Please Read Application And Notes, If Any, Attached	BU		Permit Number: 090865
This is to certify thatA	z M Partners Inc/Lou Wood	1 Pa	
	nend permit # 09-0151 - int		
AT <u>396 Congress St</u> provided that the pe			32_G001001 g this permit shall comply
the construction, m this department.		uildings and structure	of the City of Portland reg s, and of the application of
Apply to Public Works f and grade if nature of v such information.	or street line give ind w vork requires before his	ritte ermissic rocured buil g or par hereof is	A certificate of occupancy procured by owner before the ing or part thereof is occupie
OTHER REQUIRED A Fire Dept. <u>CAPT.</u>		ICE IS REQUIRED.	A B/21/
Appeal Board L Other C	TY OF PORTLAND		Auto
Department Na	me	R REMOVING THIS CA	Director - Building & Inspection Services
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City of Portland	, Maine - Bu	ilding or Use	Permi	t Applicatio	n <sup>Pe</sup>	ermit No:	Issue Date:		CBL:	
89 Congress Stree	et, 04101 Tel:	(207) 874-8703	8, Fax: (	( <b>207) 874-8</b> 71	6	09-0865			032 G0	01001
ocation of Construction	n:	Owner Name:			Owne	er Address:			Phone:	
396 Congress St		A & M Partne	rs Inc		120	Exchange St			207-450-0	612 <b>8</b>
Business Name:		Contractor Name	2:		Contr	ractor Address:			Phone	
		Lou Wood/ A	& M Pa	rtners	120	Exchange Stre	et Portland		20745061	28
.essee/Buyer's Name		Phone:			1	it Type: lendm <b>e</b> nt to Co	ommercial			Zone:
Past Use:		Proposed Use:			Perm	it Fee:	Cost of Work:	CE	O District:	
office space		offices - amm	end pern	nit # 09-		\$240.00	\$21,500.0	0	1	
		0151 - interior to floor plan	r renoval 5 IL	tions - change			Denied Use	e Group	BC 2	Type:3B
roposed Project Descri	ption:				1		$\sum \left  \right $		[ (	1
ammend permit # 09	-0151 - interior	renovations - cha	ange to f	loor plan	Signa	iture: (K	G Sig	nature:	- Shi	
					PEDE	ESTRIAN ACTIV			D.) // /	
					Actio	on: Approve	d Approve	d w/Cor	ditions	Denied
					Signa	ature:		Da	ite:	
'ermit Taken By:		pplied For:				Zoning	Approval			
tmm	08/1	0/2009								
1. This permit app			Spee	cial Zone or Revie	WS	Zoning	g Appeal		Historic Pres	ervation
Applicant(s) fro Federal Rules.	m meeting appli	cable State and	Sh 🗌	oreland		Variance			Not in Distric	t or Landmar
2. Building permit septic or electric		plumbing,		etland		Miscellan	eous		Does Not Red	quire Review
3. Building permit		k is not started	🗌 Flo	ood Zone		Condition	nal Use		Requires Rev	iew
within six (6) m False informatic permit and stop	onths of the date on may invalidate	of issuance.	🗌 Su	bdivision		Interpreta	tion		Approved	
			Sit	e Plan		Approved	i		Approved w/	Conditions
	PERMIT	ISPSED		Minor MM		Denied			Denied	
	AUG 2		Date/	8/13/	,00)	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 APPLICANT	ADDRESS	DATE	PHONE

9/4/09 Inspected partition walls w/ Mike F. for electrical - New walls to drop cerling height steel, some existing wood Framed to sky of proceed JMB walls only

10/28/29- Final for office repit all work Completed - DK to close ant, Jonn

City of Portland, Maine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	0	7) 874-8716	09-0865	08/10/2009	032 G001001
Location of Construction:	Owner Name:	·	Owner Address:		Phone:
396 Congress St	A & M Partners Inc		120 Exchange St		207-450-6128
Business Name:	Contractor Name:		Contractor Address:		Phone
	Lou Wood/ A & M Partne	ers	120 Exchange Stree	et Portland	(207) 450-6128
Lessee/Buyer's Name	Phone:	]	Permit Type:		•
			Amendment to Co	mmercial	
Proposed Use:			d Project Description:		
offices - ammend permit # 09-0151 - floor plan - 5th floor	- interior renovations - chang	ge to ammer plan	nd permit # 09-0151	- interior renovation	is - change to floor
-		-			
Dept: Zoning Status:	Approved	<b>Reviewer:</b>	Marge Schmucka	l Approval Da	ite: 08/13/2009
Note:					Ok to Issue: 🗹
Dept: Building Status:	Approved with Conditions	Reviewer	Tammy Munson	Approval Da	te: 08/21/2009
Note:	rippio toa min conditiona		runniy muson		Ok to Issue:
<ol> <li>Separate permits are required for</li> </ol>	r any electrical plumbing sp	vinkler fire a	larm or HVAC or e		
need to be submitted for approva		Amkier, me a		Andust systems. Sept	uate plans may
2) Application approval based upor	n information provided by ap	plicant. Any	deviation from appr	oved plans requires	separate review
and approrval prior to work.			* *		
Dept: Fire Status:	Approved with Conditions	Reviewer:	Capt Keith Gautre	eau Approval Da	ite: 08/14/2009
Note:					Ok to Issue: 🗹
1) Fire Alarm system shall be main					
If system is to be off line over 4 Dispatch notification required 87		i place.			
2) Fire extinguishers required. Insta	allation per NFPA 10				
3) All means of egress to remain ac	cessible at all times				
4) Installation of a Fire Alarm syste	em requires a Knox Box to be	e installed per	city crdinance		
5) Emergancy lights and exit signs	are required				
6) A single source supplier should l	be used for all through peneti	rations.			
7) The fire alarm system shall comp	ply with NFPA 72 and Fire D	Department To	chnical Standard.	A compliance letter i	s required.
8) All construction shall comply wi	th NFPA 101				

### **BUILDING PERMIT INSPECTION PROCEDURES**

#### Please call 874-8703 or 874-8693 (ONLY)

#### to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

09.0865

# CONTROL PROVIDENCE

## **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.

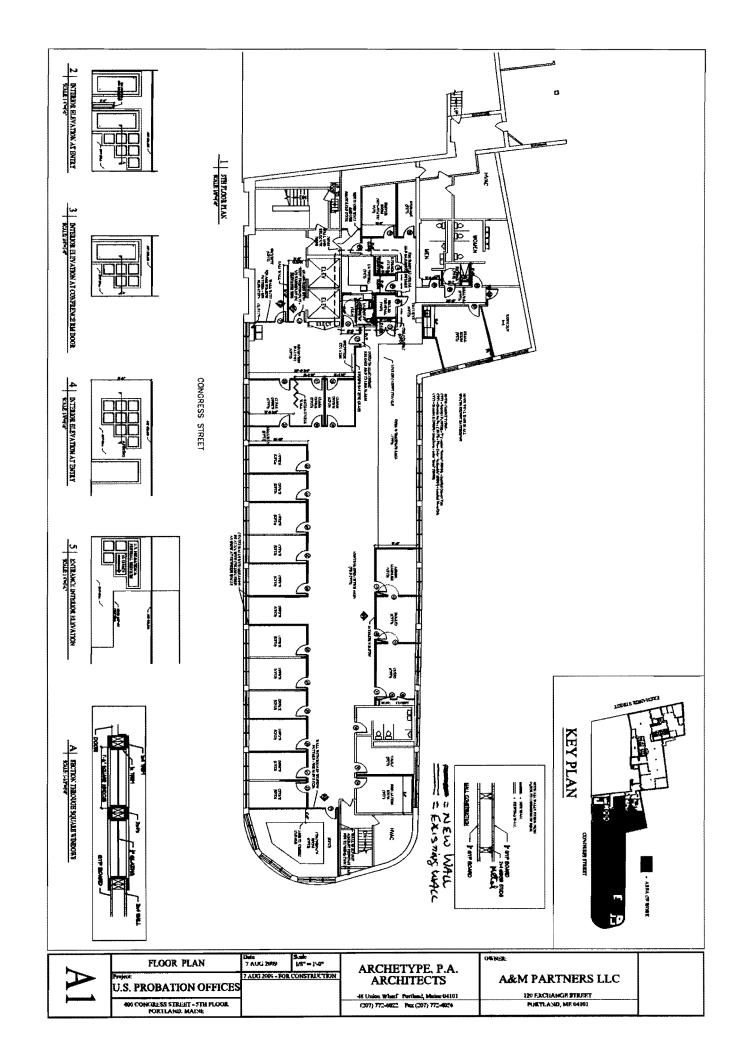
	Λ	
Location/Address of Construction:	Concress At	
Total Square Footage of Proposed Structure/.	Area Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot         Chart#       Block#       Lot#         O 3 2       G       OO         Lessee/DBA (If Applicable)	Applicant * <u>must</u> be owner, Lessee or Buye Name A-M Farther TWC Address 120 Exchange S City, State & Zip PorT. Me. 04/01 Owner (if different from Applicant)	F. 450-6128
	Name SAME AS Ourses Address City, State & Zip	C of O Fee: \$ Total Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: Memor Leuronal	If yes, please name	
Contractor's name: <u>SAME AS</u> O	une	
Address:		
City, State & Zip	1 1 1	elephone:
Who should we contact when the permit is read	dy: ton filoro Te	lephone: 453-6128_
Mailing address:		x+cal

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 <u>www.portlandmaine.gov</u>, 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.

Date: Signature 09 This is not a permit; you may not commence ANY'work until the permit is issue Revised 07-11-08



(	Original Re	eceipt	·
	Cinc.		2000
Received from			
Location of Work	$ $		
Cost of Construction \$	)	Building Fee:	
Permit Fee \$_	- <u></u>	Site Fee:	
	Certificate of Oc	cupancy Fee:	
		Total:	240. Eu
Building (IL) Plumbin	g (I5) Electrica	al (I2) Site I	Plan (U2)
Other <u>C</u> CBL: <u>0た</u> また	Lower of GBOT	TO 090	0151
Check #:	Total	Collected	240.0U
		:	
No work is to Please keep		-	
			1000143.
Taken by:	4		