

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

**PERMIT ISSUED**  
 Permit Number: 001705  
 DEC - 7 2006  
 CITY OF PORTLAND

This is to certify that TOP OF EXCHANGE LLC / Monaghan Woodworks Inc.

has permission to Demolition of interior non-load bearing walls

AT .85 EXCHANGE ST

032 D00400

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 when permission procured before this building or part thereof is altered or 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. Carca, CASB

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*[Signature]*  
12/7/06  
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

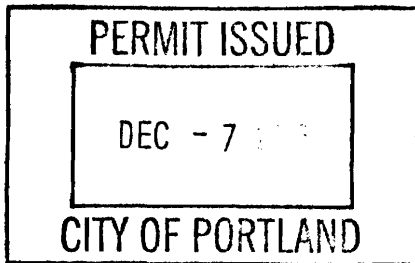
Permit No: 06-1705	Issue Date:	CBL: 032 D004001
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Location of Construction: 85 EXCHANGE ST	Owner Name: TOP OF EXCHANGE LLC	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 111 Commercial St. Portland	Phone 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial / office - 3rd floor	Proposed Use: Commercial / office demolition of interior non-load bearing walls	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: I
Proposed Project Description: Demolition of interior non-load bearing walls		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 101 # 39 Signature: <i>Greg Guss</i>	INSPECTION: Use Group: <i>Demo</i> Type: <i>3A</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>Not 1st floor ok</i> Date:		

Permit Taken By: dmartin	Date Applied For: 11/21/2006	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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>11/29/06</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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 Date: <i>Requires A Separate Review &amp; Approval</i>
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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

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 2/13/07  
 Permit # 200-4116  
 CBL# 32 D4

LOCATION: 85 Exchange St 3rd floor METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER ELL  
 TENANT Birgman + Metchum PHONE # 774-1000

								TOTAL EACH FEE		
OUTLETS	<u>80</u>	Receptacles	<u>40</u>	Switches		Smoke Detector	<u>120</u>	.20	<u>24.00</u>	
FIXTURES	<u>30</u>	Incandescent	<u>50</u>	Fluorescent	<u>6</u>	Strips	<u>86</u>	.20	<u>17.20</u>	
SERVICES		Overhead		Underground		TTL AMPS <u>200</u> ( <del>800</del> ) <u>30</u>		15.00	<u>15.00</u>	
		Overhead		Underground		>800		25.00		
Temporary Service		Overhead		Underground		TTL AMPS		25.00		
								25.00		
METERS		(number of)						1.00		
MOTORS		(number of)						2.00		
RESID/COM		Electric units						1.00		
HEATING		oil/gas units		Interior		Exterior		5.00		
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00		
		Insta-Hot	<u>1</u>	Water heaters	<u>2</u>	Fans	<u>3</u>	2.00	<u>6.00</u>	
		Dryers		Disposals	<u>1</u>	Dishwasher	<u>1</u>	2.00	<u>2.00</u>	
		Compactors		Spa		Washing Machine		2.00		
		Others (denote)						2.00		
MISC. (number of)		Air Cond/win						3.00		
		Air Cond/cent				Pools		10.00		
	<u>9</u>	HVAC		EMS		Thermostat	<u>9</u>	5.00	<u>45.00</u>	
		Signs						10.00		
		Alarms/res						5.00		
		Alarms/com						15.00		
		Heavy Duty(CRKT)						2.00		
		Circus/Carnv						25.00		
		Alterations						5.00		
		Fire Repairs						15.00		
	<u>18</u>	E Lights						1.00	<u>18.00</u>	
		E Generators						20.00		
PANELS		Service		Remote		Main		4.00		
TRANSFORMER		0-25 Kva						5.00		
		25-200 Kva						8.00		
		Over 200 Kva						10.00		
								TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 55.00								MINIMUM FEE	45.00	<u>127.20</u>

CONTRACTORS NAME PLACE ELECTRIC INC MASTER LIC. # 10624  
 ADDRESS 173 Summit St Portland LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 774-3776

SIGNATURE OF CONTRACTOR Charles Place

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

## PROPERTY OWNERS NAME

Last:	First:
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Applicant Name:	
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Mailing Address of Owner/Applicant (If Different)	
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## 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.

Signature of Owner/Applicant	Date
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PORTLAND PERMIT # 10192 TOWN COPY

Date Permit Issued: 2/14/07	\$ 154	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>A. Rowe</i>	L.P.I. # 0691	

## Caution: Inspection Required

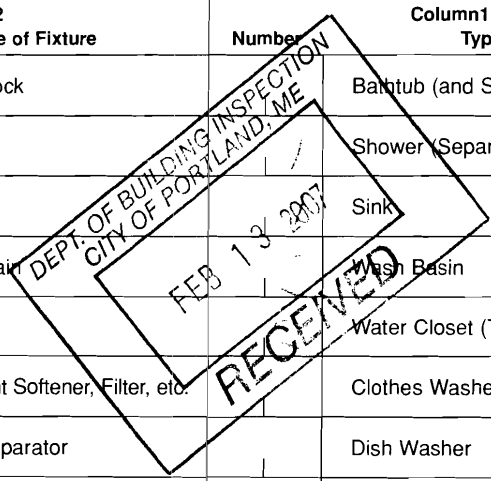
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature	Date Approved
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## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 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 # _____
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebib / Sillcock		Bathtub (and Shower)
<b>OR</b>		Floor Drain		Shower (Separate)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
<b>OR</b>		Bidet		Laundry Tub
<input type="checkbox"/> TRANSFER FEE (\$6.00)		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
			11	Fixtures (Subtotal) Column 2
			18	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>



SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE