

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 061421

Please Read Application And Notes, if Any, Attached

This is to certify that METROPOLITAN APARTMENTS LLC

has permission to Change of use from office to retail Galleria Construction

AT 439 CONGRESS ST

027 B004001

PERMIT ISSUED

OCT 23 2006

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the City of Portland 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 service is provided. FOUR NOTICES REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelley P.F.D. 10/3/06

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

Michael Collins 10/24/06  
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 No: 06-1421	Issue Date:	CBL: 027 B004001
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Location of Construction: 439 CONGRESS ST	Owner Name: METROPOLITAN APARTMENTS	Owner Address: 429 ELMWOOD RD	Phone:
Business Name: Mainely Masters	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name Forest Keever	Phone: 207-807-0250	Permit Type: Change of Use - Commercial	Zone: <b>B-3</b>

Past Use: Commercial- Office	Proposed Use: Commercial - Retail - Change of use from office to Art Gallery no construction	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>A3</b> Type: <b>2B</b> <b>ART GALLERY</b>	

Proposed Project Description:  
Change of use from office to Art Gallery no construction

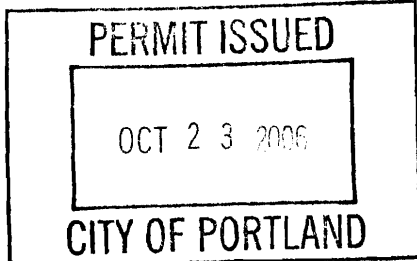
Signature: *JLK-D. P.R. 10/3/06*  
Signature: *10/20/06*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: <i>[Signature]</i> Date: <b>9/27/06</b>

Permit Taken By: Idobson	Date Applied For: 09/27/2006	<b>Zoning Approval</b>	
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- 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..

<b>Special Zone or Reviews</b> <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: <b>9/27/06</b>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input checked="" 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:
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**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



# 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>437 Congress</u>		
Total Square Footage of Proposed Structure <u>1000</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>B</u> Lot# <u>4</u>	Owner: <u>Port Planet Manager</u>	Telephone: <u>707-761-0832</u>
Lessee/Buyer's Name (If Applicable) <u>Forest Keener</u>	Applicant name, address & telephone: <u>Forest Keener</u> <u>15 Van Vleeten St.</u> <u>Portland, ME 04103</u>	Cost Of Work: \$ _____ Fee: \$ _____ C of O Fee: \$ _____
Current Specific use: <u>Vacant</u> If vacant, what was the previous use? <u>Office Company Office</u> Proposed Specific use: <u>Retail Sals / Art Gallery</u>		
Project description: <u>Gallery will include furniture, jewelry, fine art, prints and framing NO construction</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Forest Keener</u> Mailing address: <u>15 Van Vleeten Portland, ME 04103</u> Phone: <u>707-807-0257</u>		



Please submit all of the information outlined in the Commercial Application 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 visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections 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 of applicant: <u>[Signature]</u>	Date: <u>7-28-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Forrest Keever  
15 Van Vechten St  
Portland, ME 04103

207-807-0250

As owner of Mainely Masters Art Gallery, I am currently renovating 437 Congress St in Portland Maine to be used for retail sales. The 1000 sq ft space does have sprinklers installed and I have added 2 fire extinguishers for added protection.

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 06-1421	Date Applied For: 09/27/2006	CBL: 027 B004001
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Business Name: Mainely Masters	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name Forest Keever	Phone: 207-807-0250	Permit Type: Change of Use - Commercial	

Proposed Use: Commercial - Retail - Change of use from office to Art Gallery no construction	Proposed Project Description: Change of use from office to Art Gallery no construction
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 09/27/2006

**Note:** **Ok to Issue:**

- 1) Separate permits shall be required for any new signage. Sign permit is under #06-1298.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Michael A. Collins      **Approval Date:** 10/20/2006

**Note:** **Ok to Issue:**

- 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

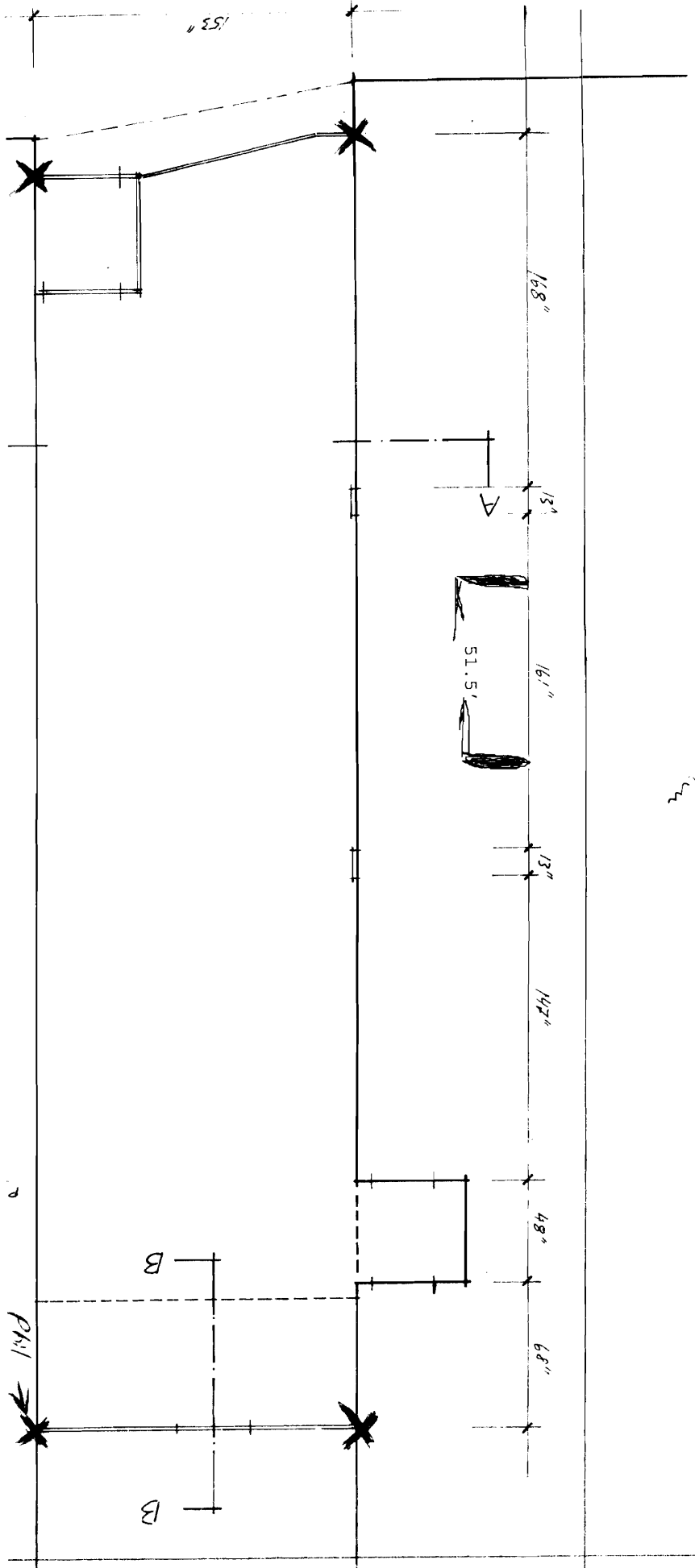
**Dept:** Fire      **Status:** Approved      **Reviewer:** Jay Kelley      **Approval Date:** 10/03/2006

**Note:** **Ok to Issue:**

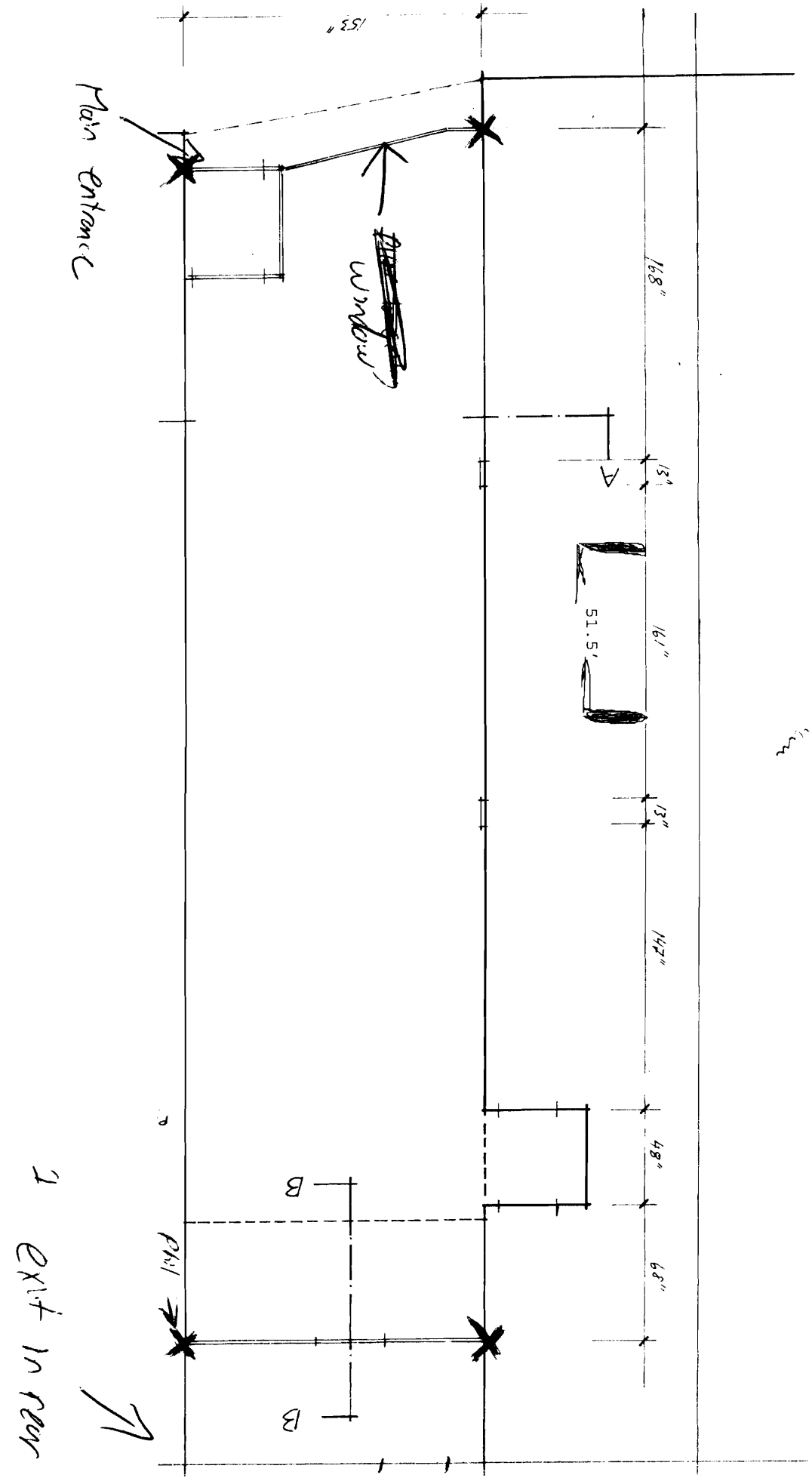
- 1) Maintain fire alarm system to NFPA 72 standards
- 2) Make sure all proper egress is maintained

**Comments:**

9/27/2006-mes: sign permit taken out first under #06-1298 - waiting for this permit to be applied for



Window & Door Schedule



Main Entrance

Window

Exit in rear

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**09/05/2006**

PRODUCER (207)283-1486 FAX (207)283-4258  
**Paquin & Carroll Insurance**  
 260 Main St.  
 P.O. Box 358  
 Biddeford, ME 04005

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Forest Keever**  
**DBA: Mainely Masters**  
 15 Van Vechten Street  
 Portland, ME 04103

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: **MMC Insurance Company**

**15997**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	<b>BP0429148</b>	<b>08/04/2006</b>	<b>08/04/2007</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>250,000</b>
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ <b>5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ <b>1,000,000</b>
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		<b>OTHER</b>				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**City of Portland**  
**Building Inspections**  
 389 Congress Street  
 Room 315  
 Portland, ME 04101

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**Andrea Todd**





All parking is on St.

