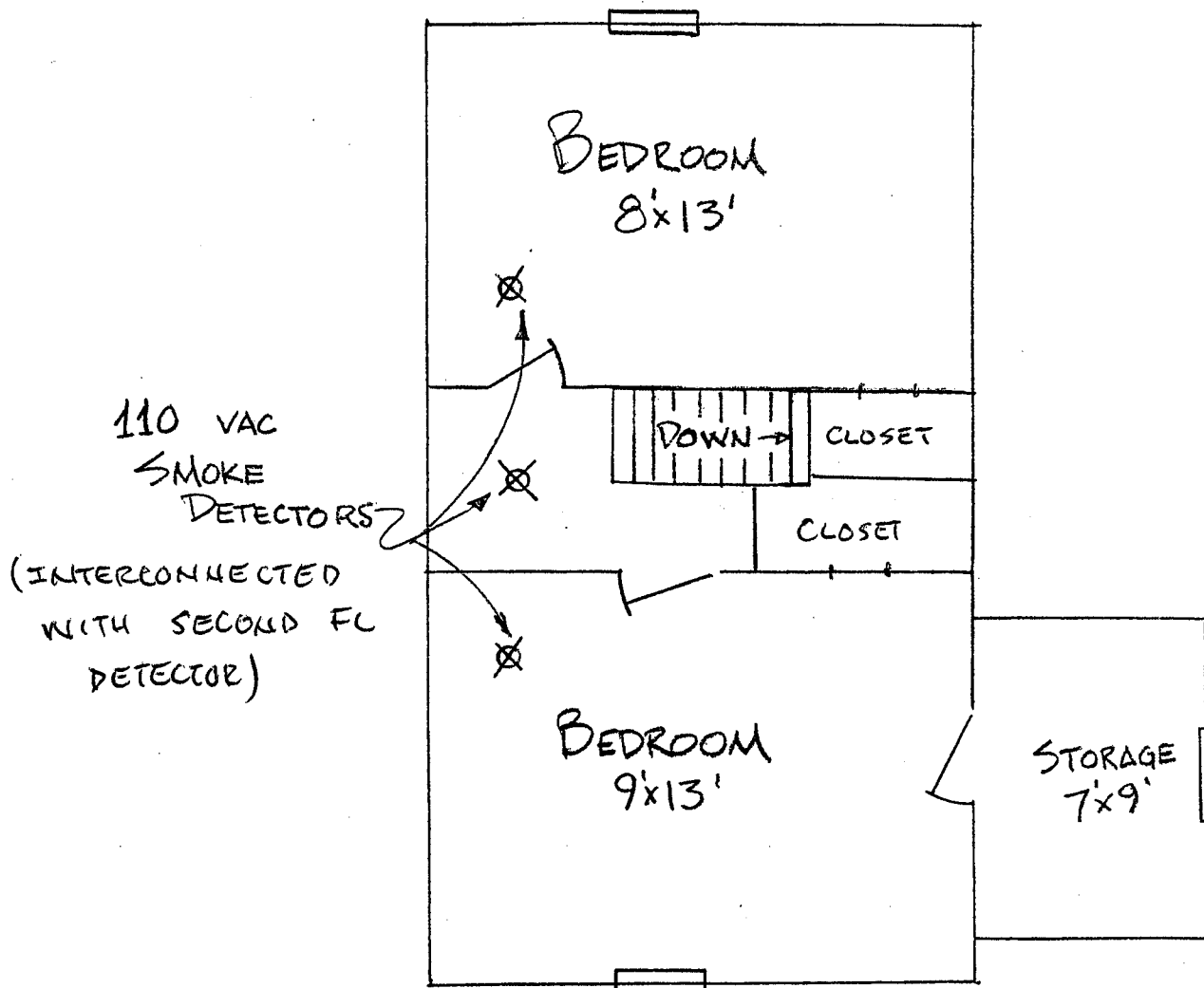
20 LEXINGTON AVE



SAMPLE 1 TO 2 FAMILY CONVERSION



2ND FLOOR PLAN - 450 sq. ft.



3RD FLOOR PLAN - 316 sq. ft.

(EXISTING ATTIC)