Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read	I Y OF PORILARI	
Application And Notes, If Any, Attached	PERMIT	Permit Number: 071127
A & M PARTNERS IN	C/Lc Vood/ A & M Partners	PERMIT ISSUED
This is to certify that Interior build-out non-be	earing all	TEMMIT 1000LD
has permission to396 CONGRESS ST		00 001
AT	C 032 G	00 001 OCT - 3 2007
provided that the person or person of the provisions of the Statutes	ons, m or ation epting to of the ine and of the sances of	his permit shall comply with a
•		
the construction, maintenance at this department.	nd us of buildings and structures,	and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N fication inspect in must go and with permit on procuble re this ding or at thereoder dispersion of the procuble of the process of the procubing of the process of the pro	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept.		
Health Dept.		f) $f$
Appeal Board		and Barbs 18/2/17
OtherDepartment Name		Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Buil	ding or Use	Permi	і Аррисано	n Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (	207) 874-8703	B, Fax:	(207) 874-871	6 07-1127	<u> </u>	032 G001001
Location of Construction:	Owner Name:			Owner Address:		Phone:
396 CONGRESS ST	A & M PART	NERS I	NC	120 EXCHANG	E ST	
Business Name:	Contractor Name			Contractor Address:		Phone
	Lou Wood/ A	& M Pa	artners	120 Exchange St	reet Portland	2074506128
Lessee/Buyer's Name	Phone:		{	Permit Type:		Zone:
			j	Alterations - Co	mmercial	
Past Use:	Proposed Use:		<del></del>	Permit Fee:	Cost of Work	CEO District:
Commercial	Commercial I	nterior b	ouild-out non-	\$110.00	\$8,500	0.00
	bearing wall			FIRE DEPT:	Approved	INSPECTION: 30
				Ī	Denied	Use Group: Type: 5
				}		
	<u> </u>			See Con	frences	DB4-2003
Proposed Project Description:				See Conc	$\sim$	Use Group: Group
Interior build-out non-bearing wall				Signature:	2 CA23	Signature: (Myssilla)
				PEDESTRIAN ACT		RICT (P.A.D.)
				Action: Appro	ved Appro	oved w/Conditions Denied
				Signature:		Date:
· I ·	plied For:			Zoning	g Approval	
dmartin 09/13	3/2007	<u> </u>				
1. This permit application does not		Spe	cial Zone or Revie	ews Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applic Federal Rules.	able State and	∏ Sh	oreland	☐ Variano	ce	Not in District or Landma
2. Building permits do not include paseptic or electrical work.	olumbing,	□ w	etland	Miscell	aneous	Does Not Require Review
3. Building permits are void if work within six (6) months of the date		☐ Flo	ood Zone	Conditi	onal Use	Requires Review
False information may invalidate permit and stop all work	a building	☐ Su	bdivision	[ Interpre	tation	Approved
		☐ Sit	te Plan	Approv	ed	Approved w/Conditions
PERMIT ISSUEI	)	Мај [	Minor MM	Denied		Denied
	7	loky	vilhande	1000 ×		
007		Date:	9-112	Date:		Pate:
OCT - 3 2007			7	1		And on the Care
	1 1					Shall bet
CITY OF PORTLAN	vin					work sta ver
Lourdinne	10					ASEPANANO
			ERTIFICATION	ON		they willed
hereby certify that I am the owner of have been authorized by the owner to urisdiction. In addition, if a permit for shall have the authority to enter all area with premit	make this appli work described	med pro ication a d in the	operty, or that the s his authorized application is is	ne proposed work is I agent and I agree sued, I certify that	to conform to the code office	all applicable laws of this itial's authorized representative
such permit.						

DATE

PHONE

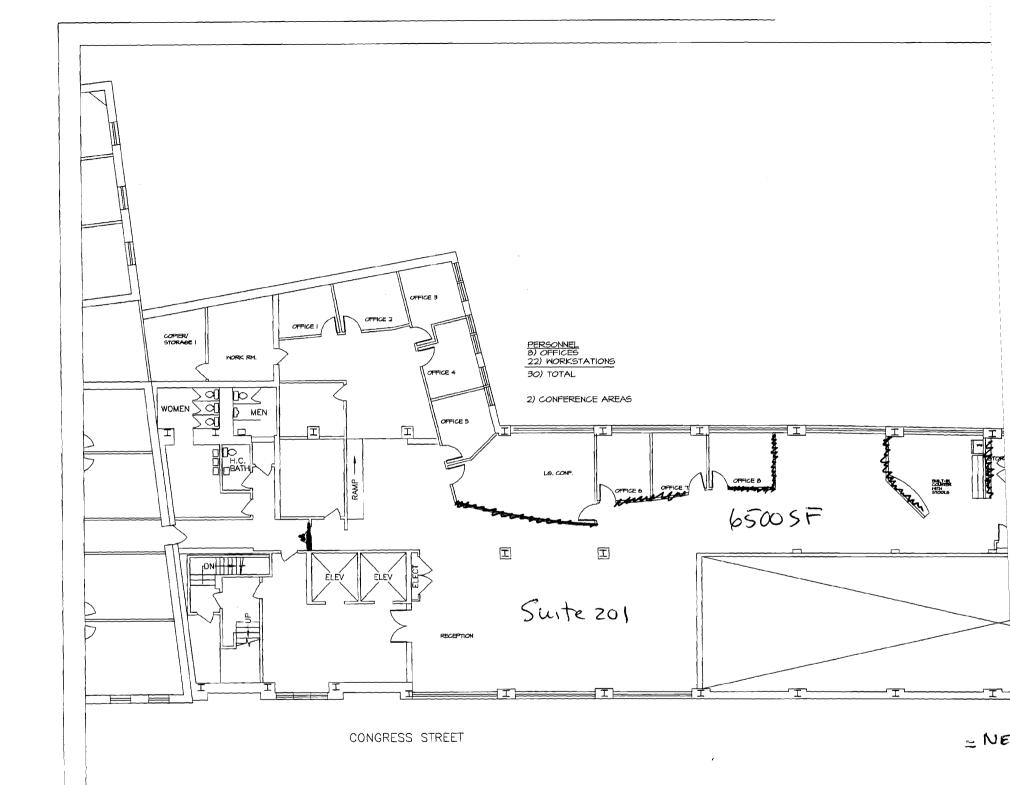
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portland, Maine - Bu	ilding or Use Permit	t		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (	(207) 874-8	8716	07-1127	09/13/2007	032 G001001
Location of Construction:	Owner Name:		To	wner Address:		Phone:
396 CONGRESS ST	A & M PARTNERS I	NC	] :	120 EXCHANGE	ST	
Business Name:	Contractor Name:		C	Contractor Address:		Phone
	Lou Wood/ A & M Pa	rtners	] ]	120 Exchange Stre	eet Portland	(207) 450-6128
Lessee/Buyer's Name	Phone:		P	ermit Type:		
		}	Ĺ	Alterations - Com	mercial	
Proposed Use:		Pr	oposed	Project Description:		
Commercial Interior build-out non-b	earing wall	Ir	nterior	build-out non-bea	aring wall	
		}				
		1				
		{_				
Dept: Zoning Status:	Approved with Condition	ns Revie	wer:	Marge Schmucka	al Approval Da	ate: 09/13/2007
Note:				Č	**	Ok to Issue:
1						
1						
Dept: Building Status:	Approved with Condition	ns Revie	wer:	Jeanine Bourke	Approval Da	ate: 10/03/2007
Note:						Ok to Issue:
Separate permits are required for Separate plans may need to be st	, ,	•	-			
2) All penetratios through rated ass ASTM 814 or UL 1479, per IBC		d by an app	roved	firestop system in	stalled as tested in ac	cordance with
Dept: Fire Status:	Approved with Condition	ns Revie	wer:	Capt Greg Cass	Approval Da	ate: 09/14/2007
Note:	•				••	Ok to Issue:
1) All construction shall comply wi	th NFPA 101					
2) The Fire alarm and Sprinkler sys Compliance letters are required.		y a licensed	contr	actor[s] for code c	compliance.	

## 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: 400 ( Total Square Footage of Proposed Structure	Area Square Foota	ge of Lot	
NA	Applicant *must be owner, I	NIA	
Tax Assessor's Chart, Block & Lot			.1
Chart# Block# Lot#	Name A+M PARTN		
	Address 120 Exch	use st. 450-61	مه
	City, State & Zip (Soft)	mas M.	
Lacco /DDA /JE Amilianhia			
Lessee/DBA (If Applicable)	Owner (if different from A	• • • • • • • • • • • • • • • • • • • •	<u> </u>
	Name SAME As		
	Address	C of O Fee: \$	10_
	City, State & Zip	Total Fee: \$ 110	00
		10tal 1 cc. #	<u>'</u>
Current legal use (i.e. single family)			
If vacant, what was the previous use?			
Proposed Specific use:Since	TC 1		
s property part of a subdivision?  Project description: Trituo Bui	If yes, please nan	ne	
Contractor's name: SAME AS AM	hent		
Contractor's name: SAME AS AM	hent		
Contractor's name: SAWA AS AM	hent		A۶
Contractor's name: SAME AS AM	hent		٨Ş
Contractor's name: STWA AS A CANADAR Address:	ready: hours Wood	Telephone: Telephone: <b>430-61</b> <b>0.0410</b> ]	AS
Contractor's name: SAMS AS	ready: hours Wood	Telephone: Telephone: 450-610  O . 04101  Able Checklist. Failure to	aş
Contractor's name: Street As Apparent Address: City, State & Zip	neady: Loues Wood  Tool. Wood  on outlined on the application and the automatic denial of you	Telephone: Telephone: 450-6/4  O. 04/0/  able Checklist. Failure to our permit.	
Contractor's name: SAWA AS APA Address: City, State & Zip Who should we contact when the permit is a Mailing address: 120 Exclusion Please submit all of the information do so will result in the corder to be sure the City fully understands the contraction of the contraction	neady: Loues Wood on outlined on the applicate automatic denial of you	Telephone: Telephone:  Telephone:  O. 04/0/  Telephone:  O. 04/0/  Telephone:  Failure to  Our permit.  Planning and Development Departm	nent
Contractor's name: SAMS Apparent Address:  City, State & Zip Who should we contact when the permit is a Mailing address: 120 Exclusion  Please submit all of the information do so will result in the property of the pro	eady: Loues Wood on outlined on the applicate automatic denial of your full scope of the project, the I issuance of a permit. For further	Telephone: Telephone:  Telepho	nent es of
Contractor's name: SAME AS Apparent Address:  City, State & Zip Who should we contact when the permit is a Mailing address:  Please submit all of the information do so will result in the order to be sure the City fully understands the request additional information prior to the form and other applications visit the Inspect	neady: Lones Cooolean outlined on the application automatic denial of your full scope of the project, the I issuance of a permit. For further ctions Division on-line at www.por	Telephone: Telephone:  Telepho	nent s of
Contractor's name: SAMA AS APA Address: City, State & Zip Who should we contact when the permit is a Mailing address:  Please submit all of the information do so will result in the permit of the sure the City fully understands the product of the form and other applications visit the Inspection office, room 315 City Hall or call 874-8703	neady: Louis Cood on outlined on the applicate the automatic denial of your full scope of the project, the I issuance of a permit. For further ctions Division on-line at www.por	Telephone:  Teleph	nent es of ons
Contractor's name: SAMS Apparent Address:  City, State & Zip Who should we contact when the permit is a Mailing address:  Please submit all of the information do so will result in the property of the sure the City fully understands the property of the form and other applications visit the Inspection of fice, room 315 City Hall or call 874-8703 reby certify that I am the Owner of record of the	peady: Loues Cood on outlined on the application automatic denial of your full scope of the project, the I issuance of a permit. For further citions Division on-line at www.pord.	Telephone:  Teleph	nent es of ons
Contractor's name: SAMS Apparent Address:  City, State & Zip	peady: Loues Cood on outlined on the application of the project, the I issuance of a permit. For further ctions Division on-line at www.port.  e named property, or that the owner is application as his/her authorized work described in this application is	Telephone:  Teleph	nent es of ons ork and able
Contractor's name: SAMA A A Address:  City, State & Zip Who should we contact when the permit is a Mailing address:  Please submit all of the information do so will result in the properties of the form and other applications visit the Inspection office, room 315 City Hall or call 874-8703 reby certify that I am the Owner of record of the I have been authorized by the owner to make the of this jurisdiction. In addition, if a permit for corrized representative shall have the authority to	peady: Loues Cood on outlined on the application of the project, the I issuance of a permit. For further ctions Division on-line at www.port.  e named property, or that the owner is application as his/her authorized work described in this application is	Telephone:  Teleph	nent es of ons ork and able
Contractor's name: SAMA AS APA Address:  City, State & Zip Who should we contact when the permit is a Mailing address:  Please submit all of the information do so will result in the permit of the form and other applications visit the Inspeciation office, room 315 City Hall or call 874-8703 reby certify that I am the Owner of record of the I have been authorized by the owner to make the of this jurisdiction. In addition, if a permit for the soft this jurisdiction. In addition, if a permit for the soft this jurisdiction.	peady: Loues Cood on outlined on the application of the project, the I issuance of a permit. For further ctions Division on-line at www.port.  e named property, or that the owner is application as his/her authorized work described in this application is	Telephone:  Teleph	nent es of ons ork and able
Contractor's name: SAME AS Apparent Address:  City, State & Zip	peady: Loues Cood on outlined on the application of the project, the I issuance of a permit. For further ctions Division on-line at www.port.  e named property, or that the owner is application as his/her authorized work described in this application is	Telephone:  Teleph	nent es of ons ork and able



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