

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read
Application And
Notes, If Any,
Attached

Permit Number: 061081

PERMIT ISSUED

This is to certify that

has permission to OLYMPIA EQUITY INVESTORS IV

AT 300 Fore Street, 7 Custom House OCT 23 2006

7 CUSTOM HOUSE ST 029 K001001
provided that the person or persons who accept 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.

Classification of inspection must be given and when permission proceeds before this building or part thereof is started or service closed-in. 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. Greg Carr
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1081	Issue Date:	CBL: 029 K001001
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Location of Construction: 7 CUSTOM HOUSE ST <i>300 Fore St</i>	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone:
Business Name:	Contractor Name: TBD	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: D-3

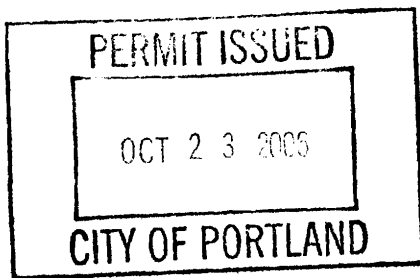
Past Use: Vacant Land w/ existing bldgs	Proposed Use: Commercial 5 story w/ lower level adjacent to existing office bldg.	Permit Fee: \$70,095.00	Cost of Work: \$7,000,000.00	CEO District: 1
Proposed Project Description:		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>2B</i> <i>SHALL ONLY</i> <i>10/19/06</i>	

Signature: <i>Greg Cass</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>PAD ENCOURAGED ONLY</i>	
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date: <i>7/31/06</i>

Permit Taken By: dmartin	Date Applied For: 07/19/2006	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>7/31/06</i>	Date: <i>7/31/06</i>	Date: <i>by Historic</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 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

11/1/04
 Footing (Pre inspection / ReBar) O.K. Chris H.

8/22/07

Close-in insp. - C.S.H. + McCollin's

	CSH Summer	+ McCollin's 1st	2nd	3rd	4th	5th
Plumbing	OK	OK	OK	OK NA	OK NA	
Elect.	Panel	✓	✓		✓	✓ NA
Framing + Fire Prot.			O.K.	OK NA	OK NA	

Chris H. - 5/22 Need fire protection interior
 penetration 3rd floor Plumbing
 OK to Sheetrock walls.
 Needs letter confirming height limitations
 see cond. sht.

05/31/07

3rd Floor okay to close-in

04/05/07

4th Floor " " " "

~~NA~~

Holes in floor beams cut for plumbing
 pipes over floors need specific insp
 report from firm C/O

7/31/07

Final on Rest. Not ready for
 CO, but O.K. to move
 in Coolers. - Need to drain
 Hot water PRV

~~NA~~

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street: Custom House Square
 Subdivision Lot #

PROPERTY OWNERS NAME

Last: Olympic First: Homeowner

Applicant Name: William R. ...
 Mailing Address of Owner/Applicant (If Different): 710 ...

06-8434

PORTLAND PERMIT # 10111 TOWN COPY

Date Permit Issued: 12/4/06 \$ 3820.00 If Double Fee Charged

Jeanie Bourke L.P.I. # 017312
 Local Plumbing Inspector Signature

29 K CO1

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

William R. ... 12/16
 Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Jeanie Bourke Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>office use</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>46901</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR OR OR		Hosebibb / Sillcock	12	Bathtub (and Shower)
		Floor Drain	3	Shower (Separate)
		Urinal	4	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	11	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	7.3	Fixtures (Subtotal) Column 1
			61	Fixtures (Subtotal) Column 2
			66	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE