

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING DEPARTMENT

### PERMIT

Permit Number: 090074

Please Read Application And Notes, If Any, Attached

This is to certify that ONE CITY CENTER ASSOCIATES LLC Printing & Repro

has permission to Add 14'x16' Conference room and small Closets

AT 1 CITY CTR City 032 L002001

provided that the person or persons, firm or corporation accounting for 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 written permission procured before this building or part thereof is lathed or otherwise red-in. 24 HOURS 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. CAPT. R. Lantieri

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*[Signature]* 2/10/09  
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: 09-0074	Issue Date:	CBL: 032 L002001
-----------------------	-------------	---------------------

Location of Construction: 1 CITY CTR	Owner Name: ONE CITY CENTER ASSOCIATE	Owner Address: ONE CITY CENTER	Phone: 207-871-1080
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 Medical Mutual Insurance 8th Floor	Proposed Use: Commercial Medical Mutual Insurance 8th Floor- Add14'x16' Conference room and small Coat Closet	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: B DBC-2003	

Proposed Project Description: Add14'x16' Conference room and small Coat Closet	Signature: (RG)	Signature: JMB 2/10/09
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: 01/29/2009	<b>Zoning Approval</b>
-------------------------	---------------------------------	------------------------

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 4/29/09</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
---	--	--	---

**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

<b>Permit No:</b> 09-0074	<b>Date Applied For:</b> 01/29/2009	<b>CBL:</b> 032 L002001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 1 CITY CTR	<b>Owner Name:</b> ONE CITY CENTER ASSOCIATE	<b>Owner Address:</b> ONE CITY CENTER	<b>Phone:</b> 207-871-1080
<b>Business Name:</b>	<b>Contractor Name:</b> DMC Painting & Remodeling	<b>Contractor Address:</b> 59 Sanford Drive, Suite 3 Gorham	<b>Phone:</b> (207) 871-1080
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial Medical Mutual Insurance 8th Floor- Add14'x16' Conference room and small Coat Closet	<b>Proposed Project Description:</b> Add14'x16' Conference room and small Coat Closet
--	--

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 01/29/2009

**Note:** **Ok to Issue:**

- 1) Separate permits shall be required for any new signage.
- 2) 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:** Jeanine Bourke      **Approval Date:** 02/10/2009

**Note:** **Ok to Issue:**

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 02/10/2009

**Note:** **Ok to Issue:**

- 1) Walls in structure are to be labeled according to fire resistance rating.  
IE;      1 hr. / 2 hr. / smokeproof.
- 2) All means of egress to remain accessible at all times

**Comments:**

1/29/2009-mes: No one proof read the B card - It is doubled typed and needs to be redone.

2/2/2009-jmb: Took from fire review as I was also looking at permit # 09-0049 same floor. Spoke to Roger B. For detail on path of travel to the lobby and stairs. He clarified where the door access is.



# 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:		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# 032      L      2	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>DMC</u> Address <u>one city center</u> City, State & Zip <u>Portland, Me.</u>	Telephone: <u>871-1080</u>
Lessee/DBA (If Applicable) <u>medical mutual Ins.</u>	Owner (if different from Applicant) Name <u>one city center Ass LLC</u> Address <u>one city center</u> City, State & Zip <u>Portland, Me 04101</u>	Cost Of Work: \$ <u>5,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>70</u>
Current legal use (i.e. single family) <u>2009 office space</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>office space</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>add conference room and closet in open space.</u>		
Contractor's name: <u>Dmc Painting Remolding + Flooring</u> Address: <u>59 Sunford Dr.</u> City, State & Zip <u>Gorham, Me 04038</u> Telephone: <u>856-1838</u> Who should we contact when the permit is ready: <u>Roger Beesley</u> Telephone: <u>329-2354</u> Mailing address: <u>59 Sunford Dr. Gorham</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](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

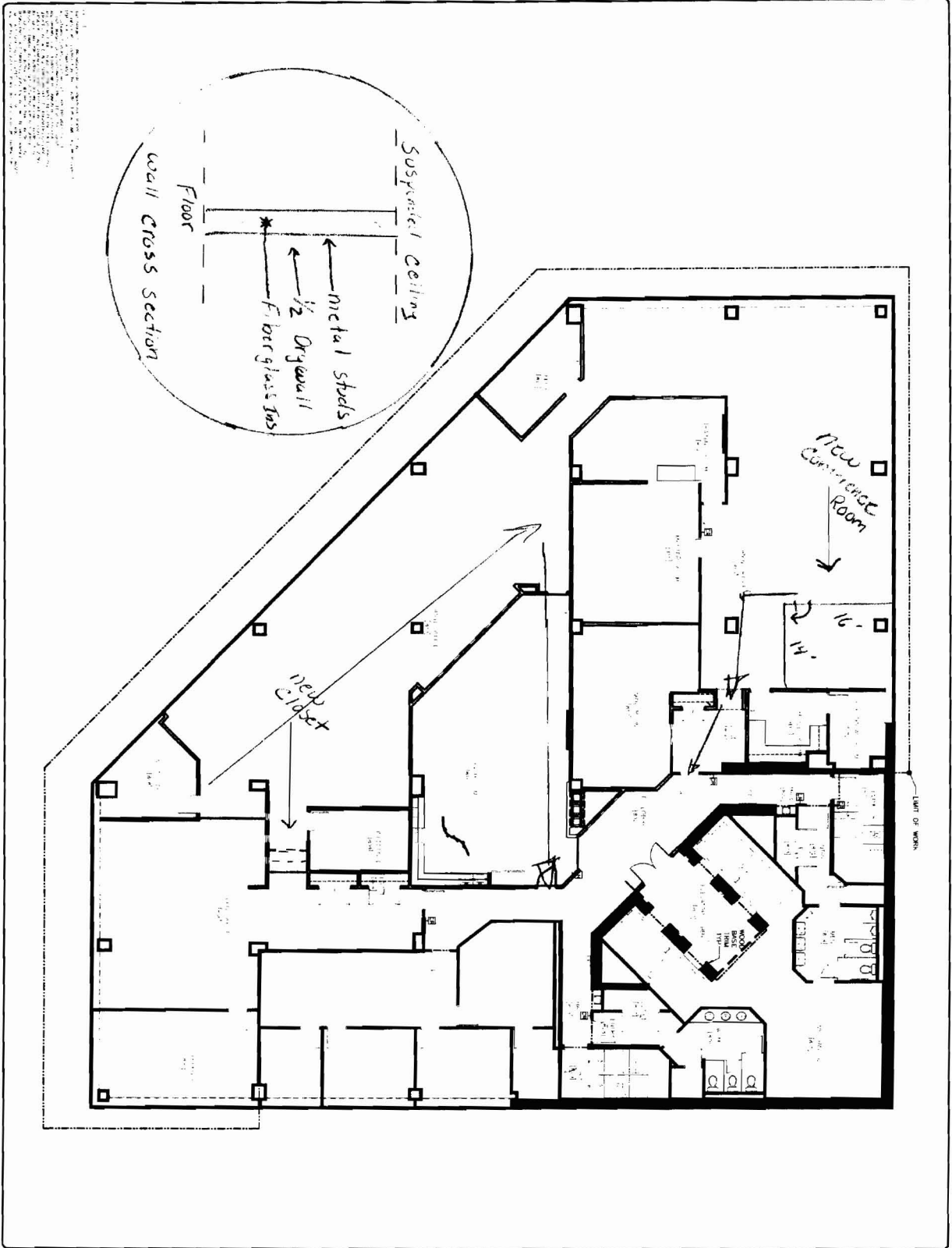
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature]

Date: 1-26-09

**This is not a permit; you may not commence ANY work until the permit is issue**

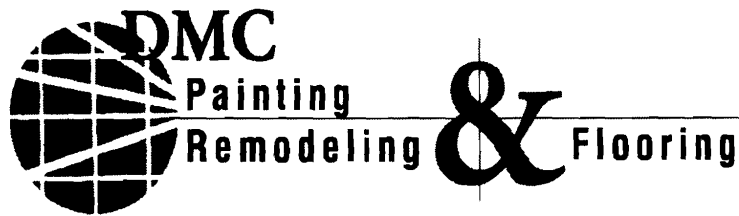
8th Floor Medical Mutual  
Conference Room / Closet



REV'S	
DATE	
BY	
CHECKED BY	
TOWN/PORTLAND	
DATE	
SCALE	1/4" = 1'-0"
DRAWN	
TITLE	
FLOOR	EIGHT
SHEET	G8

ONE CITY CENTER  
PORTLAND, MAINE





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

**Date:** Jan. 23<sup>rd</sup>, 2009

**To:** City of Portland Inspections Division  
**From:** Roger Beesley / Commercial Construction Manager

**Project Name:** Medical Mutual conference room  
**Location:** One City Center, 8<sup>th</sup> floor, Medical Mutual, Portland, Maine

### **Job Description and Specifications**

We have been contracted to perform the following work:

Add a 14' x 16' conference room in the existing open area

- Construct, trim and paint interior walls with cove base. These partitions will consist of 3-5/8" metal studs, with 5/8" gypsum wall board with fiberglass insulation. Construct a non weight bearing walls as shown on the plans. All walls will extend to the existing suspended ceiling, and attached to the existing ceiling.
- Add a coat closet in the empty space created by separating the space for additional tenant.
- Coordinate the installation of all electrical work using a licensed master electrician.
- Coordinate the relocation of sprinkler heads as needed.
- Dispose of all construction debris
- Clean jobsite daily