

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DIVISION

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 CH 032 L002001

provided that the person or persons, firm or corporation accounting 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 covered-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

David Banka 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	
Business Name:		Contractor Name: DMC Painting & Remodeling		Contractor Address: 59 Sanford Drive, Suite 3 Gorham	
Lessee/Buyer's Name		Phone:		Phone: 207-871-1080	
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 Type: Alterations - Commercial	
Proposed Project Description: Add14'x16' Conference room and small Coat Closet		Permit Fee: \$70.00		Cost of Work: \$5,000.00	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions		INSPECTION: Use Group: B Type: 1B DBC-2003 Signature: JMB 2/10/09	
		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		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		Zoning Appeal	
		<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"/> Denied Date: 1/29/09		<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 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: 09-0074	Date Applied For: 01/29/2009	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: 207-871-1080
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 Medical Mutual Insurance 8th Floor- Add14'x16' Conference room and small Coat Closet	Proposed Project Description: Add14'x16' Conference room and small Coat Closet
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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# 032 Block# L Lot# 2	Applicant * <u>must</u> be owner, Lessee or Buyer* Name DMC Address one city center City, State & Zip Portland, Me.	Telephone: 871-1080
Lessee/DBA (If Applicable) medical mutual Ins.	Owner (if different from Applicant) Name one city center Ass LLC Address one city center City, State & Zip Portland, Me 04101	Cost Of Work: \$ 5,000.00 C of O Fee: \$ Total Fee: \$ 70
JAN 20 2009 Current legal use (i.e. single family) office space If vacant, what was the previous use? Proposed Specific use: office space Is property part of a subdivision? If yes, please name Project description: add conference room and closet in open space.		
Contractor's name: DMC Painting Remodeling & Flooring Address: 59 Sanford Dr. City, State & Zip Gorham, Me 04038 Telephone: 856-1838 Who should we contact when the permit is ready: Roger Beesley Telephone: 329-2354 Mailing address: 59 Sanford Dr. Gorham		

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

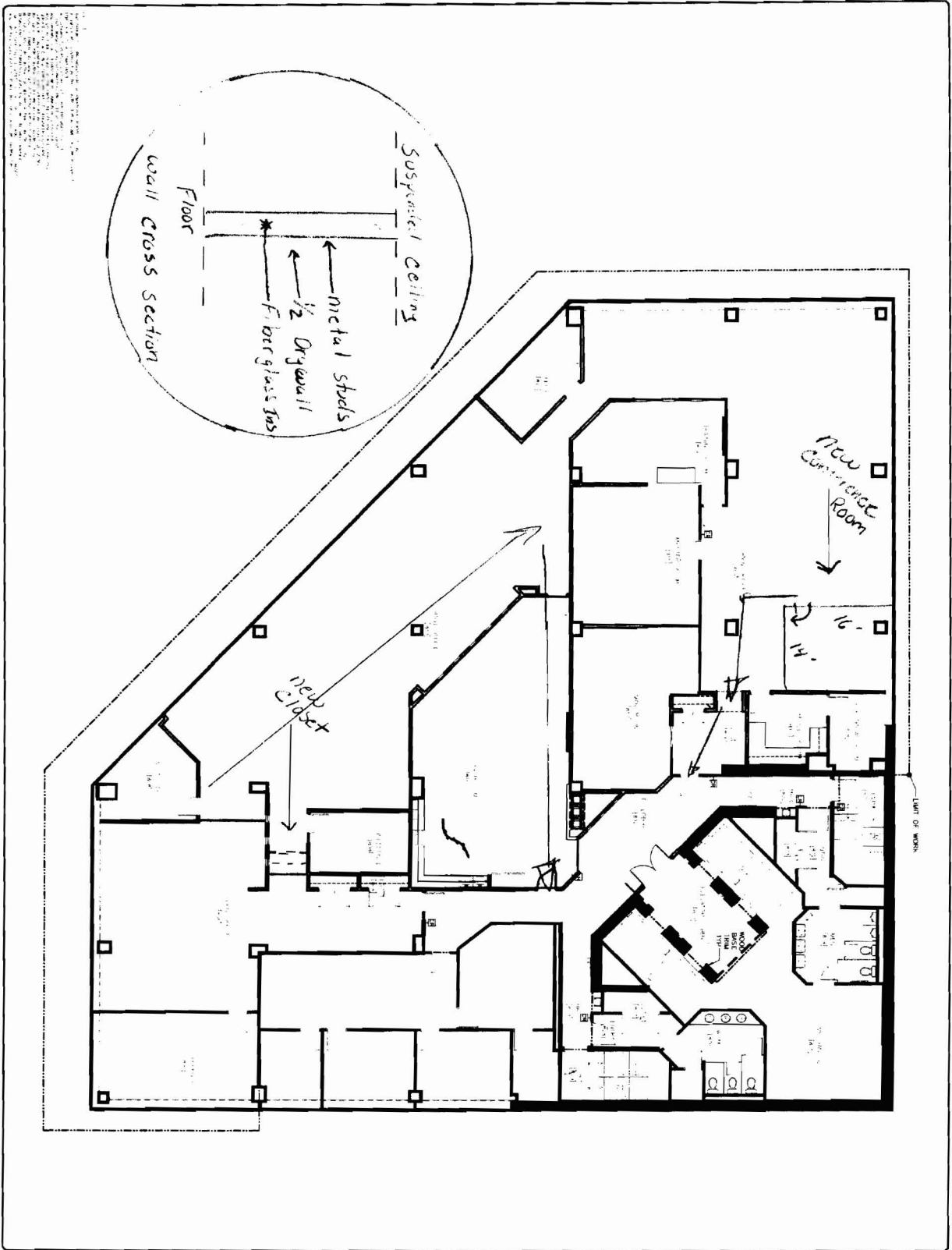
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division 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.

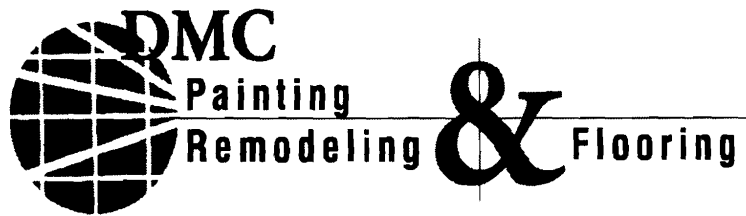
Signature: JXB

Date: 1-26-09

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



8th Floor Medical Mutual
Conference Room / Closet



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

Date: Jan. 23rd, 2009

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

Project Name: Medical Mutual conference room
Location: One City Center, 8th 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

04/07/09 Closed *Jms*



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

January 29 2007

Received from _____

Location of Work

One City Center / 5th floor. Medical
Mutual & Co.

Cost of Construction

\$ 5000

Building Fee: _____

Permit Fee

\$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (IL) ☒

Plumbing (IS) _____

Electrical (I2) _____

Site Plan (U2) _____

Other _____

CBL: 032 L 002

Check #: CC

Total Collected \$ 70

No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on
\$20.00 or 20% of the fee, (whichever is greater)

In order to receive a refund, you MUST present the Original Receipt.

Taken by: Dan Foster

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy