

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-08-4791-ALTCOMM	Date Applied: 8/23/2012	CBL: 023- A-002-001	
Location of Construction: 34 DIAMOND ST (275 Marginal Way)	Owner Name: LINDA A CARDENTE	Owner Address: 322 FORE ST., STE 300 PORTLAND, ME 04101	Phone: 207-400-8027
Business Name: Black Bear Medical	Contractor Name: Paul White	Contractor Address: 88 Verrill St., Portland, ME 04013	Phone: 207-650-4817
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: I-Lb
Past Use: Black Bear Medical	Proposed Use: Same – Black Bear Medical – put up partitions in existing office space	Cost of Work: 3000.00	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt. Prime</i>	Inspection: Use Group: <i>B</i> Type: <i>2B</i> <i>MUBEL '09</i> Signature: <i>[Signature]</i> <i>9/21/12</i>
Proposed Project Description: adding wall partitions for office		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Gayle	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>08/31/12</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:	Historic Preservation <input checked="" type="checkbox"/> Not in Dist 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>ABU</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 appication 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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that LINDA A CARDENTE

Located At 34 DIAMOND ST

Job ID: 2012-08-4791-ALTCOMM

CBL: 023-A-002-001

has permission to Add wall partitions to create 3 offices

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer


Code Enforcement Officer / Plan Reviewer

9-26-12

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

**Job ID: 2012-08-4791-
ALTCOMM**

Located At: 34 DIAMOND ST CBL: 023- A-002-001

Conditions of Approval:

Building

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
2. Permit approved based on the plans submitted and reviewed w/owner/ contractor, with additional information as agreed on and as noted on plans, to build partitions with steel studs.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

1. Fire

2. All construction shall comply with City Code Chapter 10.
3. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
4. Fire extinguishers are required. Installation per NFPA 10.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
8. Non-combustible construction of this structure requires all construction to be Non-combustible.
9. Any cutting and welding done will require a Hot Work Permit from Fire Department.

ILB

2012. 08. 4791 60



General 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>275 Marginal Way - 34 Diamond St</u>			
Total Square Footage of Proposed Structure/Area <u>339 sq ft</u>		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>025</u> Block# <u>A</u> Lot# <u>003</u> <u>23</u> <u>A</u> <u>002</u>		Applicant * must be owner, Lessee or Buyer * Name <u>Black Bear Medical</u> Address <u>275 Marginal Way</u> City, State & Zip <u>Portland</u>	Telephone: <u>400-8027</u>
Lessee/DBA (If Applicable) RECEIVED AUG 23 2012 Dept. of Building Inspections City of Portland, Maine		Owner (if different from Applicant) Name <u>Linda Cardente</u> Address <u>322 Fox St, Ste 300</u> City, State & Zip <u>Portland 04101</u>	Cost Of Work: \$ <u>3000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Black Bear Medical</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Area is currently used as office w/ Haywood Panels.</u> <u>Wall partitions will be installed per plan.</u>			
Contractor's name: <u>Paul White</u> Address: <u>88 Verrill St</u> <u>wants to P. J. Cup</u> City, State & Zip: <u>Portland Maine 0403</u> Telephone: <u>207-650-4817</u> Who should we contact when the permit is ready: <u>Paul</u> Telephone: _____ Mailing address: <u>88 Verrill St Portland Maine 04103</u>			

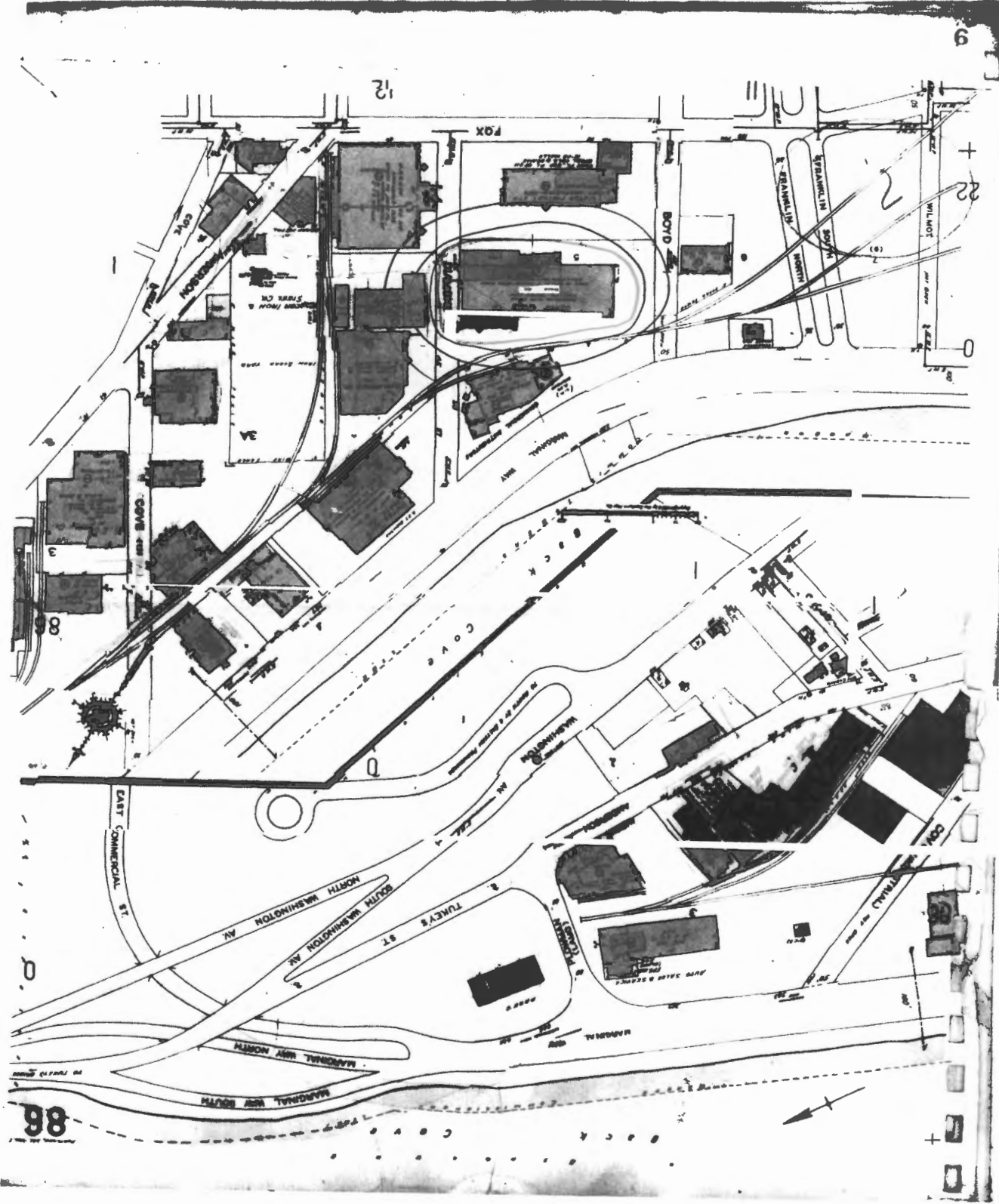
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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.

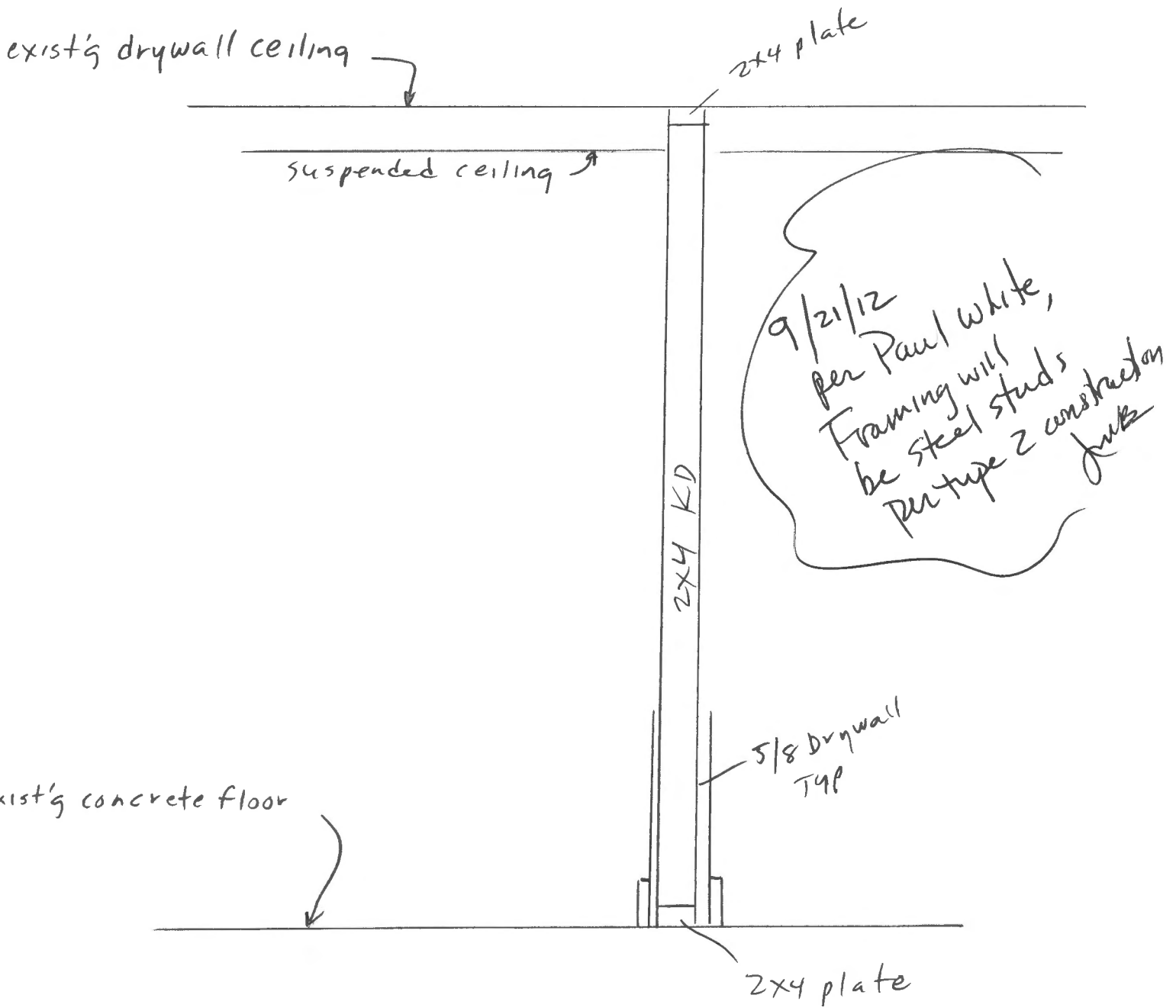
Signature: Paul White Date: 8/23/12

This is not a permit; you may not commence ANY work until the permit is issue

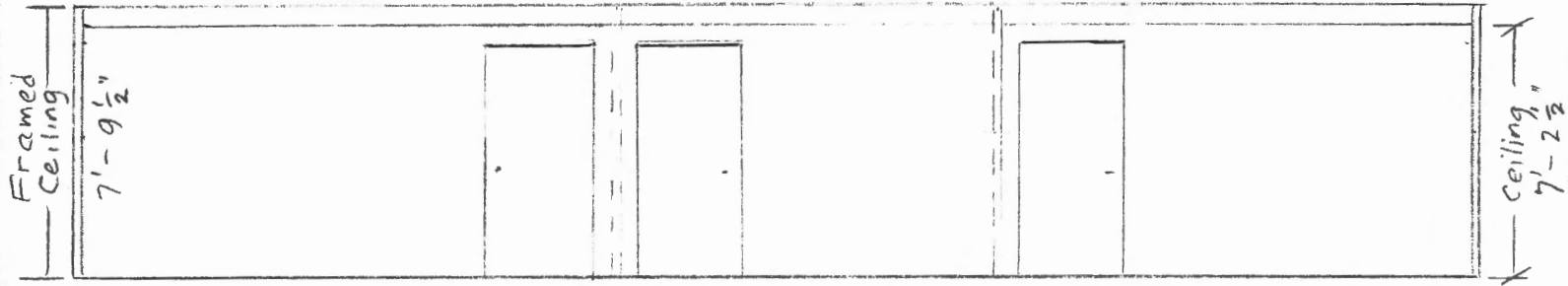


Plot Plan

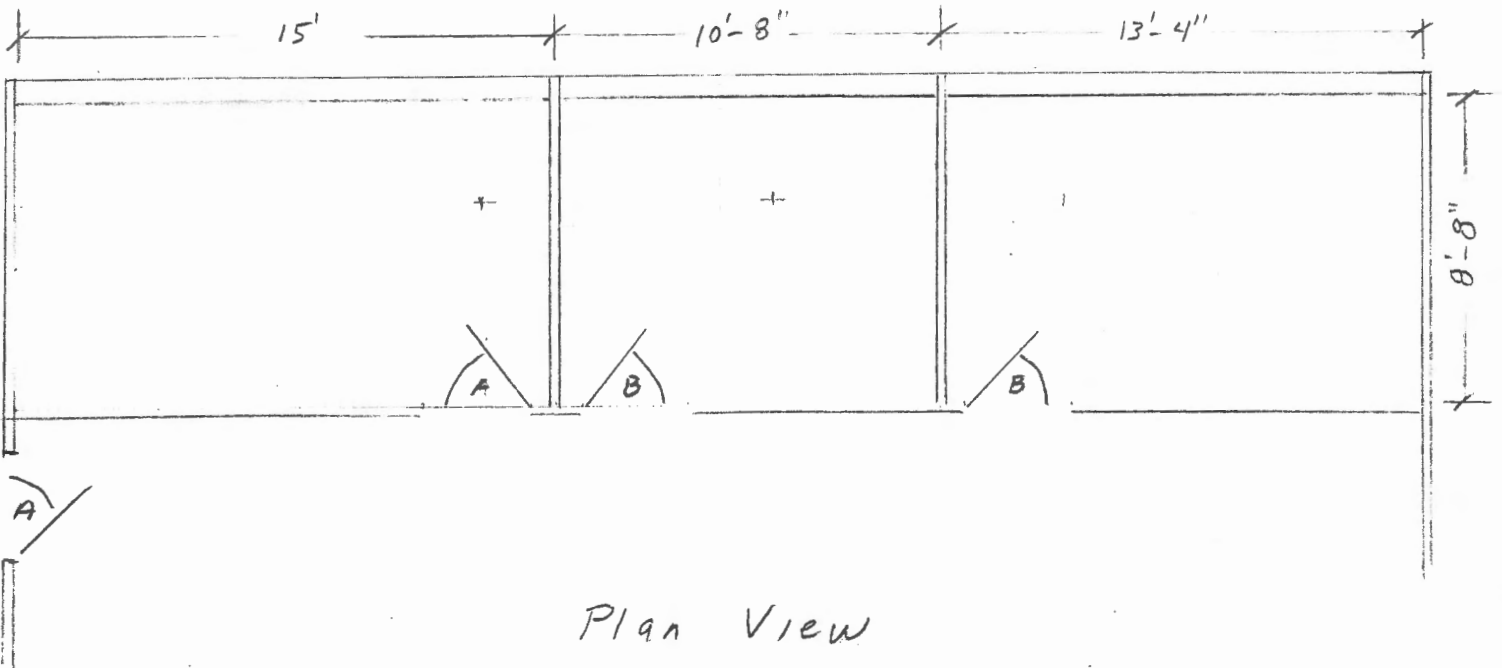
Wall Section
(typ)



use group B
Type 2c



Elevation View



Plan View

Scale 3/16" = 1'-0"

STATE OF MAINE
 MAINE REVENUE SERVICES
 RESALE CERTIFICATE



THIS CERTIFICATE IS VALID

JANUARY 01 2010 THRU DECEMBER 31 2014

Business Name and Location Address	Certificate Number	Business Type
BLACK BEAR MEDICAL INC 275 MARGINAL WAY PORTLAND	1019767 ME 04101-2542	DRUG STORE

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.

The aboved named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business:

James D. Gerard
 Acting State Assessor

Presented to: _____ Presented by: _____
 (Insert name of seller on photocopy) (date) Authorized Signature (purchaser) (date)

CITY OF PORTLAND, MAINE
 Department of Building Inspection



Certificate of Occupancy

LOCATION 34 Diamond Street CBL 023 A002001

Issued to CARDENTE LINDA A /Reagan & Company Date of Issue 02/23/2006

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. 05-1776, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance ~~05-1776~~ of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Commercial
 Tenant Fit-up

APPROVED OCCUPANCY

Black Bear Medical w/Showroom
 Use Group B
 Type 2C
 IBC 2003

Limiting Conditions:

Use permit only. This certificate does not certify building code compliance

This certificate supersedes certificate issued

Approved:

02/23/06
 (Date) *William G. Collins*
 Inspector

Al August
 Inspector of Buildings *3/14/06*

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 lessee for one dollar.

HLK
P.F.D.
3/14/06



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

*Penny St. Louis Littell- Director of Planning and Development
Marge Schmuckal, Zoning Administrator*

September 22, 2008

Whitco World Portland, LLC
190 Riverside Street, Suite 10A
Portland, ME 04103

RE: Request for Determination Under Zoning Ordinance §14-465
Whitco World Portland LLC, d/b/a World Gym
265 Marginal Way, Portland, Maine - CBL 023-A-002 - I-Lb Zone

Ladies and Gentlemen:

I am writing in response to the letter dated September 16, 2008 from David Currier at the firm of Warren, Currier & Buchanan concerning Whitco World Portland LLC's use of the space that it leases in the building located at 265 Marginal Way (the "Property"). A copy of the determination request is attached to this letter and is incorporated here by reference.

Based on the description of World Gym's proposed use of the Property, as contained in the determination request, the zoning authority hereby determines, pursuant to Section 14-465 of the Zoning Ordinance, that:

1. The use that World Gym plans to make of the Personal Training/Physical Therapy Space (as defined in the determination request) is a lawful accessory use to World Gym's use of the Property as a gym and fitness center, and that accessory use is therefore a permitted use of the Property under the Zoning Ordinance; and
2. A new certificate of occupancy is not required under Section 14-463 of the Zoning Ordinance on account of World Gym's use of the Personal Training/Physical Therapy Space as office space accessory to its use of the Property as a gym and fitness center.
3. Separate permit applications shall be required for any structural alterations and also for any proposed exterior signage.

Sincerely,

Marge Schmuckal
Zoning Administrator



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , BusinessName: Paul white, Check Number: 638
Tender Amount: 50.00

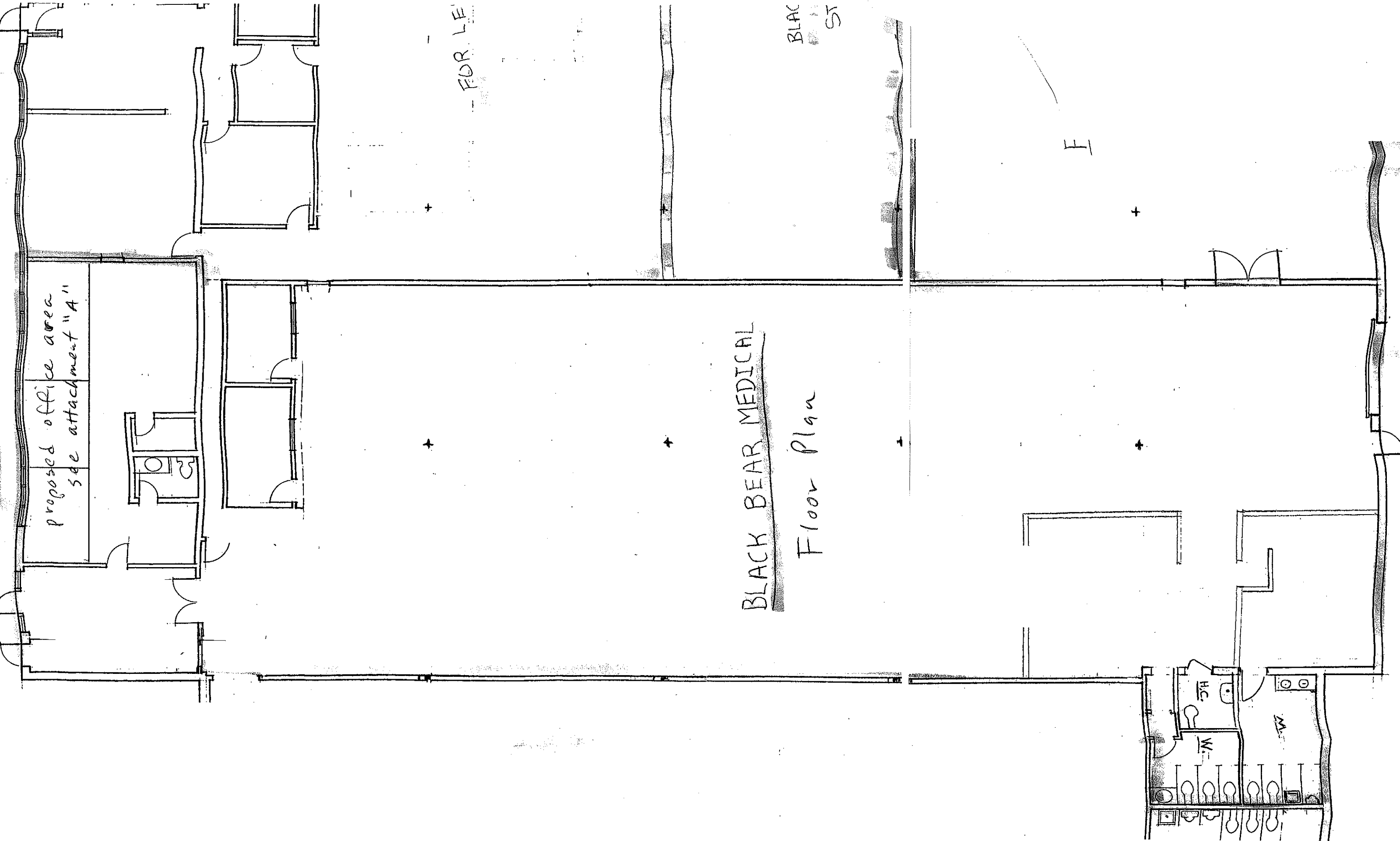
Receipt Header:

Cashier Id: gguertin
Receipt Date: 8/23/2012
Receipt Number: 47457

Receipt Details:

Referance ID:	7772	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	50.00	Charge Amount:	50.00
Job ID: Job ID: 2012-08-4791-ALTCOMM - adding wall partitions for office			
Additional Comments: Paul white, 257 Marginal Way			

Thank You for your Payment!



proposed office area
see attachment "A"

FOR LE

BLACK BEAR MEDICAL

Floor Plan

BLAC
ST

F

HC

W

W