

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 060422
APR 14 2006
CITY OF PORTLAND

This is to certify that ONE CITY CENTER ASSOCIATES LLC /Dirigo Drywall Associat

has permission to Interior renovations to create additional office space

AT 1 CITY CTR L 032 L00200

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of the State 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 his 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 procured before this building or part thereof is leased or occupied. 4 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. Greg Cass 4-12-06

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
Director - Building & Inspection Services
4/13/06

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: 06-0422	Issue Date:	CBL: 032 L002001
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Location of Construction: 1 CITY CTR	Owner Name: ONE CITY CENTER ASSOCIATE	Owner Address: ONE CITY CENTER	Phone:
Business Name:	Contractor Name: Dirigo Drywall Associates	Contractor Address: 225 Riverside Street Portland	Phone: 2077733741
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3
Past Use: Commercial	Proposed Use: Commercial Interior renovations to create additional office space <i>9th Floor</i>	Permit Fee: \$111.00	Cost of Work: \$10,000.00
Proposed Project Description:		CEO District: 1	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>1B</i> <i>4/13/06</i> Signature: <i>[Signature]</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: dmartin	Date Applied For: 03/30/2006	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 <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: <i>4/11/06</i>	Zoning Appeal <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 <input type="checkbox"/> Not in District or Landmark <input 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:

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: 06-0422	Date Applied For: 03/30/2006	CBL: 032 L002001
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Location of Construction: 1 CITY CTR	Owner Name: ONE CITY CENTER ASSOCIATE	Owner Address: ONE CITY CENTER	Phone:
Business Name:	Contractor Name: Dirigo Drywall Associates	Contractor Address: 225 Riverside Street Portland	Phone (207) 773-3741
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Commercial Interior renovations to create additional office space - 9th floor

Interior renovations to create additional office space - 9th floor

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 04/11/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 04/13/2006
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 04/12/2006
Note: **Ok to Issue:**

- 1) All construction shall comply with NFPA 101
- 2) Fire alarm system shall comply with NFPA 72
- 3) Sprinkler system shall comply with NFPA 13

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: One City Center 9th floor - Portland, Me. 04101

Total Square Footage of Proposed Structure NA Square Footage of Lot NA

Tax Assessor's Chart, Block & Lot
 Chart# 32 Block# L Lot# 02
 Owner: One City Center Associates Telephone: 207-871-1080

Lessee/Buyer's Name (If Applicable) Medical Mutual Ins. Co.
 Applicant name, address & telephone: Al Knight
Durog Management Co.
One City Center
Portland, Me. 04101 871-1080
 Cost Of Work: \$ 10,000
 Fee: \$ 111.00

Current use: office Commercial
 If the location is currently vacant, what was prior use: _____
 Approximately how long has it been vacant: _____
 Proposed use: office
 Project description: Demo 2 walls in area "B" on plan and construct new walls to create 3 offices from 2. In area "A" construct 2 new walls to create 2 new offices



Contractor's name, address & telephone: DME Painting + Remodeling - One City Center - Portland, Me. 871-1080
 Who should we contact when the permit is ready: Al Knight
 Mailing address: Durog Management Co.
One City Center
Portland, Me. 04101
 Phone: 871-1080

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: [Signature] Date: 3-29-06

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

10567

Specifications for Construction Medical Mutual Insurance Co.

One City Center – 9th Floor

Portland, Maine 04101

March 29, 2006

Carpentry:

- Area “A” – Install **two** new walls as shown on plan to create one new office. Walls to be constructed with 3-1/2” metal studs from floor to ceiling grid work with 1/2” drywall and insulated for sound reduction. New door to match existing.
- Area “B” – Rework walls as shown on plans by removing two walls and installing one new wall to create three offices. Walls to be constructed with 3-1/2” metal studs from floor to ceiling grid work with 1/2” drywall and insulated for sound reduction. One door will need to be relocated and one new door will be purchased. Door to match existing.

Electrical:

- Install new light fixtures as needed.
- Install new wall outlets as per current codes.
- Install emergency lighting and exit signs as necessary to meet code.
- Install heat detectors as required by code in new office areas.

Sprinklers:

- Add heads for proper coverage in new offices.

HVAC:

- Install **two** new VAV boxes for the new office areas. Balance all supply ducts and diffusers.

Paint:

- Paint all walls in eggshell finish. Tenant to select color. New solid core doors to finished in natural wood finish and stained to match existing.

Flooring:

- Install and patch carpet as necessary. Tenant to provide carpet tiles.

Plumbing:

- NA

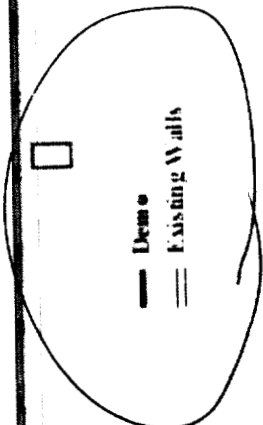
Ceilings:

- NA. Soffits will be created where old walls are removed so that no ceiling work will be required.

Locks:

- Key all new locks to tenant key and building master system.

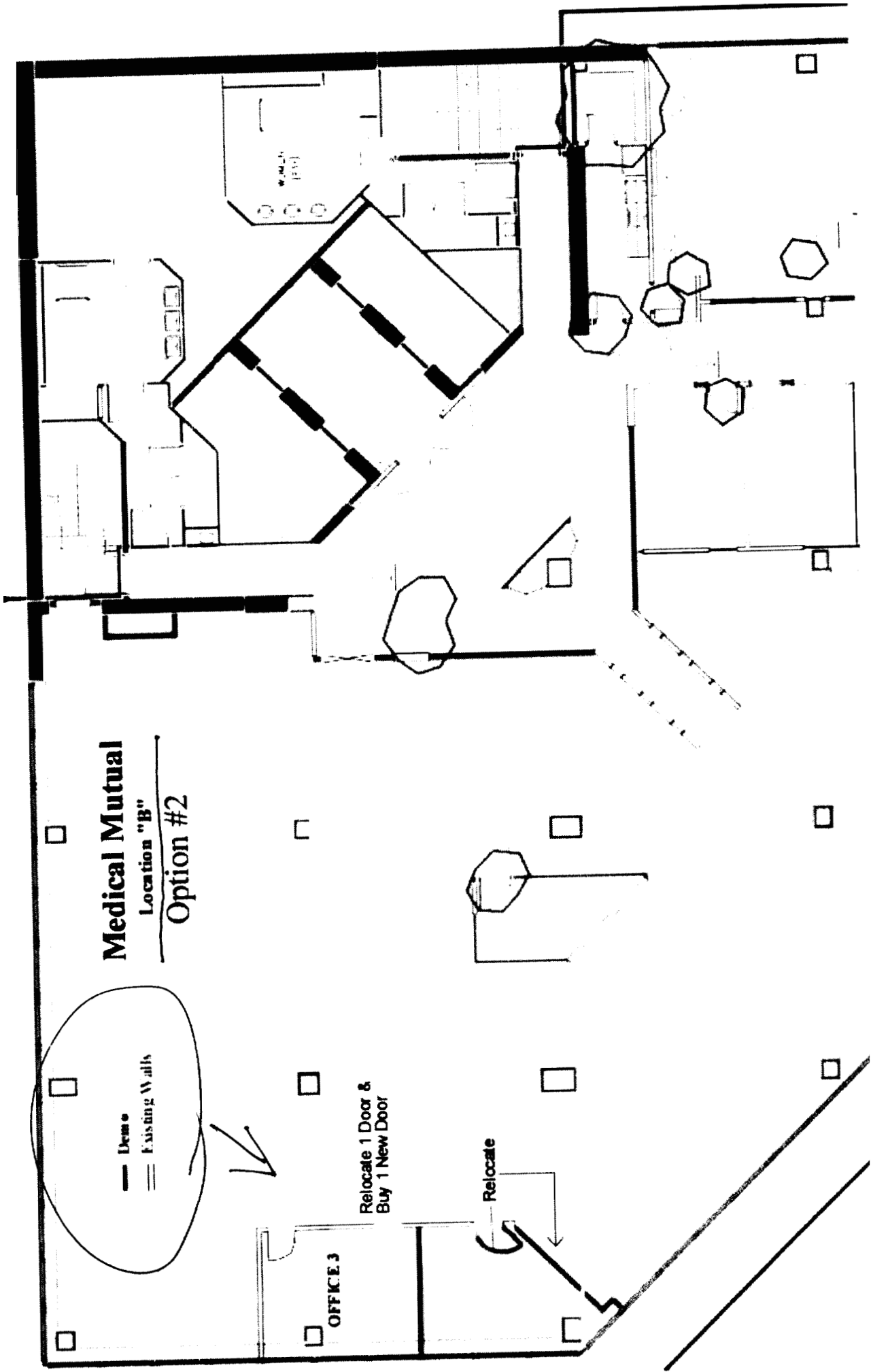
Medical Mutual
Location "B"
Option #2

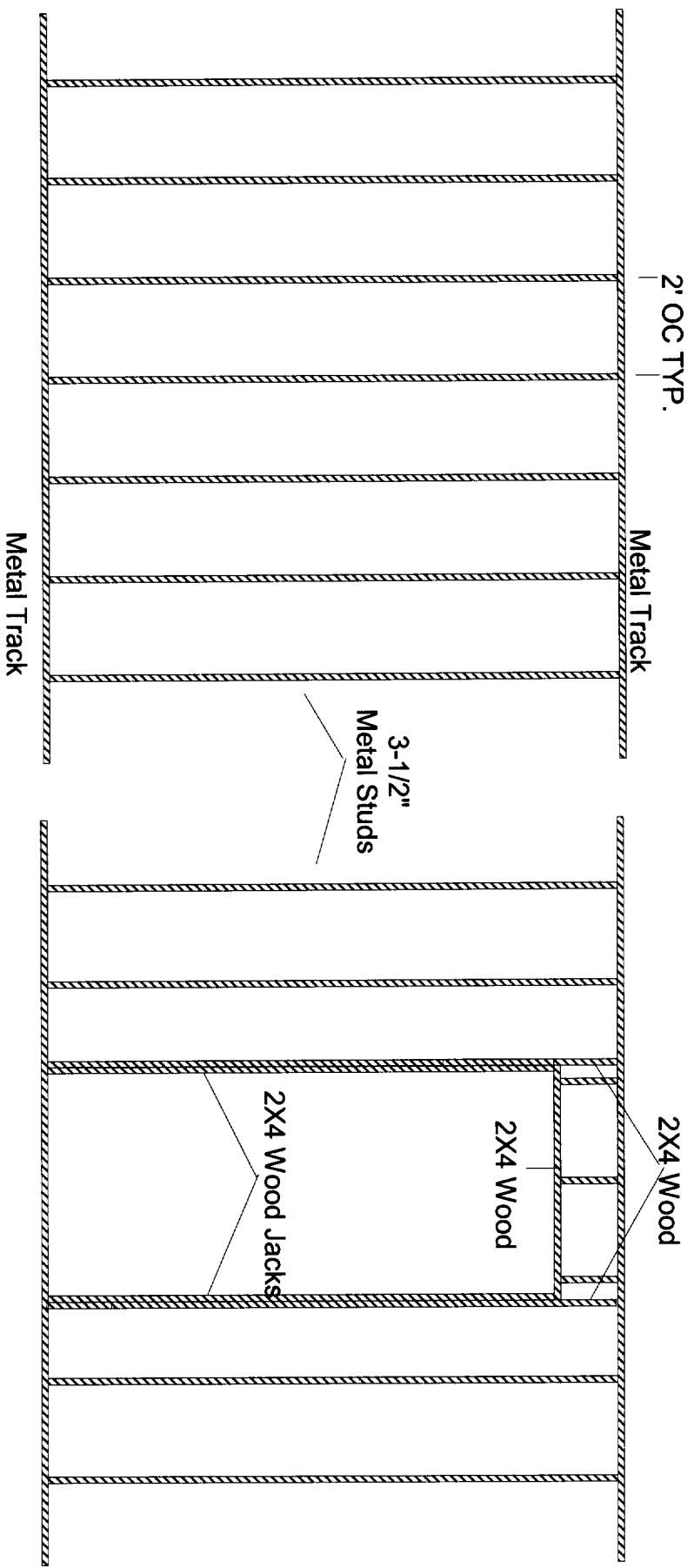


OFFICE 3

Relocate 1 Door &
Buy 1 New Door

Relocate





Wall Details

9th Floor Medical Mutual Location "A"

