

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 021356

This is to certify that Portland Regency Inc /Benne Jeff

has permission to Remodeling Health Club and building day a. DEM ONLY

AT 20 Milk St 029 R001001

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 written permission procured before this building or part thereof is altered or occupied closed-in. **HEAVY 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. MAC APPROVED ON 12/17/12

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
12/18/12
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: 02-1356	Issue Date:	CBL: 029 R001001
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Location of Construction: 20 Milk St	Owner Name: Portland Regency Inc	Owner Address: 20 Milk St	Phone: 207-774-1000
Business Name: n/a	Contractor Name: Bennett, Jeff	Contractor Address: 20 Milk Street Portland	Phone: 2077744700
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial / Health club	Proposed Use: Health club / Remodeling and adding day spa DEMO ONLY	Permit Fee: \$58.00	Cost of Work: \$5,000.00	CEO District: 1
Proposed Project Description: Remodeling Health Club and adding day spa. DEMO ONLY		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>MAC APPROVED ON 12/17/02</i>	INSPECTION: Use Group: <i>N/A</i> Type: <i>N/A</i> <i>12/17/02</i> Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Signature:	Date:	

Permit Taken By: gg	Date Applied For: 12/10/2002	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>12/12/02</i></p>	<p>Zoning Appeal</p> <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 <p>Date:</p>	<p>Historic Preservation</p> <input 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 <p>Date:</p>
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MARGE APPROVED

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: 02-1356	Date Applied For: 12/10/2002	CBL: 029 R001001
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Location of Construction: 20 Milk St	Owner Name: Portland Regency Inc	Owner Address: 20 Milk St	Phone: 207-774-1000
Business Name: n/a	Contractor Name: Bennett, Jeff	Contractor Address: 20 Milk Street Portland	Phone: (207) 774-4700
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Commercial	

Proposed Use: Health club / Remodeling and adding day spa DEMO ONLY	Proposed Project Description: Remodeling Health Club and adding day spa. DEMO ONLY
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 12/12/2002
Note: 20 Milk St **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation
- 2) Separate permits shall be required for any new signage.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 12/17/2002
Note: **Ok to Issue:**

- 1) This permit authorizes non-structural pre-construction demoltion work only.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. McDougall **Approval Date:** 12/17/2002
Note: this is for demo only **Ok to Issue:**

- 1) the life safety systems shall be maintained during renovations

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-1356	Issue Date:	CBL: 029 R001001
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Location of Construction: 20 Milk St	Owner Name: Portland Regency Inc	Owner Address: 20 Milk St	Phone: 207-774-1000
Business Name: n/a	Contractor Name: Bennett, Jeff	Contractor Address: 20 Milk Street Portland	Phone: 2077744700
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial / Health club	Proposed Use: Health club / Remodeling and adding day spa	Permit Fee: \$58.00	Cost of Work: \$5,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>N/A</i> Type: <i>N/A</i>	

Proposed Project Description:
Remodeling Health Club and adding day spa. *with plan*

Signature: *[Signature]* Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: Date:

Permit Taken By: gg	Date Applied For: 12/10/2002	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"/> NM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>12/12/02</i>	Date:	Date: <i>Review</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



CITY OF PORTLAND

The Demolition Call List must be submitted with a Building Permit Application

Property location: 20 MILK ST

Chart/Block/Lot 29-R-1

The call list below must be submitted with the building permit application. Please note any "commercial use" demolition will need additional approvals.

When making the submission please include a plot plan showing the location of the structure that is being removed along with a photograph. You may not remove or disconnect any type of lines (private or public) until you have received an approved building permit. If the building does not have one of the below utilities please put "does not apply". All Departments in bold must be notified under all circumstances.

City Approvals

<u>Department</u>	<u>Number</u>	<u>Contact</u>	<u>Date/Who you spoke with</u>
Public Works Sewer	874-8833	Todd Merkel	<u>12/9</u> <u>TODD MERKEL</u>
Public Works Traffic (if structure is being moved to another location)	874-8437	Gary Dobson	<u>12/9</u> <u>GARY DOBSON</u> <i>STRUCTURE NOT TO BE MOVED</i>
Public Works Sealed Drain Permit	874-8822	Carol Merritt	<u>12/9</u> <u>CAROL MERRIT</u>
Historical Preservation	874-8726	Deb Andrews	<u>12/9</u> <u>DEB ANDREWS</u>
Fire Dispatch	874-8576	Dispatcher on Duty	<u>12/9</u> <u>DISPATCHER WILLIAMS</u>

Utility Approvals

Dig Safe (must receive 72 hours notice before digging can begin)	1-888-344-7233	Customer Service	<u>12/9</u> <u>(MARY) SILVER/FORE 20025001235</u> <i>DIGSAFE# MARKET/MILK ST 20025001216</i>
Asbestos	1-207-287-2651	Ed Antz	<u>12/9</u> <u>TALK TO ED ANTZ</u> <u>DIGS NOT APPLY 12/9</u>

BUILDING WAS REMODELING IN 1987

I have contacted all the necessary companies and departments as indicated above

Signature [Handwritten Signature]

Date: 12/9/02

12/9/02

MARGE

OVER THE NEXT FEW MONTHS WE WILL BE RENOVATING OUR HEALTH CLUB. WE WILL ADD TO OUR HEALTH CLUB A DAY SPA. THERE SHOULD NO IMPACT ON PARKING BECAUSE WE WILL OFFER VALET PARKING FOR ALL OUR GUEST

SINCERELY,
JEFF BENNETT

↑
within
the existing
Bldg - B-3 zone
does not require
additional parking

All Purpose Building Permit Application for Demolition

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: 20 MILK ST PORTLAND, ME

Total Square Footage of Proposed Structure 10,000 Square Footage of Lot 24378

Tax Assessor's Chart, Block & Lot Chart# 29 Block# R Lot# 1 Owner: ERIC CIANCHETTE Telephone: 774-1000

Lessee/Buyer's Name (if Applicable) Applicant name, address & telephone: PORTLAND REGENCY HOTEL 20 MILK ST PORTLAND, ME Cost Of Work: \$ 5,000 Fee: \$ 58.00

Current use: HEALTH CLUB
 If the location is currently vacant, what was prior use: _____
 Approximately how long has it been vacant: _____
 Project description: WE ARE REMODELING OUR HEALTH CLUB AND ADDING A DAY SPA
DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION

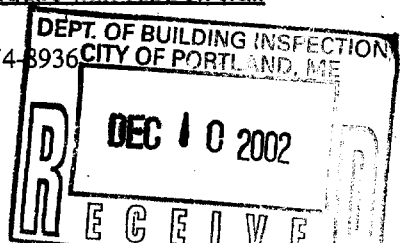
Contractor's name, address & telephone: JEFF BENNETT, 20 MILK ST PORTLAND, ME 774/200
 Who should we contact when the permit is ready: JEFF BENNETT
 Mailing address: PORTLAND REGENCY HOTEL 20 MILK ST PORTLAND, ME Phone: 774-4200

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Mark Mueller Architects Date: DEC. 9, 2002

This is not a permit. you may not commence ANY work until the permit is issued. This is for residential demolition. Commercial demolition will require other types of permitting along with this permit. please inquire with support staff





**MARK
MULLER
ARCHITECTS**
AIA
100 Commercial Street
June 207
Portland, Maine 04101
Phone/Fax 207 774 9057
Email: rmm.ach@pm.com

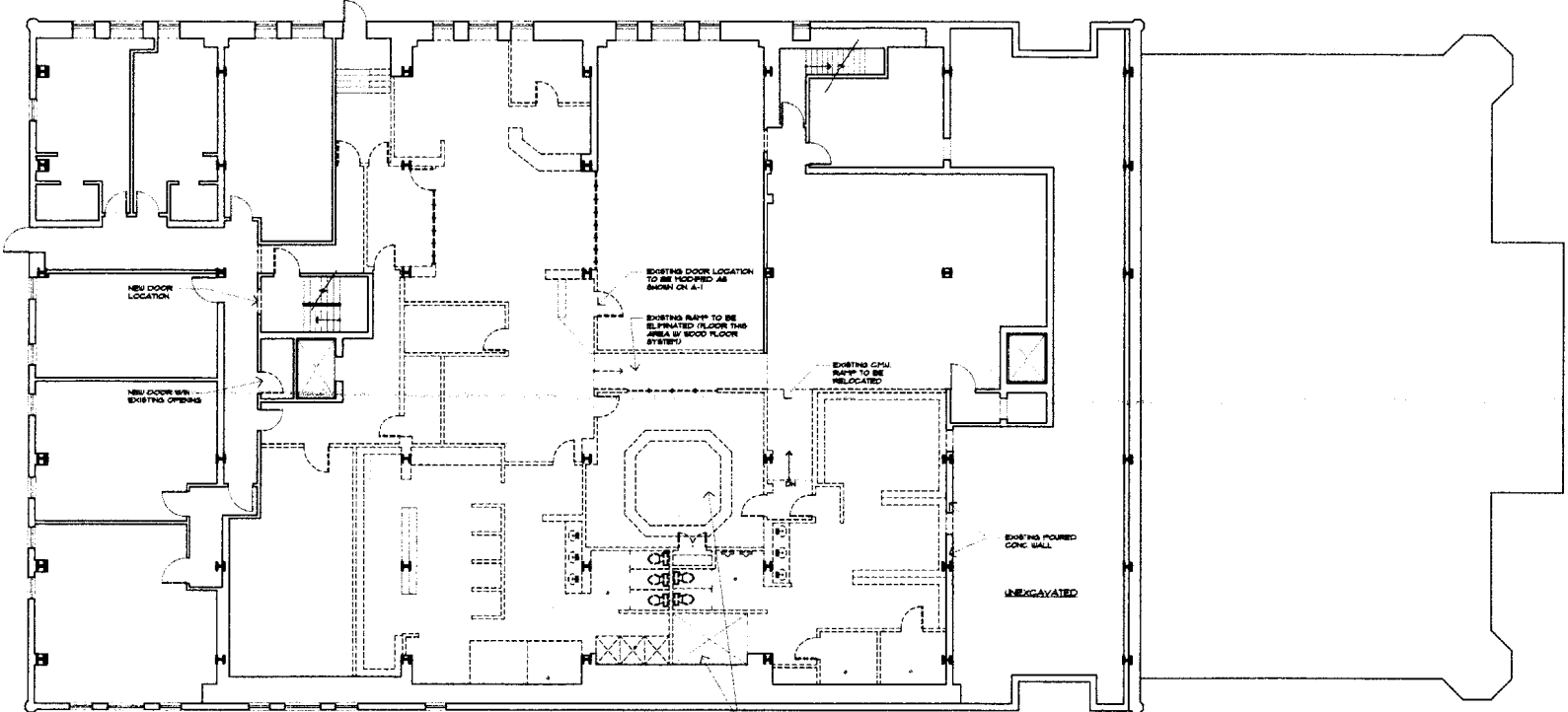
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WWW.MULLERARCHITECTS.COM

RENOVATION OF
THE REGENCY HOTEL
MILK STREET
PORTLAND, MAINE

DATE	07/17/2011
PROJECT	
DESIGN	
DRAWN BY	AS
CHECKED BY	MM

A-2

LEGEND:
——— EXISTING WALL TO REMAIN
- - - - - WALL OR FEATURE TO BE REMOVED



REMOVE EXISTING CONCRETE HOT TUB AND INCREASE TO CREATE NEW PLUMB FLOOR

NOTE:
All existing gypsum drywall as fire protection on beams and columns shall remain (or be replaced as part of the new construction)

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

PRELIMINARY DESIGN