Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BURERWIT

Permit Number: 081215

Iting this permit shall comply with all

aces of the City of Portland regulating

This is to certify that M&A PARTNERS INC /A & Partners and Appendix

has permission to Office Space 2nd floor front - i prior reno ions, Loo, new vos, electric, drywall, & Painting new carpet

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or co

AT 15 FRANKLIN ST

CF 029 N004001

buildings and structures, and of the application on file in

provided that the person or persons, fit of the provisions of the Statutes of Ma the construction, maintenance and use this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Noti ition of spectio nust be nd writte give ermissid Irocured his buil ereof is befo g or pa or oth ed-in. 24 lathe HOU NOTICE IS REQUIRED.

on ac

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

Fire Dept.
Health Dept.
Appeal Board OCT 2 2008
Other Department Name
CITY OF PORTLAND PENALTY FOR REMOVING THIS CARD

Monas Mandy 19/1/02
Director - Building & Inspection Services

City of Portland, Mair	ne - Building or Use	Permi	t Application	n Per	mit No:	Issue Date:	:	CBL:	
389 Congress Street, 0410	01 Tel: (207) 874-8703	8, Fax: ((207) 874-871	6	08-1215			029 N0	04001
Location of Construction: Owner Name:				Owner Address:			Phone:		
15 FRANKLIN ST M & A PARTY		NERS I	ERS INC 120 EXCHANGE		E S T				
Business Name: Contractor Na A & M Parti		e:		Contra	ctor Address:			Phone	
		rs / Lou	Wood	120 Exchange Street Portland			20745061	28	
Lessee/Buyer's Name Phone:				Permit Type:				Z/onge:	
				Add	itions - Mult	i Family			115-
Past Use:	Proposed Use:			Permi	t Fee:	Cost of Wor	k:	CEO District:	7
Commercial - Office Space 2nd floor front Commercial - Office Space 2nd floor front - int		Office Space 2nd atterior renovations, alls, electric, drywall,		\$190.00 \$16,800.0			1		
							CTION:		
				Use		Use Gr	roup: B	Type	
	& Painting ne	w carpet				Denied			
								IBC Z	003
Proposed Project Description:				1			_	IBCZ ure: Zw	
Office Space 2nd floor fron	t - interior renovations. De	emo, nev	w walls.	Signati	ure [.]		 Signatu	ire: h	10/1/0
electric, drywall, & Painting		,	•		STRIAN ACT	IVITIES DIST			/ //
				1					In. · ·
				Action	i: Appro	ved App	roved w	/Conditions [Denied
				Signat	ure:			Date: N1	71
Permit Taken By:	Date Applied For:				Zonina	Approva			
ldobson	09/26/2008				Zoning	Approva	11		
1. This permit application	door not proclude the	Spec	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Pres	ervation
	ting applicable State and	i		Variance			W ∪ h ☐ Not in Distric	t on Londo	
Federal Rules.	ing appricable state and	□ Sn	Shoreland Varia		varianc	Variance			t of Land
		☐ Wetland ☐ N		Miscellaneous		Does Not Re	anima Davi		
Building permits do no septic or electrical worl		_ w	cuand	[] Wiscentaneous		Does Not Ke	quire Revie		
•		☐ Flood Zone ☐ Condition ☐ Interpret		onal Use		Requires Rev	iew		
3. Building permits are vowithin six (6) months o	oid if work is not started			conditional ose			Approved		
False information may				Interpretation		1			
permit and stop all wor	•		DGIVISION	ı	шегрге	tution	[Прриотеа	
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OCT 2	2008							4.7	
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hereby certify that I am the	The state of the s				nsed work is	s authorized	hy the	owner of recor	d and th
have been authorized by the									
urisdiction. In addition, if a									
hall have the authority to en									
uch permit.									
SIGNATURE OF APPLICANT			ADDRESS		DATE		PHO	NF.	
MONATORE OF AFFLICANT			ADDRES	J		DAIL		1110	. 12
RESPONSIBLE PERSON IN CHA	A D CE OF WORK TITLE					DATE		PHO	NIE.

General Building Permit Application

property within the City, payment arrangements must be made before permits of any kind are accepted.

Total Square Footage of Proposed Structure/Area Square Footage of Lot Sods F. Tax Assessor's Chart, Block & Lot Address Lot# Jeff Cary, State & Lot Address Cory, State & Zip Cory, State & Zip Address Cory, State & Zip Address If yes, please name Proposed Specific use: Address Is properly part of a subdishor Address Is properly part of a subdishor Address Contractor's name: Address City, State & Zip Telephone: Address Telephone: Telephone: Address Total Fee: \$	· · · · · · · · · · · · · · · · · · ·		0.40 0.101
Tax Assessor's Chart, Block & Lot Applicant must be owner, Lessee or Buyer' Telephone: Address Applicant must be owner, Lessee or Buyer' Applicant block & Lot Applicant must be owner, Lessee or Buyer' Address Add	Location/Address of Construction: 15	Franklin Sheet	Portland, We
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# J9 Address IAO Exclarge S J City, State & Zip OKTLAND, MO Cost Of Work: \$/L, \$00, 50 Work: \$			Lot Númber of Stories
Chart# Block# Lot# Address AO Exclayes S Tour Low Work: \$ 100 Low		,	ee or Buyer* Telephone:
City, State & Zip (OKTLINO, Mo Lessee/DBA (If Applicable) Name Same As Abave Address City, State & Zip Current legal use (i.e. single family) If vacant, what was the previous use? Current legal use (i.e. single family) If vacant, what was the previous use? Current legal use (i.e. single family) If vacant, what was the previous use? Number of Residential Units Number of Residential		, , ,	
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NAME SAME AS Abous Address City, State & Zip Total Fee: \$ Total Fee:	I cook /DRA (If Applicable)	Owner (if different from Applie	
Address City, State & Zip Total Fee: \$ To	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Work: \$ 16,800, 703
City, State & Zip Total Fee: \$ Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Operation of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. Indeed to be sure the City fully understands the full scope of the project, the Planning and Development Department request additional information prior to the issuance of a permit. For further information or to describe of form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections son office, room 315 City Hall or call 874-8703. Post certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and Chave been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable of this purisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's invited representation shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the sions of the cycles applicable to this permit. Date: D	10/14		
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Project description thereor femouations, Demo, Neuroll Scheduler Duymad + Paintic Neur Carpet Contractor's name: Same kess ourses City, State & Zip Who should we contact when the permit is ready: Los Coop Telephone: 450-6108 Mailing address: Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. Order to be sure the City fully understands the full scope of the project, the Planning and Development Department or request additional information prior to the issuance of a permit. For further information or to download copies of form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections issued office, room 315 City Hall or call 874-8703. The proposed work and I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's orized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the issons of the codes applicable to this permit. Date: 9280	Proposed Specific use: Office Specific use:	If we please name	
Address: City, State & Zip Who should we contact when the permit is ready: December 1970-1970 Telephone: Tele	Project description	II yes, please name	a chat
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	nature Miles I SOV	Date: 9/1X/08	
		//4/0/3	

Revised 07/11-08

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
08-1215	09/26/2008	029 N004001

Location of Construction:	Owner Name:	Owner Address:	Phone:	
15 FRANKLIN ST	M & A PARTNERS INC	120 EXCHANGE ST		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	A & M Partners / Lou Wood	120 Exchange Street Portland	(207) 450-6128	
Lessee/Buyer's Name	Phone:	Permit Type:		
		Additions - Multi Family		

Proposed Use:	Proposed Project Description:
Commercial - Office Space 2nd floor front - interior renovations, Demo, new walls, electric, drywall, & Painting new carpet	Office Space 2nd floor front - interior renovations, Demo, new walls, electric, drywall, & Painting new carpet

Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 09/26/2008

Note: Ok to Issue:

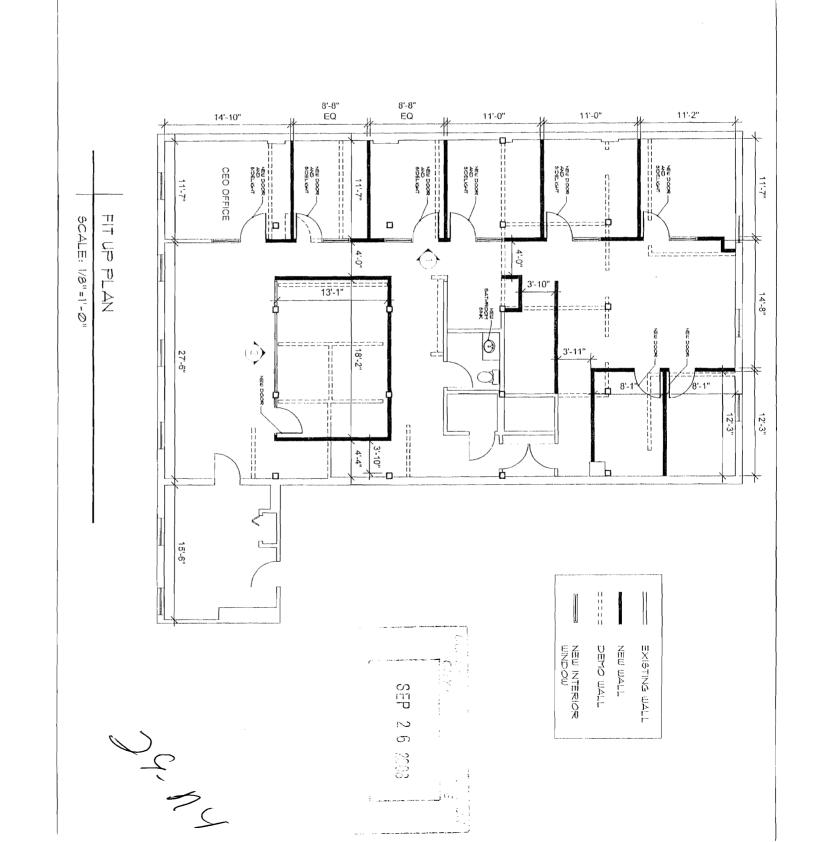
- 1) Separate permits shall be required for any new signage.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

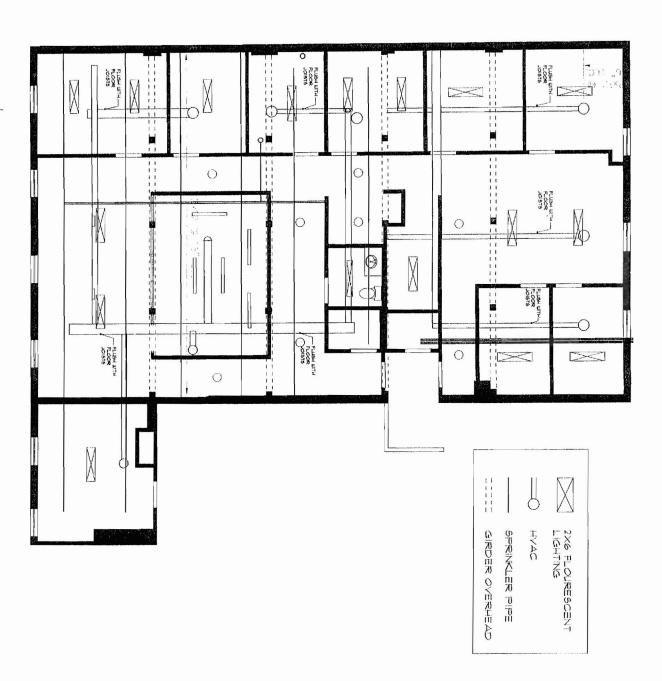
 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Tom Markley
 Approval Date:
 10/01/2008

 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) ANY exterior work requires separate review and approval thru Historic Preservation
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

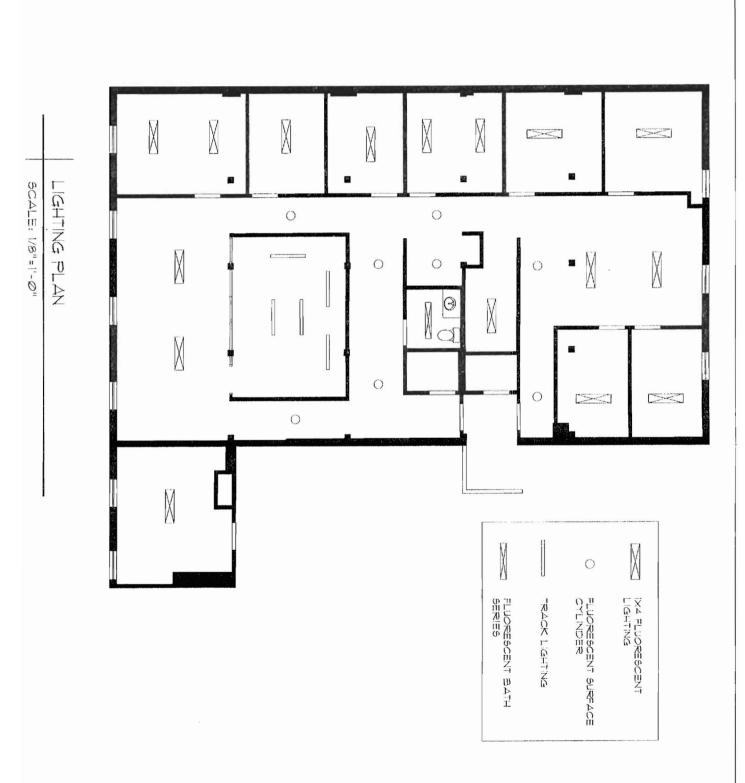


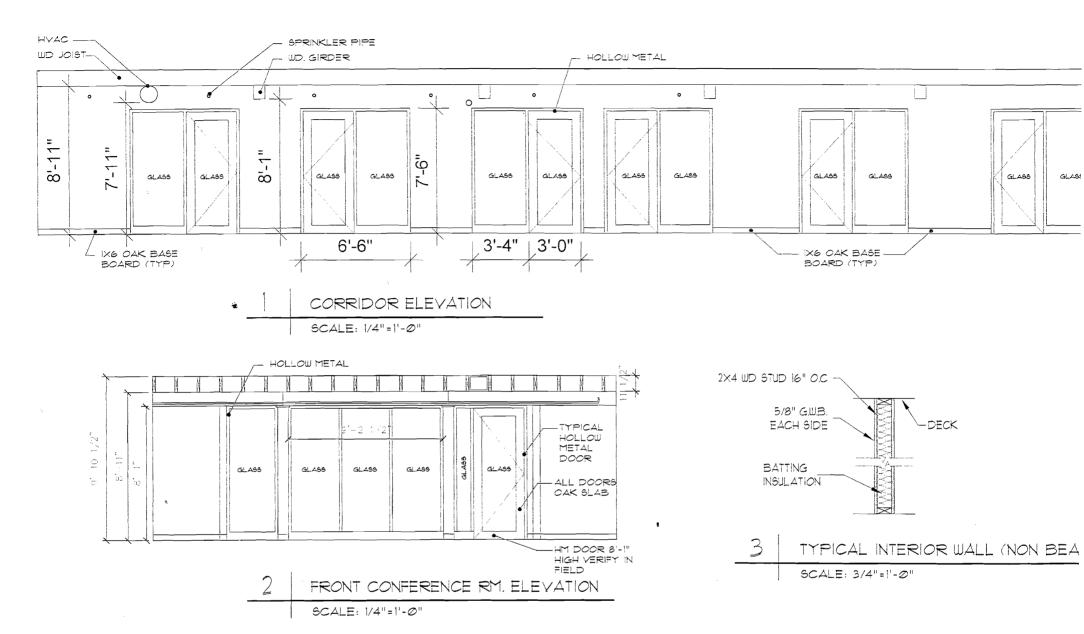




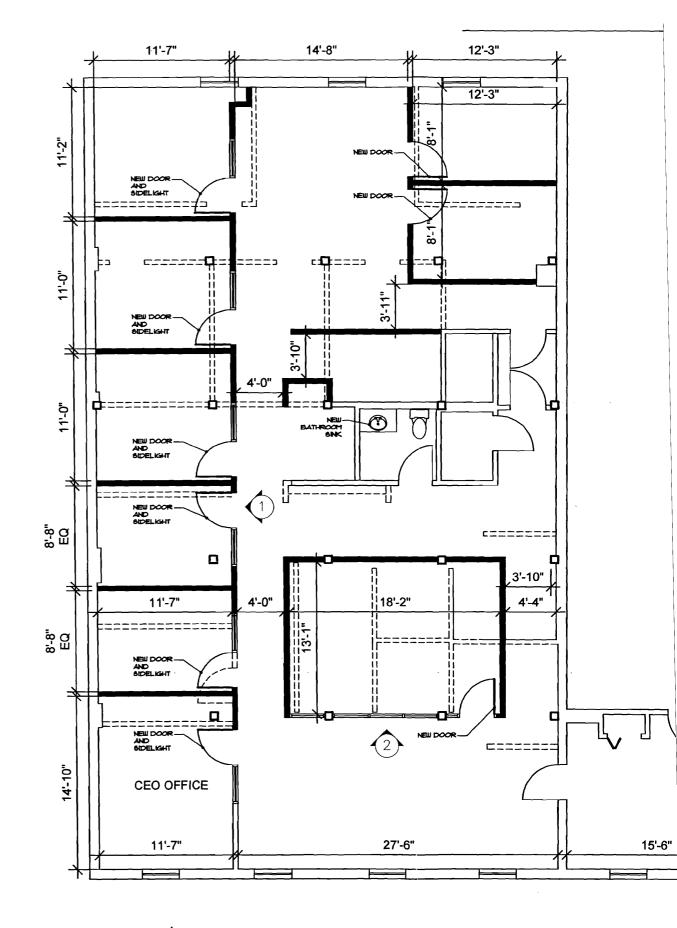
REFLECTED CEILING PLAN

SCALE: 1/8"=1"-0"



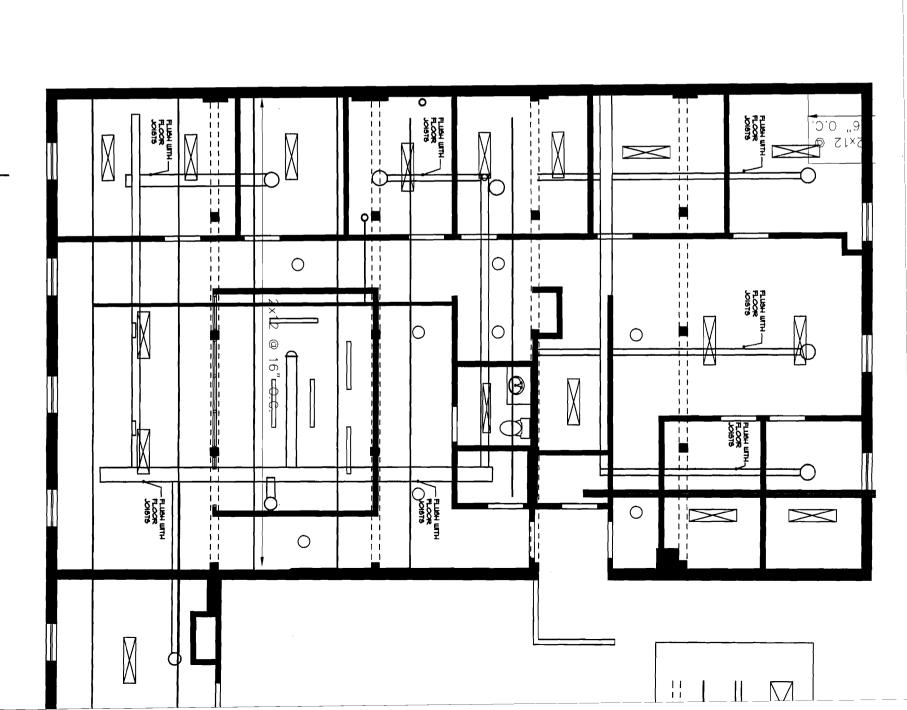


	Interior Elevation	Date: Scale: Scale: 1/8"=1"-0"	ARCHETYPE, P.A.	0/	WNER:
1 1/1	Franklin Building	Revisions: Checked By:	ARCHETTE, F.A.		M&N PARTNERS
A4	15 FRANKLIN ST. PORTLAND, MAINE		48 Union Wharf Portland, Maine 04101 (207) 772-6022 Fax (207) 772-4056		120 EXCHANGE S



FIT UP PLAN

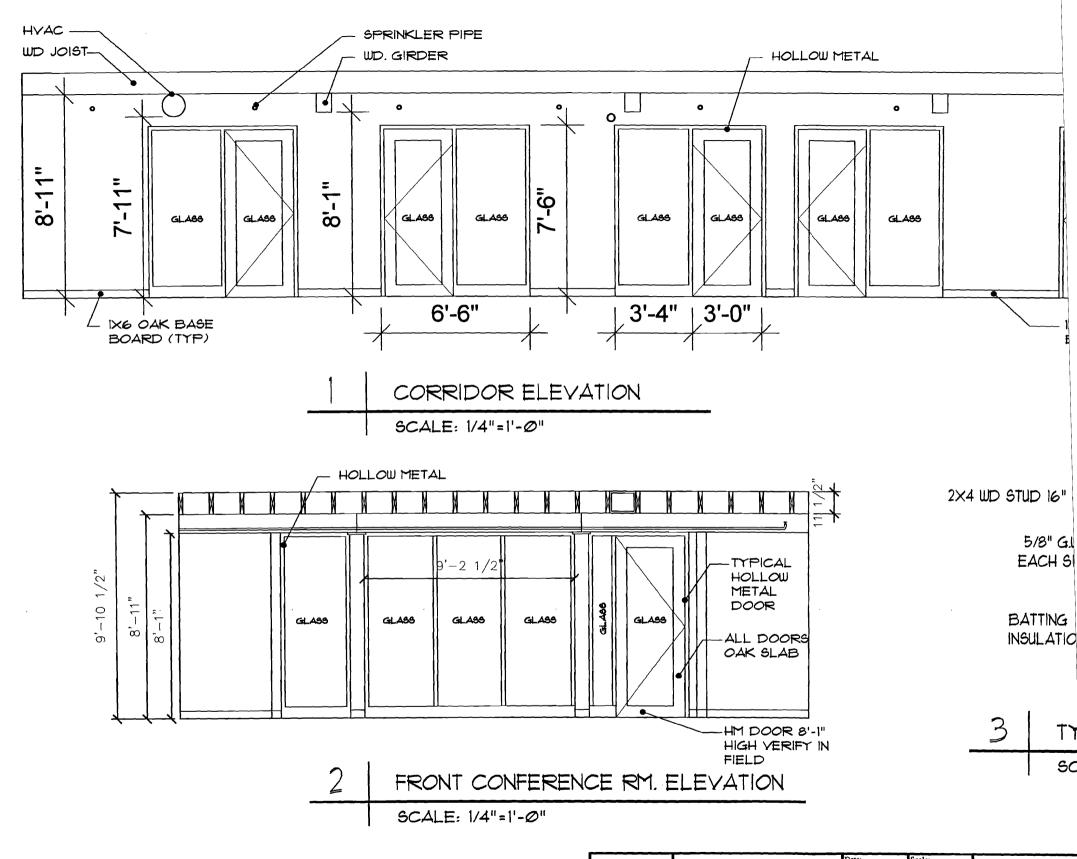
SCALE: 1/8"=1'-0"



REFLECTED CEILING PLAN

SCALE: 1/8"=1'-0"

 \bigvee \bigvee \bigvee SCALE: 1/8"=1'-0" LIGHTING PLAN 0 0 \bigvee 0 0 \bigvee 0 0 $\geq \leq$ 0 \bigvee



Interior Elevation

Date: Sept. 24, 2008 | 1/8"=1'-0" | ARCHETYI |

Project: Revisions: Checked By: ARCHITI |

FRANKLIN BUILDING | 48 Union Wharf Portland |

15 FRANKLIN ST. PORTLAND, MAINE | (207) 772-6022 | Fax (201)