

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 080060

This is to certify that ONE CITY CENTER ASSOCIATES LLC Painting & Remo

has permission to Interior office renovation to provide for work station

AT 1 CITY CTR 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 altered or closed-in. 24 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. Craig 4433
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 1/30/08
Director Building & Inspection Services

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: 08-0060	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: 871-1080
Business Name:	Contractor Name: DMC Painting & Remodeling	Contractor Address: 59 Sanford Drive, Suite 3 Gorham	Phone: 2078711080
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial - Office space	Proposed Use: Commercial Office Space with interior renovations - 2nd floor <i>Engle Point Associates</i>	Permit Fee: \$50.00	Cost of Work: \$2,100.00	CEO District: 1
Proposed Project Description: Interior office renovation to provide for workstations		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>2</i> <i>IBC 2003</i>	

Signature: <i>Greg Carr</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: lmd	Date Applied For: 01/22/2008	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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"/> <i>OK w/conditional</i> Date: <i>1/23/08</i> <i>ABN</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 checked="" 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 <i>ABN</i> Date:
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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: 08-0060	Date Applied For: 01/22/2008	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: () 871-1080
Business Name:	Contractor Name: DMC Painting & Remodeling	Contractor Address: 59 Sanford Drive, Suite 3 Gorham	Phone: (207) 871-1080
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Office Space with interior renovations - 2nd floor - Eagle Point Assocoates	Proposed Project Description: Interior office renovation to provide for workstations
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 01/23/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 01/30/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 01/23/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>



General Building Permit Application

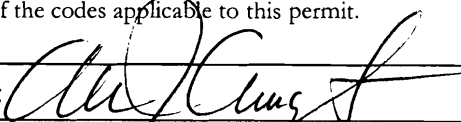
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>ONE CITY CENTER, 2ND FLOOR</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>L</u> Lot# <u>002</u>	Applicant * must be owner, Lessee or Buyer * Name <u>DIRIGO MANAGEMENT</u> Address <u>ONE CITY CENTER</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>871-1080</u>
Lessee/DBA (If Applicable) <u>EAGLE POINT ASSOC.</u>	Owner (if different from Applicant) Name <u>ONE CITY CENTER ASSOC. LLC</u> Address <u>ONE CITY CENTER</u> City, State & Zip <u>PORTLAND, ME. 04101</u>	Cost Of Work: \$ <u>2,100</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>OFFICES</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>OFFICES -</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>REMOVE PREAB. CUBICLES & CONSTRUCT 3 8'x3' L-SHAPED WALLS TO ALLOW THE INSTALLATION OF WORKSTATIONS</u>		
Contractor's name: <u>DMC PRINTING, REMODELING + FLOORING</u> Address: <u>59 SANFORD DR. SUITE 3</u> City, State & Zip <u>BORHAM, MAINE</u> Telephone: <u>856-1838</u> Who should we contact when the permit is ready: <u>MIKE NUGENT</u> Telephone: <u>329-2354</u> Mailing address: <u>SAME AS ABOVE</u>		

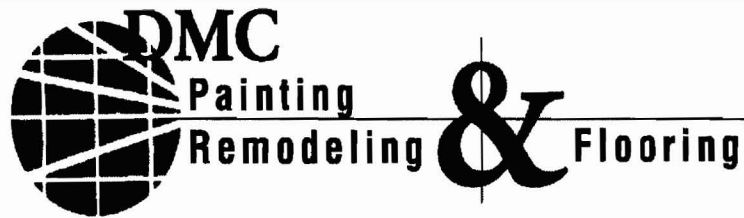
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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 www.portlandmaine.gov, 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.

Signature: 	Date: <u>1/21/07</u>
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This is not a permit; you may not commence ANY work until the permit is issue



A division of Dirigo Management Company
59 Sanford Drive, Suite 3
Gorham, Maine 04038
(207) 856-1838 Fax (207) 856-9719

Date: January 21, 2008

To: City of Portland Inspections Division
From: Mike Nugent / Manager of Construction Services

Project Name: Eagle Point Associates, Three work stations

Location: 2nd Floor , One City Center, Portland, Maine

Job Description and Specifications

We have been contracted to perform the following work:

The creation of new office space as depicted on the attached plans

- Construct, trim and paint interior non-bearing 1/2 walls w/ cove base. These partitions will consist of 2" x 3-5/8" metal studs, with 5/8" gypsum wall board w/ an Oak decorative cap to match existing trim. There will be one 11 foot "L" shaped 41 inch high wall and two 11 foot "L" shaped 53 inch high walls
- Coordinate the installation of all electrical work using a licensed master electrician.
- Coordinate the installation of data and phone lines.
- Dispose of all construction debris
- Clean jobsite daily
- Items not within the scope of this work:
Flooring/carpeting,
HVAC

ONE CITY CENTER
2ND
FLOOR

MAIN LOBBY

Replacement of 28 and 29

EXIT

Vestibule

EXIT

Signal Group

EXISTING
LAN
ROOM

THREE NEW
8' CUBICLES

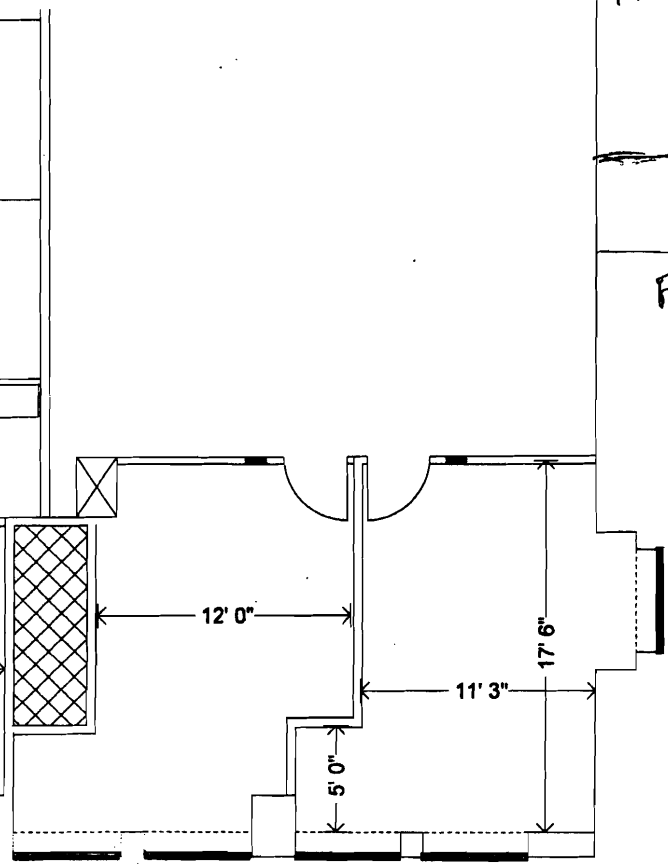
FORMER RECEPTION AREA
& CONFERENCE
ROOM

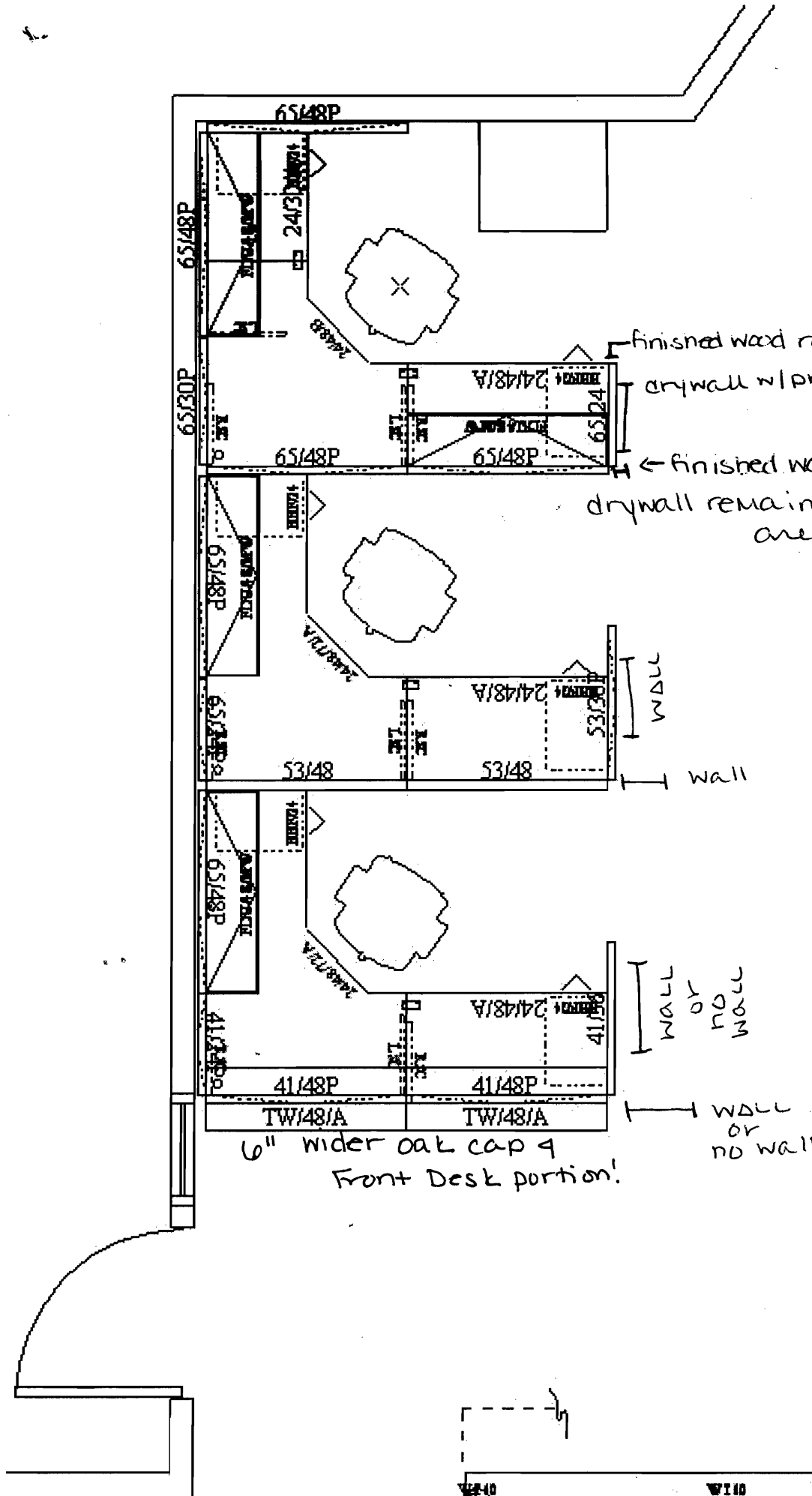
12' 0"

17' 6"

11' 3"

5' 0"





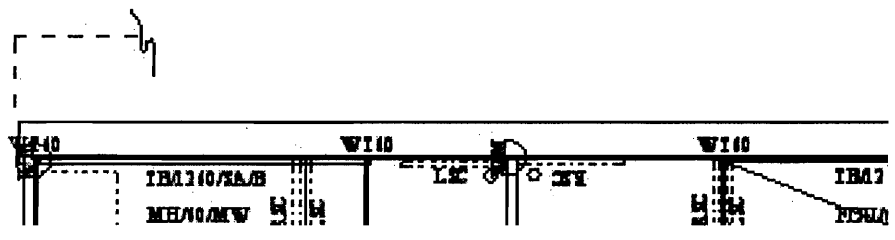
finished wood rail to match existing finish
 drywall w/ power feature(s)
 ← finished wood rail to match existing finish
 drywall remain & paint to match front area.

WALL
 WALL

WALL
 OR
 NO WALL

WALL
 OR
 NO WALL

6" wider oak cap &
 Front Desk portion!





Fire and Sound Assemblies – Steel-Framed Wall



5/8" ToughRock Fireguard gypsum board applied vertically to each side of a 3 5/8" steel studs ^{16"}24" o.c. with 1" Type S drywall screws 8" o.c. at edges and 12" o.c. at intermediate studs.

Sound Tested with 2 1/2" glass fiber insulation, friction fit in cavity.



Fire Rating	Fire Test Reference	Sound Rating	Sound Test Reference	Part. Thickness	Weight per Sq. Ft.	Products Used
1 Hour	UL U465 ULC W415	45-49 STC Sound Trans.	RAL TL99-103	4 7/8"	6	5/8" ToughRock Fireguard

Legend

Abbreviations

RAL = Riverbank Acoustical Laboratories
 UL = Underwriters Laboratories Inc.
 ULC = Underwriters Laboratories of Canada

Key

 3 5/8" Steel Studs
 5/8" ToughRock Fireguard

Technical Service Hotline: 1-800-225-6119 (M-F, 8-6ET)

www.gp.com/gypsum