

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 031014

This is to certify that One City Center Associates/Englewood
has permission to Interior renovations of the 8th and 9th floors.
AT 1 City Ctr L 032 L002001

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 is procured before this building or part thereof is laid or closed-in.
48 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 9/5/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

FROM : CUBELLIS ASSOCIATES
AUG-18-2003 16:30
FROM : CUBELLIS ASSOCIATES

FAX NO. : 207 874 2775
FAX NO. : 207 874 2775

Aug. 18 2003 04:50PM P2
Aug. 18 2003 04:10PM P.04

TOTAL P.04

**CITY OF PORTLAND
BUILDING CODE CERTIFICATE**
389 Congress St., Rm 315
Portland, ME 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Services

FROM: CUBELLIS ASSOCIATES INC.

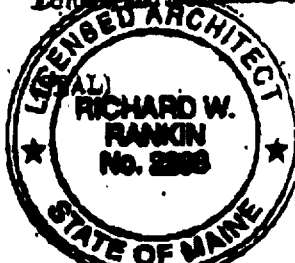
RE: Certificate of Design

DATE: 08/18/03

These plans and/or specifications covering construction work on:

Medical Mutual Insurance Company
8th & 9th Floors, Old City Center
Portland, ME 04101

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition and Amendments.



As per Maine State Law:

Signature: [Handwritten Signature]

Title: Principal

Firm: CUBELLIS ASSOC. INC.

Address: 428 FORE STREET
PORTLAND, ME 04101

\$50,000.00 or more in new construction, repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

754/2003

TOTAL P.04



CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE

Designer: CUBELLIS ASSOCIATES INC

Address of Project: One City Center

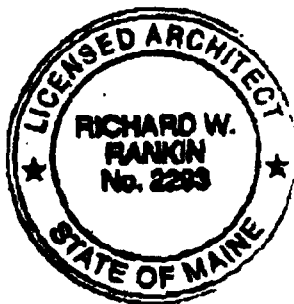
Nature of Project: 8th & 9th Floor Renovations

C. Medical Mutual Insurance Co.

Date: 13 August 03

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

(SEAL)



Signature: [Handwritten Signature]

Title: Principal

Firm: CUBELLIS ASSOCIATES

Address: 428 Park St

Portland, ME 04101

Telephone: (207) 874-2777

FROM : CUBELLIS ASSOCIATES

AUG-18-2003 16:29
FROM : CUBELLIS ASSOCIATES

FAX NO. : 207 874 2775

AUG. 18 2003 04:50PM P3

FAX NO. : 207 874 2775

AUG. 18 2003 04:11PM P.03



CITY OF PORTLAND MAINE

389 Congress St., Rm 315
Portland, ME 04101
Tel - 207-874-8704
Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: CUBELLIS ASSOC. INC
428 BORE ST PORTLAND, ME 04101

DATE: 13 AUGUST 03

Job Name: MEALIE MUTUAL INSURANCE CO
Address of Construction: 5TH & 9TH FLOOR RENOVATIONS DOW CITY CTR.

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION
Construction project was designed according to the building code criteria listed below:

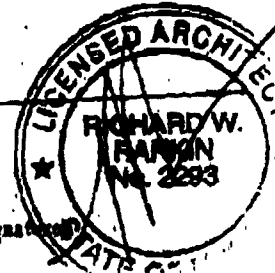
Building Code and Year: 1999 Use Group Classification: B - BUSINESS
Type of Construction: 2A (RETIRED) Max. Height: RETIRED Bldg. Sq. Footage: RETIRED
Seismic Zone: N/A Group Class: N/A
Roof Snow Load Per Sq. Ft.: N/A Dead Load Per Sq. Ft.: N/A
Basic Wind Speed (mph): N/A Effective Velocity Pressure Per Sq. Ft.: N/A
Floor Live Load Per Sq. Ft.: N/A

Structure has full sprinkler system? Yes No Alarm System? Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

Is structure being considered unlimited area building? Yes No

If mixed use, what subsection of 713 is being considered N/A

List Occupant loading for each room or space, designed into this Project.



(Designer Stamp & Signature)

03 1009

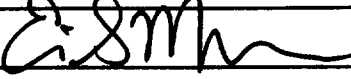
All Purpose Building Permit Application

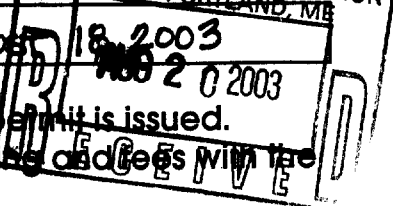
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 8TH AND 9TH FLOORS, 1 CITY CENTER, PORTLAND, ME 04101		
Total Square Footage of Proposed Structure 13,595 SF OF RENOVATION	Square Footage of Lot N/A	
Tax Assessor's Chart, Block & Lot Chart# 032 Block# 2 Lot# 002	Owner: (LANDLORD) DIRIGO MANAGEMENT CO. 1 CITY CENTER PORTLAND, ME 04101	Telephone: 871-1080
Lessee/Buyer's Name (If Applicable) (TENANT) MEDICAL MUTUAL INS. CO. OF MAINE P.O. BOX 15275 PORTLAND, ME 04104	Applicant name, address & telephone: LEDGEWOOD, INC. P.O. BOX 8107 PORTLAND, ME 04104 767-1866	Cost Of Work: \$ 734,800.⁰⁰ Fee: \$ 6,635.⁰⁰
Current use: COMMERCIAL OFFICE SPACE		
If the location is currently vacant, what was prior use: N/A		
Approximately how long has it been vacant: N/A		
Proposed use: COMMERCIAL OFFICE SPACE		
Project description: TOTAL INTERIOR RENOVATION OF THE 8TH AND 9TH FLOORS OF 1 CITY CENTER PER ATTACHED CUBELLYS ASSOCIATES PLANS (8/15/03)		
Contractor's name, address & telephone: LEDGEWOOD, INC. P.O. BOX 8107, PORTLAND, ME 04104 767-1866		
Who should we contact when the permit is ready: CONTRACTOR		
Mailing address: SEE ABOVE		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 767-1866		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: 	Date: AUGUST 18, 2003
---	------------------------------



This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall