

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 080955
PERMIT ISSUED
AUG 26 2008
CITY OF PORTLAND

This is to certify that ROMAN CATHOLIC BISHOP OF PORTLAND/Sewall Associates states

has permission to Reconfigure 2nd floor office space

AT 88 FEDERAL ST Pine Tree Legal L 028 J001001

provided that the person or persons performing or 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 procured before this building or part thereof is loaded or otherwise 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. Cecilia Chase
Health Dept. _____
Appeal Board _____
Other _____
Department Name

8/26/08 Cheryl M.
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: 08-0955	Issue Date: 8/26/08	CBL: 028 J001001
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Location of Construction: 88 FEDERAL ST Pine Tree Legal	Owner Name: ROMAN CATHOLIC BISHOP OF	Owner Address: PO BOX 11559	Phone:
Business Name:	Contractor Name: Sewall Associates	Contractor Address: P.O. Box 6610 Portland	Phone 2077744755
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B2b

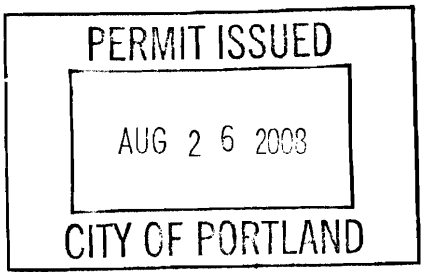
Past Use: Commercial - Office	Proposed Use: Commercial - Office - Reconfigure 2nd floor office space	Permit Fee: \$120.00	Cost of Work: \$9,500.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: SB IBC 2003	

Proposed Project Description: Reconfigure 2nd floor office space	Signature: <i>Cora C...</i>	Signature: <i>Chris M 8/26/08</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: 08/04/2008	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>8/12/08</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:
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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>88 FEDERAL ST</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>28</u> Block# <u>J</u> Lot# <u>1</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name Address City, State & Zip	Telephone: <u>838-7981</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>PINE TREE LEGAL</u> Address <u>88 FEDERAL ST</u> City, State & Zip <u>PORTLAND, ME</u>	Cost Of Work: \$ <u>9500</u> C of O Fee: \$ _____ Total Fee: \$ <u>120</u>
Current legal use (i.e. single family) <u>OFFICE</u> If vacant, what was the previous use? <u>NA</u> Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>RECONFIGURE 2ND FLOOR OFFICE SPACE TO MOVE THE HALLWAY TO THE INTERIOR AND THE OFFICES TO THE EXTERIOR</u>		
Contractor's name: <u>SEWALL ASSOCIATES INC.</u> Address: <u>PO BOX 6610</u> City, State & Zip <u>PORTLAND</u> Telephone: <u>774-4755</u> Who should we contact when the permit is ready: <u>STEVE SEWALL</u> Telephone: <u>838-7981</u> Mailing address: <u>PO BOX</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: Steve Sewall Date: 8-4-08

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

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Business Name:	Contractor Name: Sewall Associates	Contractor Address: P.O. Box 6610 Portland	Phone (207) 774-4755
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Office - Reconfigure 2nd floor office space	Proposed Project Description: Reconfigure 2nd floor office space
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/12/2008**Note:** **Ok to Issue:**

- 1) Separate permits shall be required for any new signage.
- 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:** Chris Hanson **Approval Date:** 08/26/2008**Note:** **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) 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.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 08/14/2008**Note:** **Ok to Issue:**

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) Emergency lights are required to be tested at the electrical panel.
- 3) Emergency lights and exit signs are required

Comments:

8/21/2008-tmm: left message for Steve Sewall - need to know tread and rise , is it all the same use, is it currently wood frame construction

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date