

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080152

This is to certify that ELEVEN EXCHANGE LLC / C Constructionhas permission to Restroom alterations (men and womens)AT 375 FORE ST

032 F007001

PERMIT ISSUED

FEB 25 2008

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.

Notification of inspection must be given and when permission is procured before this building or part thereof is loaded or service is closed-in. 4 HOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Thomas M. Mauley 2/25/08
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: 08-0152		Issue Date:		CBL: 032 F007001	
Location of Construction: 375 FORE ST		Owner Name: ELEVEN EXCHANGE LLC		Owner Address: PO BOX 4894	
Business Name:		Contractor Name: M C Construction		Phone: 207-653-8445	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Commercial	
Past Use: Restaurant - Bull Feeneys		Proposed Use: Resaurant - Bull Feeneys - Restroom alterations		Zone:	
Permit Fee: \$610.00		Cost of Work: \$58,000.00		CEO District: 1	
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>Commercial</i> Type: <i>IF</i> <i>IBC 2003</i>			
Proposed Project Description: Restroom alterations (men and womens)		Signature:		Signature: <i>Jim 2/25/08</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
Signature:		Date:			
Permit Taken By: lmd		Date Applied For: 02/25/2008		Zoning Approval	
<ol style="list-style-type: none">1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.2. Building permits do not include plumbing, septic or electrical work.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..		Special Zone or Reviews		Zoning Appeal	
		<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:		<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:	
		Historic Preservation		Historic Preservation	
		<input type="checkbox"/> Not in District or Landmark <input checked="" 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>Jim 2/25/08</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, Maine - Building or Use Permit

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

Permit No: 08-0152	Date Applied For: 02/25/2008	CBL: 032 F007001
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Location of Construction: 375 FORE ST	Owner Name: ELEVEN EXCHANGE LLC	Owner Address: PO BOX 4894	Phone: 207-653-8445
Business Name:	Contractor Name: M C Construction	Contractor Address: 386 Fore St. Portland	Phone (207) 774-2330
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

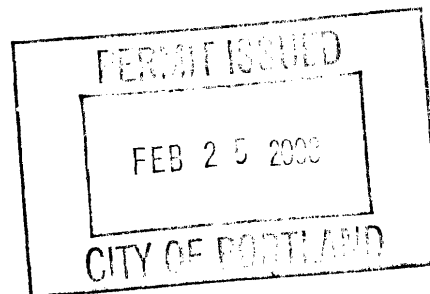
Proposed Use: Resaurant - Bull Feeneys - Restroom alterations	Proposed Project Description: Restroom alterations (men and womens)
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Dept: Zoning **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 02/25/2008
Note: **Ok to Issue:** ☒

- 1) 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:** 02/25/2008
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) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.





General Building Permit Application

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: <u>375 Fore Street</u>		
Total Square Footage of Proposed Structure/Area <u>527</u>		Square Footage of Lot <u>Douglas Freese, Owner</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must be owner, Lessee or Buyer</u> Name <u>Hindant Feet, LLC</u> Address <u>P.O. Box 531</u> City, State & Zip <u>Portland, ME 04112</u>	Telephone: <u>207-653-8445</u> <u>(Cell)</u>
Lessee/DBA (If Applicable) <u>Hindant Feet, LLC dba</u> <u>Bull Feese's</u>	Owner (if different from Applicant) Name <u>Joe Soley</u> Address <u>P.O. Box 4894</u> City, State & Zip <u>Portland, ME 04112</u>	Cost Of Work: <u>\$58,000</u> C of O Fee: \$ <u> </u> Total Fee: \$ <u> </u>
Current legal use (i.e. single family) <u>Restaurant</u> If vacant, what was the previous use? <u> </u> Proposed Specific use: <u> </u> Is property part of a subdivision? <u> </u> If yes, please name <u> </u> Project description: <u> </u>		DEPT. OF PLANNING & DEVELOPMENT CITY OF PORTLAND, ME FEB 25 2008
Contractor's name: <u>M.C. Construction</u>		
Address: <u>386 Fore Street Ste. 304</u>		
City, State & Zip <u>Portland, ME 04101</u>		Telephone: <u>714-2330</u>
Who should we contact when the permit is ready: <u>Doug Freese</u>		Telephone: <u>653-8445</u>
Mailing address: <u>PO Box 531 Portland, ME 04112</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

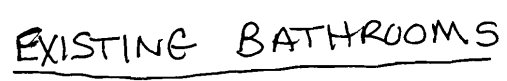
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

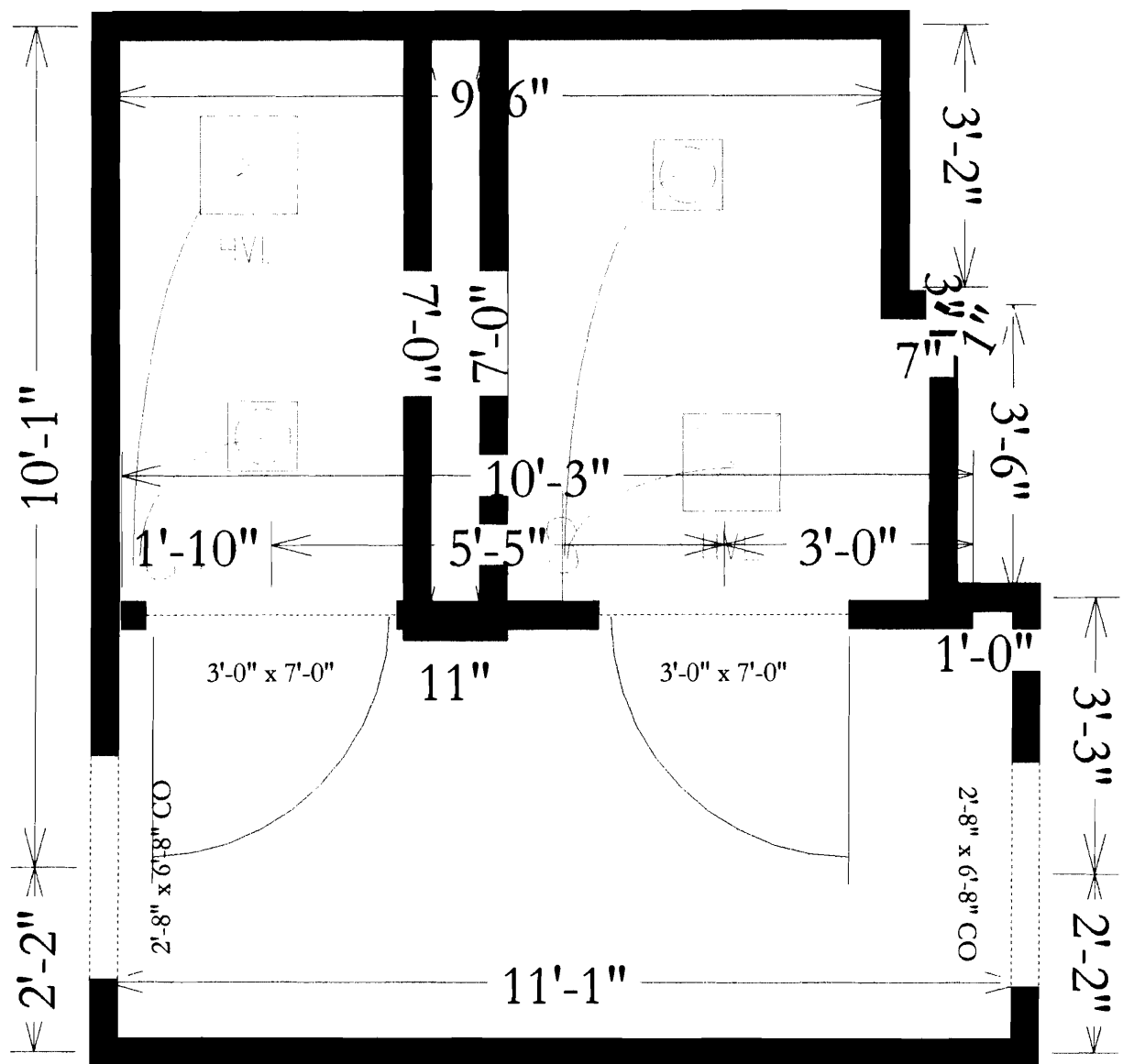
Signature: [Signature]

Date: 2/25/08

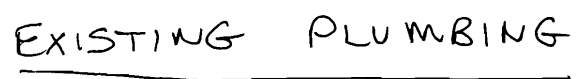
This is not a permit; you may not commence ANY work until the permit is issued

10976

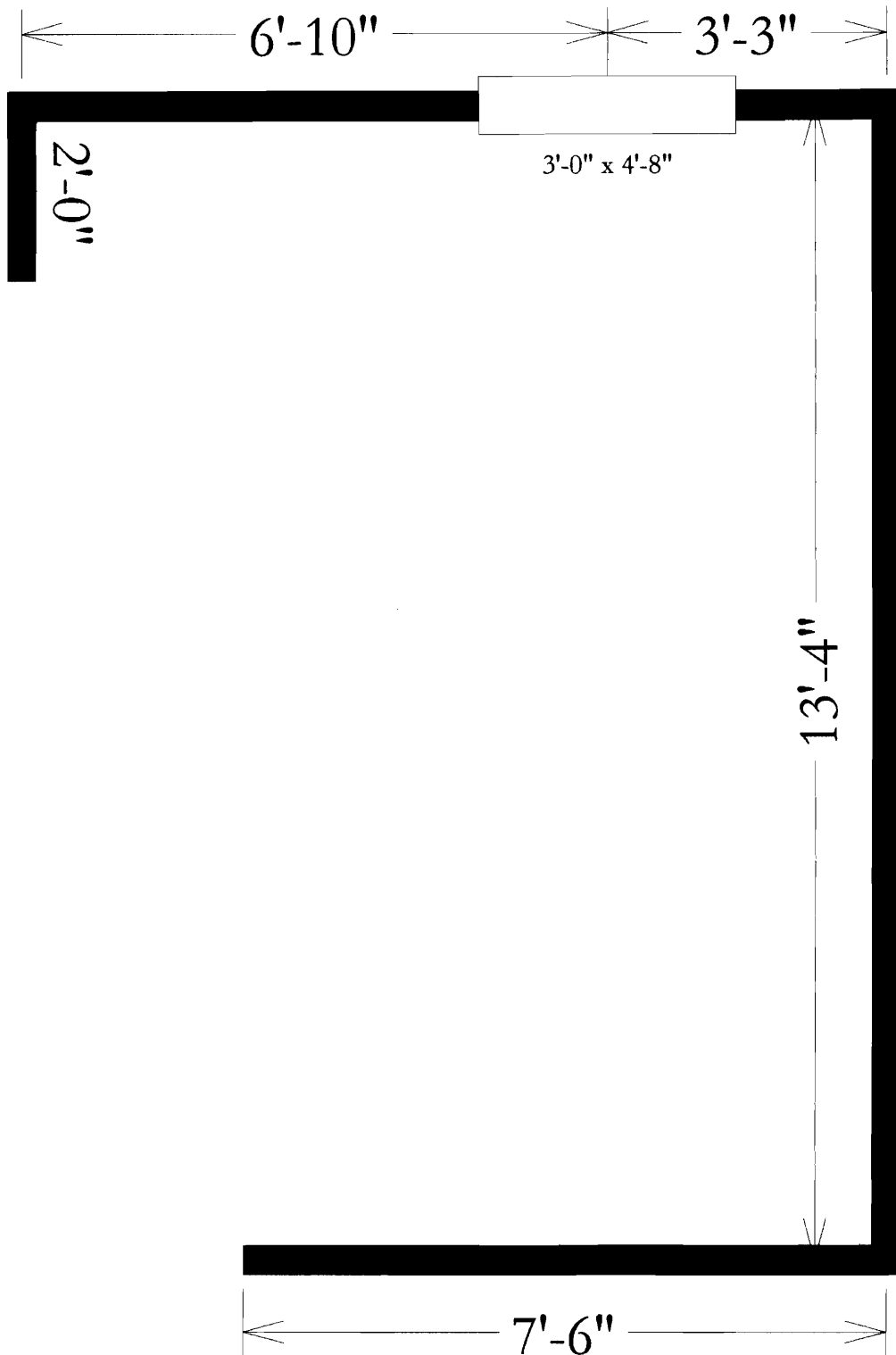




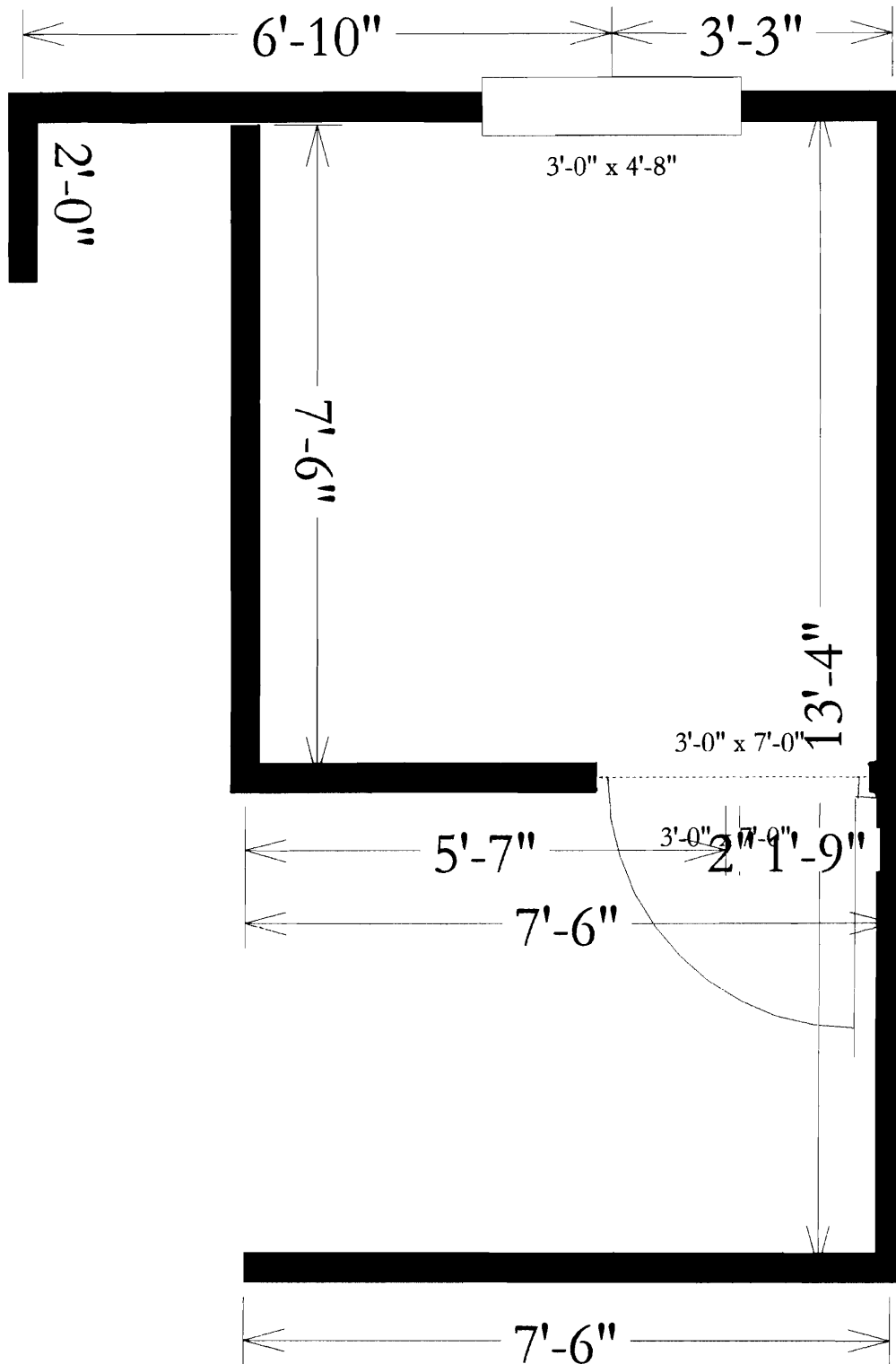
EXISTING ELECTRICAL



EXISTING PLUMBING



EXISTING AREA
FOR ADA BATHROOM



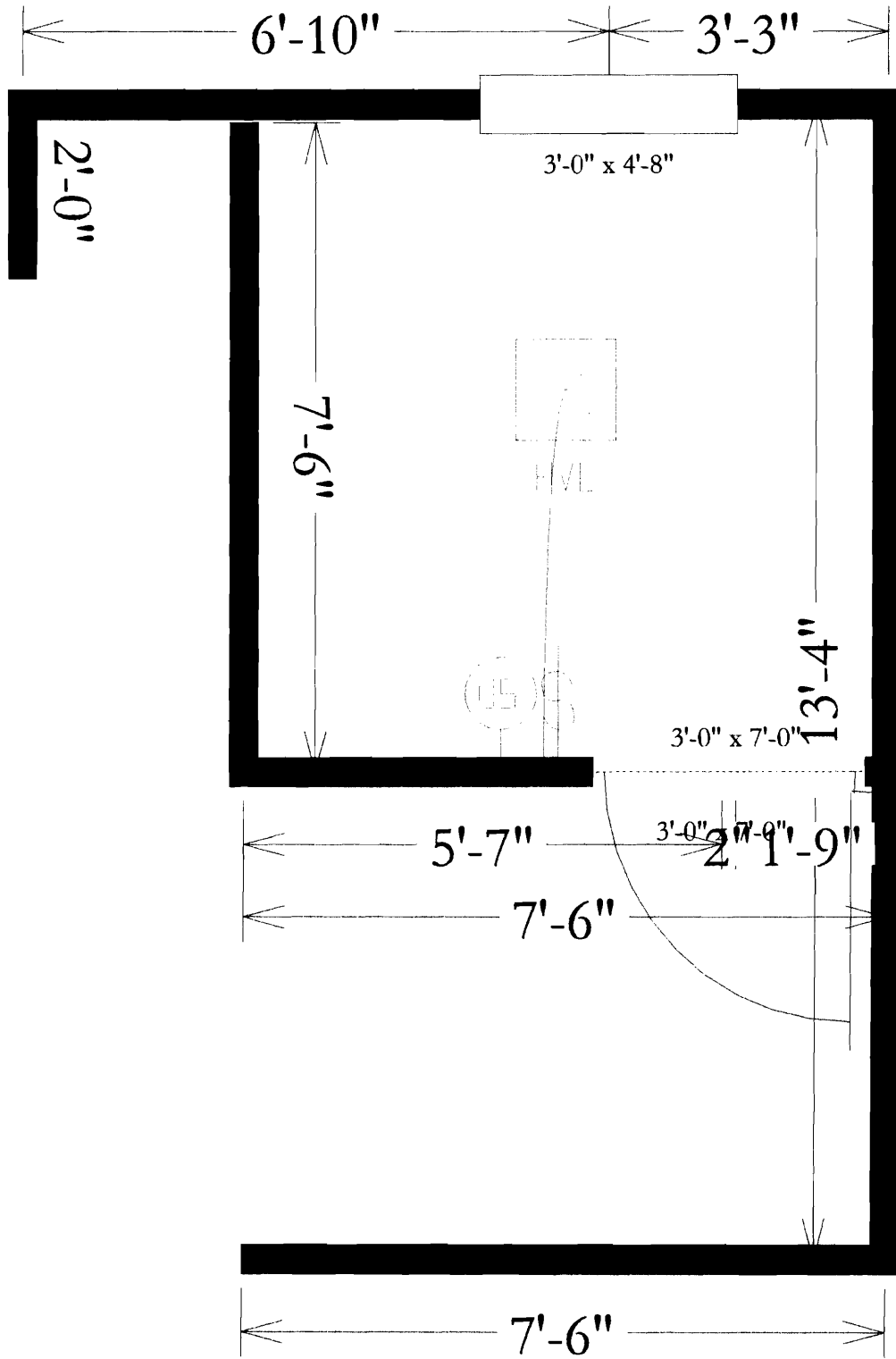
FRAMING

2- 7'-6" WALLS

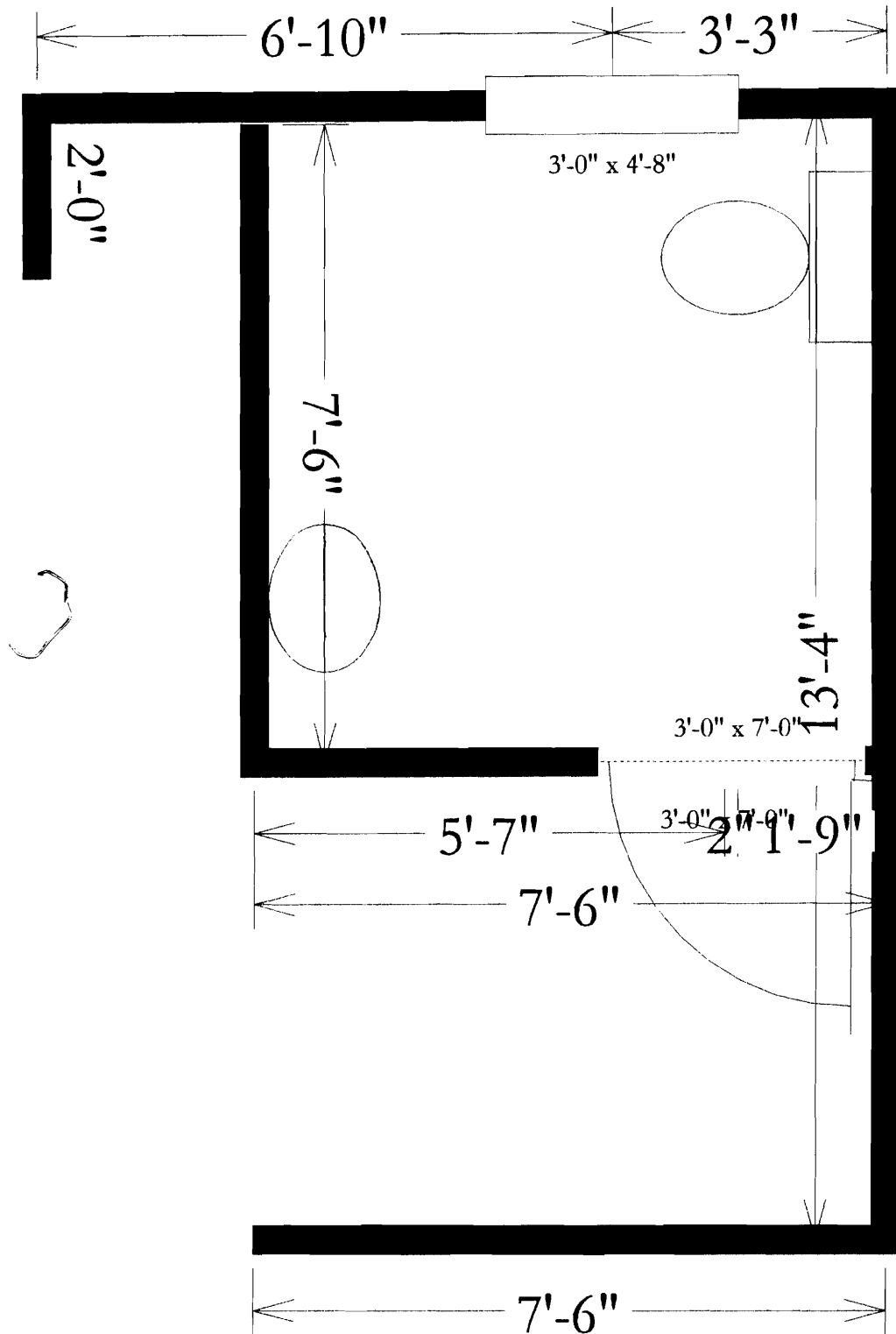
2"x4" KD - 16"-O.C.

R-13 INSULATION

5/8" FIRE RATED GYPSUM



PROPOSED
ELECTRICAL



PROPOSED
PLUMBING ADA REQUIREMENTS
 (ATTACHED)

4.17 Toilet Stalls

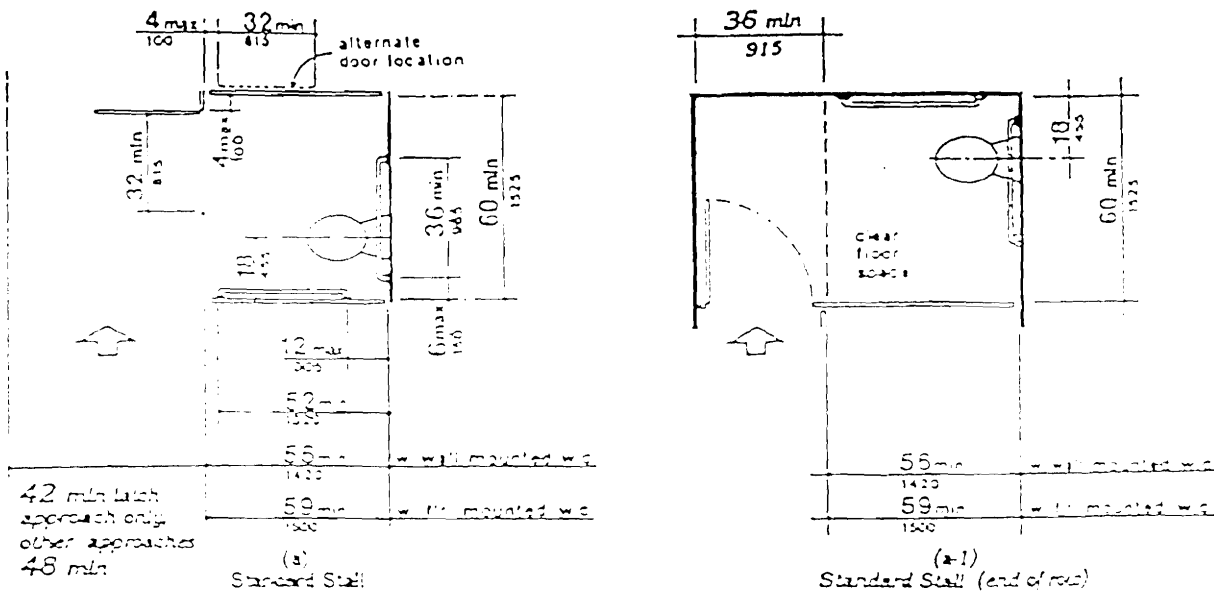


Fig. 30
Toilet Stalls

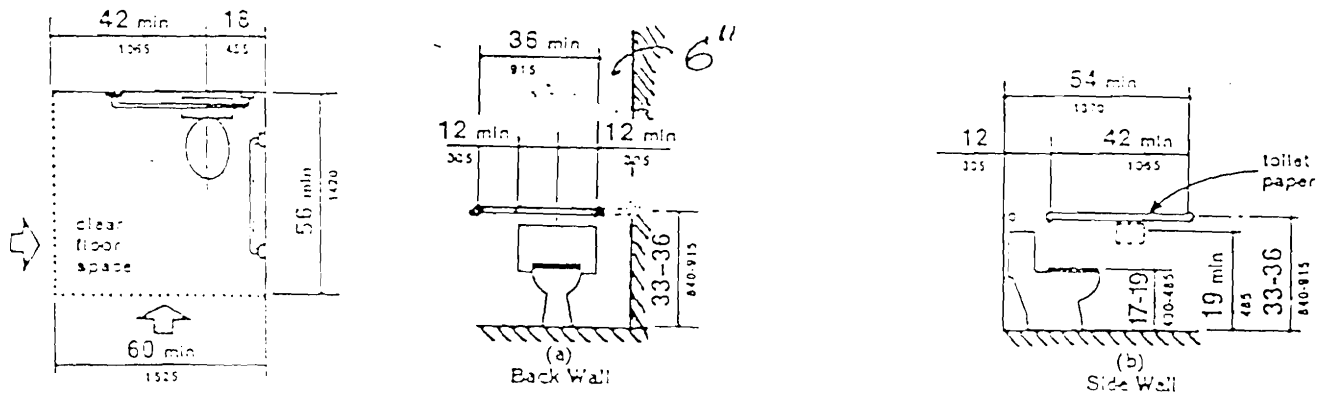
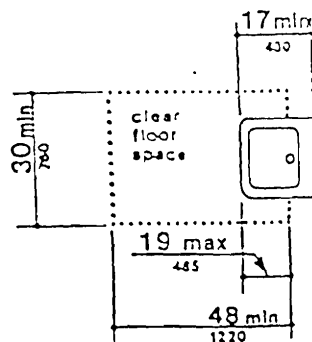
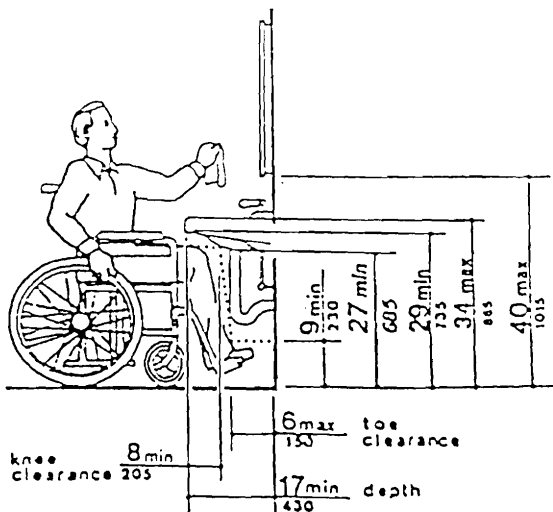
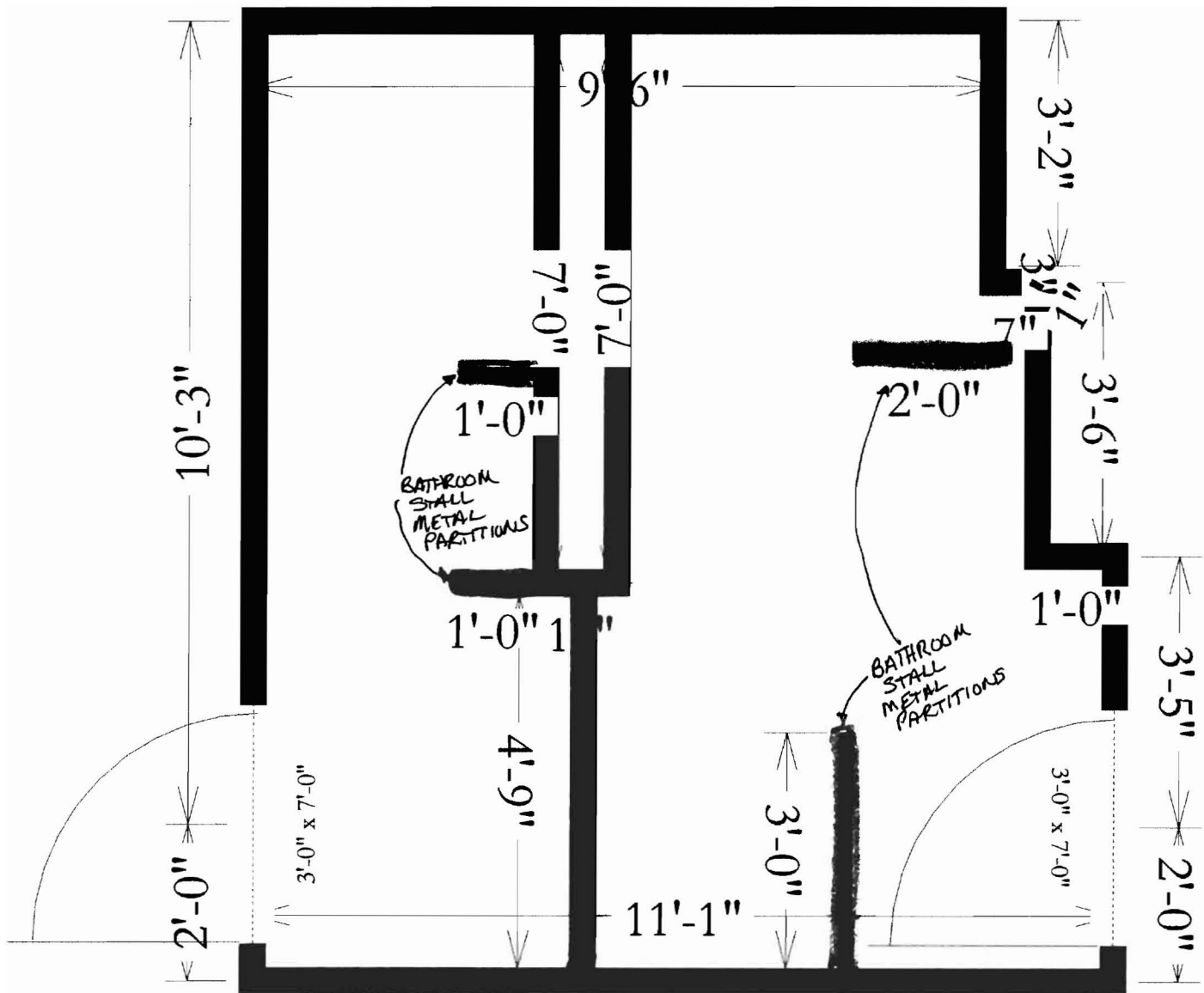


Fig. 29
Grab Bars at Water Closets

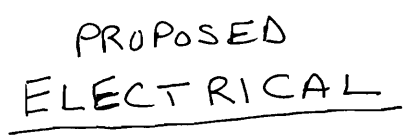


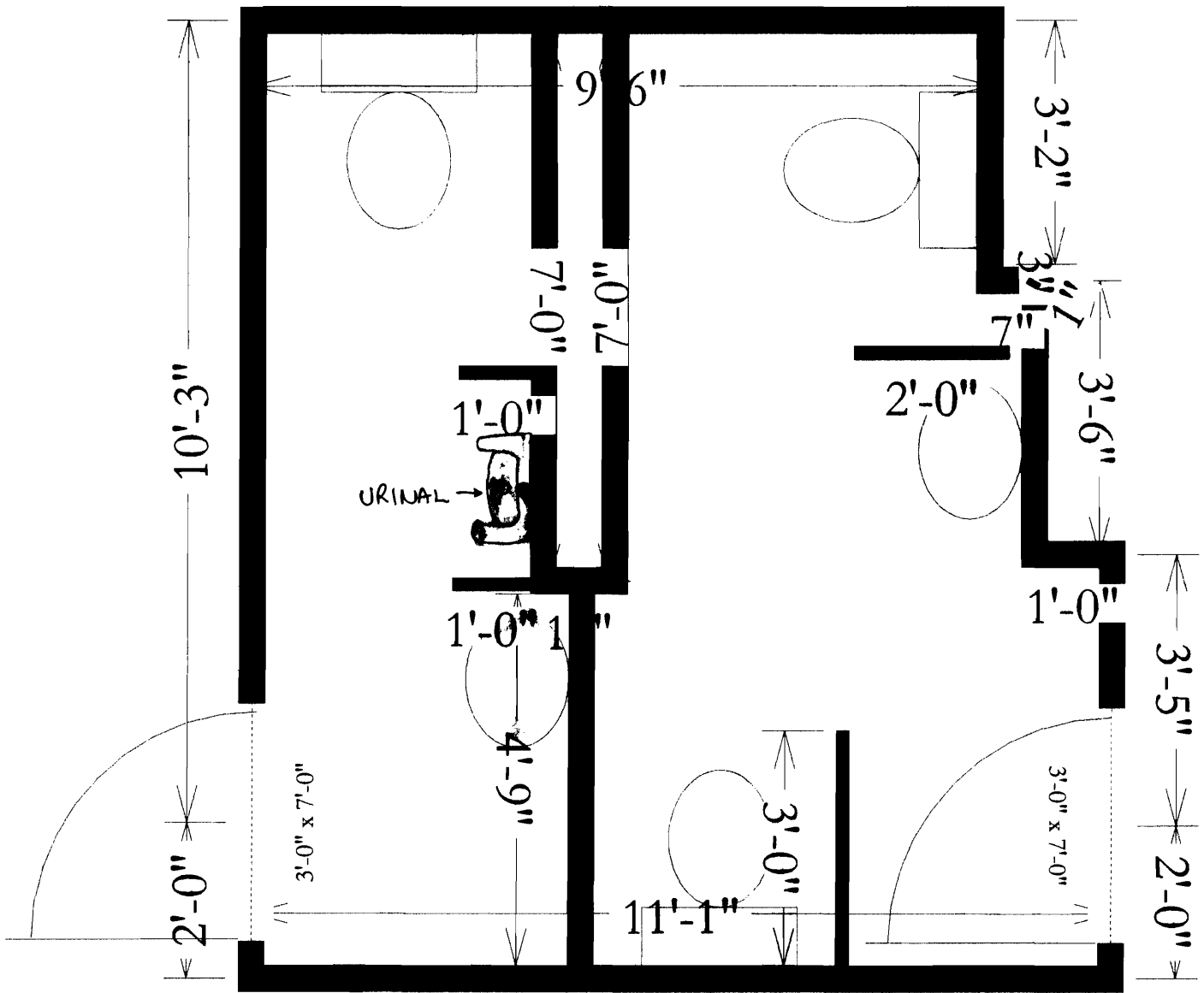


PROPOSED
FRAMING - 2"x4" KD 16" - o.c.
(NO PLUMBING)
4'-9" - WALL ONLY

2"x6" KD 16" o.c.
(W/ PLUMBING)

R-13 INSULATION
5/8" FIRE RATED GYPSUM

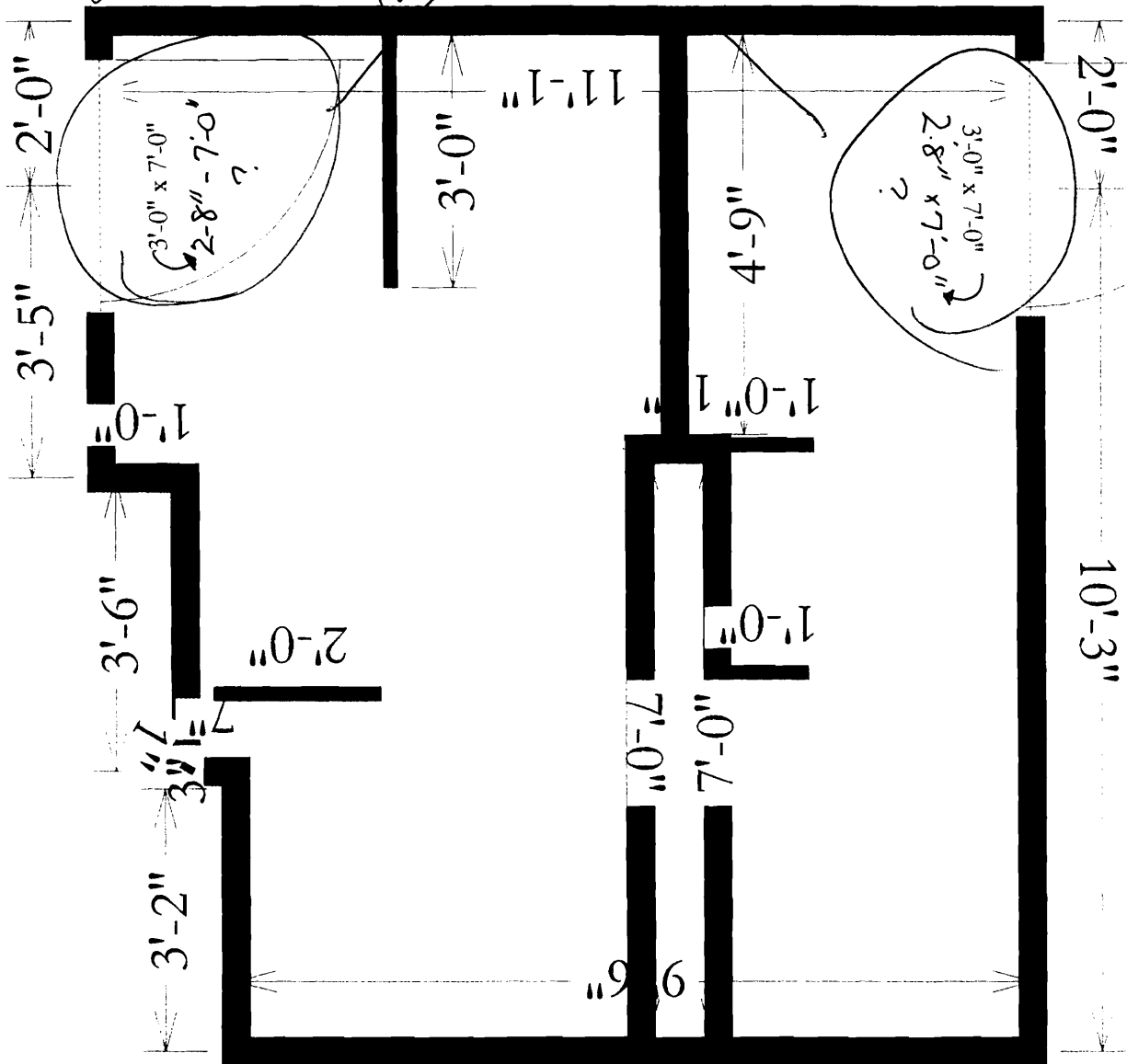




PROPOSED
PLUMBING

Tom,
Because of space limitations
we'd like to narrow
these documents.
Is this ok?
Doug Paul

PROPOSED
/ Doug Bull Feeney's
6528445
(cell)



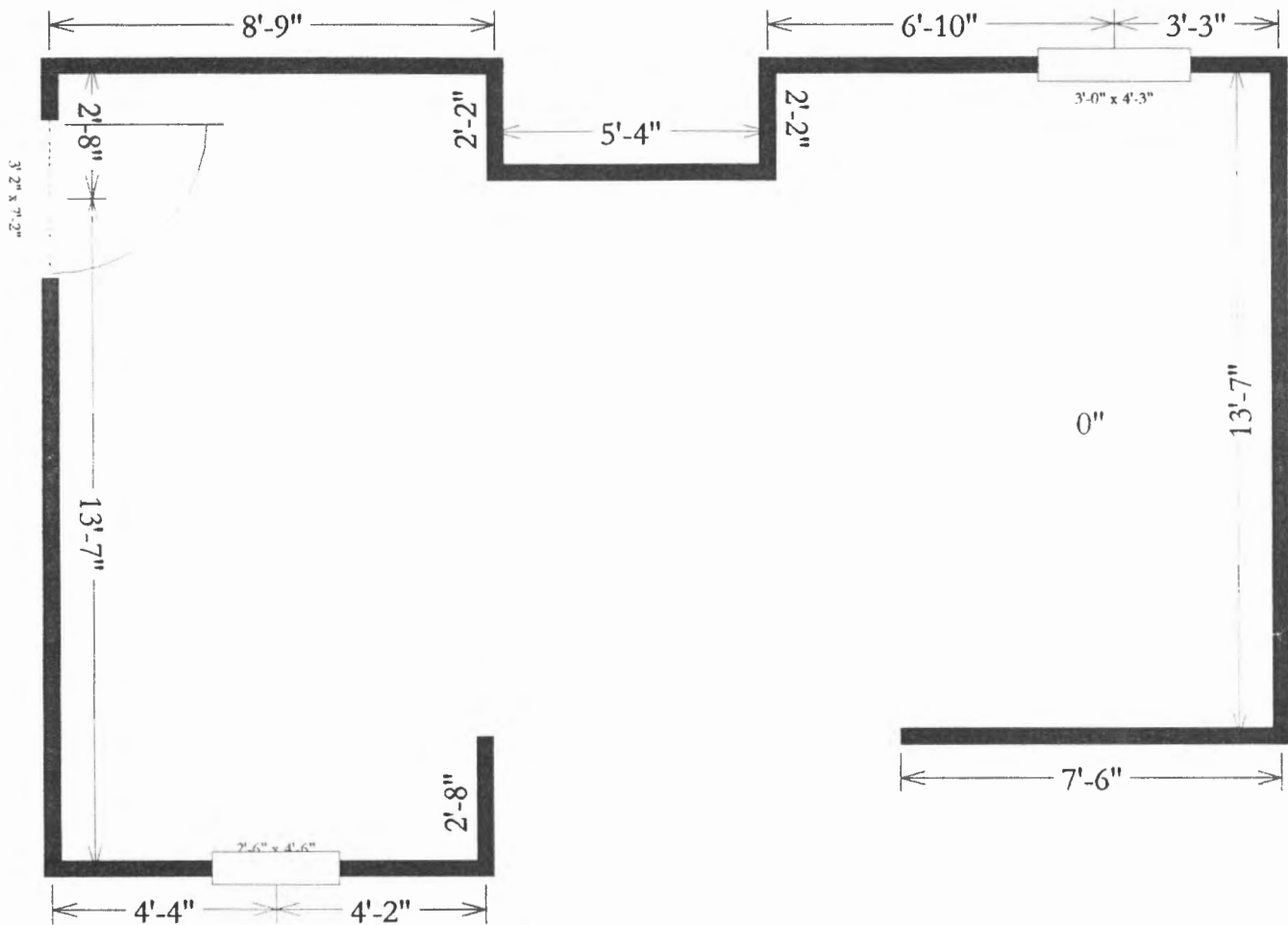
3-6-08

1. Rough-in plumbing & electrical OK
2. Question on locations of fixtures in mens room and door swing (men & ladies)

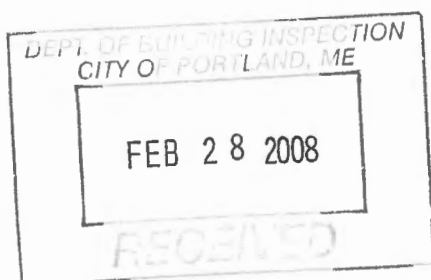
Note: Option A for doors: MEN right handed

6/03/08 no floor drains installed in New Bathrooms
Issue of sanitation for store beneath.
Overflow resulted in leak to space
occupies before. Visited site - will talk
to manager S.M.B.

6/18/08 See notes in complaint.
Called Mike Coyne (contractor) to
have Floor drains installed JMB



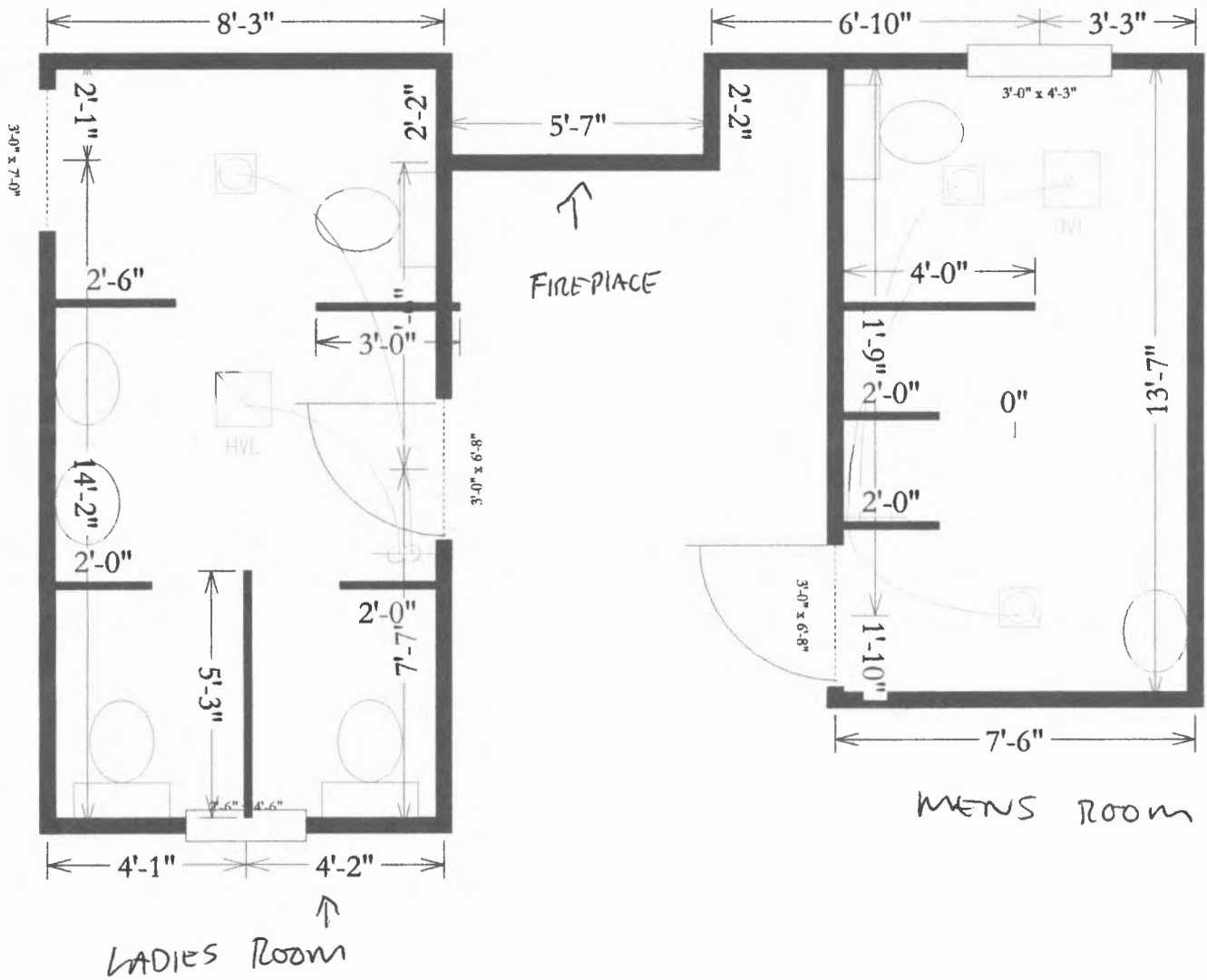
EXISTING FLOOR PLAN



BULLFEENEY'S

BATHROOMS

2nd Floor -



MAR 7 2008

TODD
CER @ 776-0395

OPTION - A