City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				ermit No: Issue Date: 06-1735		e:	CBL: 029 S001001	
Location of Construction: 145 COMMERCIAL ST	Owner Name: HIGHLAND B	AY LLC ETALS	Owner Address: 150 METRO PARK			Phone:		
Business Name: United Health Group	Contractor Nan Shawmut Desi	ne: ign & Construction	Contractor Address: 560 Harrison Ave Boston			Phone 6176227389		
Lessee/Buyer's Name Lance Russell	Phone: 978-275-1937			Permit Type: Additions - Commercial				Zone:
Past Use: Commercial - Offices		Offices - Add 2 walls ing for existing mens troom		Approved				Туре
Proposed Project Description: Add 2 walls & soundproofing	mens restroom	Signature:		proved w/Co	CT (P.A.D.)			
Permit Taken By: ldobson	Date Applied For: 12/01/2006	Zoning Approval						
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		Zoning Appeal			Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.		U Wetland		Miscellaneous			Does Not Require Revie	
 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 		Flood Zon Subdivision		Conditional Us			Requires Review Approved	
		Site Plan		Approved			Approved w/Condition	
		Maj 🗌 Mino 🗌 MM	[Denied			Denied	
		Date:		Date:		Date	:	

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

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Business Name: United Health Group	Contractor Name: Shawmut Design & Construction		Contractor Address: 560 Harrison Ave Boston		Phone 6176227389	
•				1		
Lessee/Buyer's Name	Phone:		Permit Type:		Zone	:
Lance Russell	978-275-1937		Additions - Commercial			
Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 12/01/2006						
Note:	11		C		Ok to Issue: 🔽	_
 ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District. 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: A	approved with Condition	ns Reviewer	: Tammy Munson	Approval Dat	e: 12/12/200)6
Note:					Ok to Issue: 🗹	ľ
 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) ANY exterior work requires separate review and approval thru Historic Preservation						
4) All penetrations between dwelling units and dwelling units and common areas shall be maintained with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.						
5) As discussed, any HVAC work may require separate design work and plans to be submitted for review.						
Dept: Fire Status: A	pproved with Condition	ns Reviewer	: Cptn Greg Cass	Approval Dat	e: 12/05/200)6
Note:					Ok to Issue: 🗹]
 New walls require Fire Alarm and Sprinkler system reviews to insure code compliance. NFPA 72 and 13 compliance letters will be required 						
2) All construction shall comply with NFPA 101						
Comments: 12/12/2006-tmm: spoke w/Dan Cook going to be done, are ceilings rated, is						

CERTIFICATION

space

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО