

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT

Permit Number: 071516

PERMIT ISSUED

JAN 7 2008

This is to certify that MAINE MEDICAL CENTER Langford Inc.

has permission to Interior renovations Relocation reception area & waiting area, privacy wall

AT 272 CONGRESS ST

028 D010001

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 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 demolished-in. FOUR 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. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature] 1/7/08
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: 07-1516	Issue Date:	CBL: 028 D010001
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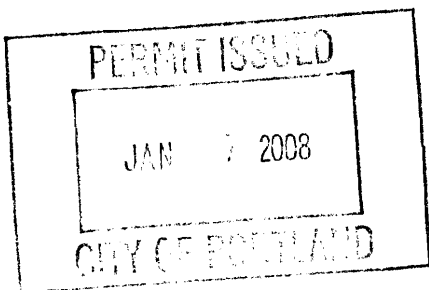
Location of Construction: 272 CONGRESS ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2b

Past Use: Commercial - Out Patient Clinic <i>Family Practice Center</i>	Proposed Use: Commercial - Out Patient Clinic - Interior renovations Relocate reception area & waiting area, Privacy wall	Permit Fee: \$500.00	Cost of Work: \$47,300.00	CEO District: 1
Proposed Project Description: Interior renovations Relocate reception area & waiting area, Privacy wall		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>2C</i> <i>IBC 2003</i>	
		Signature: <i>Lenca Cross</i>	Signature: <i>[Signature]</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: 12/20/2007	Zoning Approval		
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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..

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: <i>12/21/07</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 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: <i>9</i>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1516	Date Applied For: 12/20/2007	CBL: 028 D010001
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Location of Construction: 272 CONGRESS ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Out Patient Clinic - Interior renovations Relocate reception area & waiting area, Privacy wall	Proposed Project Description: Interior renovations Relocate reception area & waiting area, Privacy wall
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 12/21/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 01/07/2008
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetrations between units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.

Dept: Fire **Status:** Approved **Reviewer:** Capt Greg Cass **Approval Date:** 12/26/2007
Note: **Ok to Issue:**



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>272 CONGRESS STREET</u>		
Total Square Footage of Proposed Structure/Area <u>< 2,000 SF OF INTERIOR RENO.</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>28</u> Block# <u>D</u> Lot# <u>10</u>	Applicant * must be owner, Lessee or Buyer * Name <u>MAINE MEDICAL CENTER (BOB CLOUTIER)</u> Address <u>22 BRANHALL ST.</u> City, State & Zip <u>PORTLAND, ME 04102</u>	Telephone: <u>207.662.8065</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>SAME AS APPLICANT</u> Address City, State & Zip	Cost Of Work: \$ <u>47,300</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>BUSINESS - CLINIC - OUTPATIENT</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>SAME AS CURRENT</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>< 2000 SF INTERIOR RENOVATION</u> <u>RELOCATION OF RECEPTION AREA + WAITING AREAS, MODIFIED GLASS VESTIBULE, ADDITION OF 1 PRIVACY WALL @ WAITING, NO ANTICIPATED SPRINKLER OR FIRE ALARM MODIFICATIONS.</u> <u>NEW FINISHES: CARPET, PAINT, MODIFIED SOFFIT/ACE</u>		
Contractor's name: <u>LANEFOOD AND LOW, GENERAL CONTRACTOR</u> Address: <u>240 WARREN AVE.</u> City, State & Zip <u>PORTLAND, ME 04103</u> Telephone: <u>207.777.5141</u> Who should we contact when the permit is ready: <u>GABRIELLE RUSSELL</u> Telephone: <u>207.736.2179</u> Mailing address: <u>PO BOX 1602, PORTLAND, ME 04104</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: Gabrielle Russell Date: 12/20/07

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