

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

PERMIT ISSUED
Permit Number: 051620
NOV 4 2005
CITY OF PORTLAND

This is to certify that A & M Partners Llc/Lou Wo A & M
has permission to Tenant Fit-up for suite 205
AT 59 Washington Ave 013 i043

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 altered or closed-in.
24 HOUR 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Al Kuznetsov
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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: 05-1620		Issue Date: NOV	CBL: 013 i043
Location of Construction: 59 Washington Ave	Owner Name: A & M Partners Llc	Owner Address: 120 Exchange St	Phone:
Business Name:	Contractor Name: Lou Wood/ A & M Partners	Contractor Address: 120 Exchange Street Portland	Phone: 2074506128
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:
Past Use: Commercial	Proposed Use: Commercial/ Tenant Fit-up for suite 205	Permit Fee: \$30.00	Cost of Work: \$0.00
Proposed Project Description: Tenant Fit-up for suite 205		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>25</i> <i>11/4/05</i>
		Signature: <i>Adelung</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: Idobson	Date Applied For: 11/04/2005	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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:	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:	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:

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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-1620	Date Applied For: 11/04/2005	CBL: 013 1043001
-----------------------	---------------------------------	---------------------

Location of Construction: 59 Washington Ave	Owner Name: A & M Partners Llc	Owner Address: 120 Exchange St	Phone:
Business Name:	Contractor Name: Lou Wood/ A & M Partners	Contractor Address: 120 Exchange Street Portland	Phone (207) 450-6128
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial/ Tenant Fit-up for suite 205	Proposed Project Description: Tenant Fit-up for suite 205
--	--

Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 11/04/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Fire and Zoning Sign offs are in permit #051575			

Comments: 11/4/2005-l Dobson: Fees associated w/ this permit paid on permit #051575
--

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>75 Washington Ave 2nd floor Suite 205</u>		
Total Square Footage of Proposed Structure <u>3100 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>AIM PARTNER LLC</u> <u>130 Exchange St</u> <u>Portland, ME 04101</u>	Telephone: <u>450-6128</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>Same as owner</u>	Cost Of Work: \$ _____ Fee: \$ _____
Current use: <u>VACANT</u>		
If the location is currently vacant, what was prior use: <u>STORAGE</u>		
Approximately how long has it been vacant: <u>2 yrs</u>		
Proposed use: <u>OFFICE SPACE</u>		
Project description: <u>Interior Renovations - Work Construction (now-being)</u>		
Contractor's name, address & telephone: <u>Arm Builders LLC</u>		
Who should we contact when the permit is ready: <u>Lou Wood 450-6128</u>		
Mailing address:		
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: <u>450-6128</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>[Signature]</u>	Date: <u>11/3/05</u>
--	----------------------

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

205