

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND BUILDING PERMI'



This is to certify that * » 800 NORTHERN CORP

Job ID: 2011-08-1968-ALTCOMM

Located At 2 MONUMENT SQ

CBL: 032 - - K - 001 - 001 - - - - -

has permission to Remove one wall and relocate bookcase unit

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.



THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY PENALTY FOR REMOVING THIS CARD





Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Director of Planning and Urban Development Penny St. Louis

Job ID: 2011-08-1968-ALTCOMM Located At: 2 MONUMENT SQ CBL: 032 - - K - 001 - 001 - - - -

Conditions of Approval:

Fire

All construction shall comply with City Code Chapter 10.

Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.

Building

- 1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. 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.
- 3. This permit authorizes interior non-structural work only.
- 4. All framing must be metal studs.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-08-1968-ALTCOMM	Date Applied: 8/10/2011		CBL: 032 K - 001 - 00	1		
Location of Construction: 2 MONUMENT SQ – 4thflr	Owner Name: * 800 NORTHERN COI	n an		Owner Address: 25 SOUTH SERVICE RD JERICHO, NY - NEW YORK 11753		
Business Name: Health Dialog	Contractor Name: Benchmark Construction – Tyler Durkee		Contractor Address: 34 Thomas Drive, Westbrook, ME 04092			Phone: (207) -591-7600 & 749-0699 (c)
Lessee/Buyer's Name:	Phone:			Permit Type: Commercial alterations		
Past Use: Offices Proposed Project Description	Proposed Use: Offices – remove center wall and relocation of bookcase unit as per plans		Cost of Work: 56000.00 Fire Dept: Approved w/conduction Denied N/A Signature: Capl. Mon 8/19/10/17 Pedestrian Activities District (P.A.D.)			CEO District: Inspection: 3 Use Group: Type: CBC 9 Segnature
Remove wall and Door Tenant fit- Permit Taken By: Lannie	up			Zoning Approv	C	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building Permits do not include plumbing, septic or electrial work. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work. 		Special Zone or Reviews Shoreland Wetlands Flood Zone Subdivision Site Plan Maj _Min _MM Date: 04		Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Date:	Not in Di Does not Requires	

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

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General Building Permit Application

If you or the property owner owey real estate or personal property taxes or user charges on any roperty within the City, payment arrangements must be made before permits of any kind are accepted

	Monument Square - 45	That B-S
Total Square Footage of Proposed Structur	re/Area Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 32-k-l	Applicant * <u>must</u> be owner, Lessee or B Name Benchmark Constru- Address 34/Thomas Drive, City, State & Zip Westbrook ME	uction 591-7600
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Health Dialog Address 2 Monument Square	Cost Of A work: S Cof O Fee: S
	City, State & Zip Portland ME 04/01	Total Fee: \$
motch.	- instellation of bookase	
City, State & Zip Westbrook ML	= 04092	_ Telephone: <u>561 - 7600</u>
Who should we contact when the permit is Mailing address: <u>Same</u>		Telephone: 749 - 0699
do so will result in n order to be sure the City fully understands may request additional information prior to the us form and other applications visit the Insp	ion outlined on the applicable Cheo the automatic denial of your permit the full scope of the project, the Planning an he issuance of a permit. For further information pections Division on-line at <u>www.portlandmaine.</u>	t. d Development Department on or to download copies of gov, or stop by the Inspections
ivision office, room 315 City Hall or call 874-87 boreby certify that I am the Owner of record of at I have been authorized by the owner to make	03. the named property, or that the owner of record this application as his/her authorized agent. I ag	authorizes the proposed work and ree to conform to all applicable

laws of this junisdiction. 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	Date: 8 - 11 - 11	
Contraction of the second seco	ANIV mode and it is is a	

√ this is not a permit; you may not commence ANY work until the permit is issue

CITY OF PORTLAND, MAINE Department of Building Inspections
Original Receipt
8.11 20 11
Received from Building Fee: Location of Work Building Fee: Cost of Construction \$ Permit Fee \$
Certificate of Occupancy Fee:
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2) Other CBL: Check #: Total Collected s
No work is to be started until permit issued. Please keep original receipt for your records.
Taken by:
YELLOW - Office Copy PINK - Permit Copy

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.
- 1. Close-in inspection required prior to insulating or drywalling.
- 2. Final inspection required upon completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUOPIED.