

40200

032-L-008

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$60 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: One City Center Assc Phone # 871-1080
 Address: One City Ctr- Ptld, ME 04101
 LOCATION OF CONSTRUCTION One City Ctr- 4th fl
 Contractor: RANSO Const Sub.: 797-6123
 Address: _____ Phone # _____
 Est. Construction Cost: 8000 Proposed Use: office bldg w reno
 Past Use: office bldg
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion interior renovations - 4th fl

For Official Use Only

Date 3/23/94 Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost: 8000 Public _____

PERMIT ISSUED
MAR 29 1994
CITY OF PORTLAND

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WDA 3-25-94

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark.
- Type Ceilings: _____ Does not require review.
- Insulation Type _____ Size _____ Requires Review.
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____ Action: Approved.
- Sheathing Type _____ Size _____ Approved with Condition.
- Roof Covering Type _____ Deleted.

Chimneys:

Type: _____ Number of Fire Places _____
 Date: 3/23/94
 Signature: _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

HISTORIC PRESERVATION

Permit Received By Louise E. Chase
 Signature of Applicant Albert W. Knight Date 3/23/94
 CEO's District 3

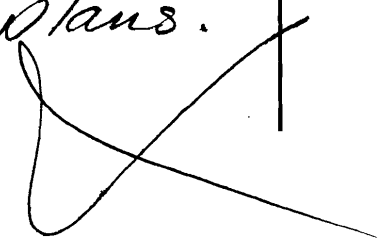
121 T u. cm White - Tax Assessor

Ivory Tag - CEO

CONTINUED TO REVERSE SIDE

PLOT PLAN

Work complete - appears to be done per plans.



FEES (Breakdown From Front)
Base Fee \$ 60
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Albert W. Knight
SIGNATURE OF APPLICANT

45 Exchange St. - Portland, Me.
ADDRESS

871-1080
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

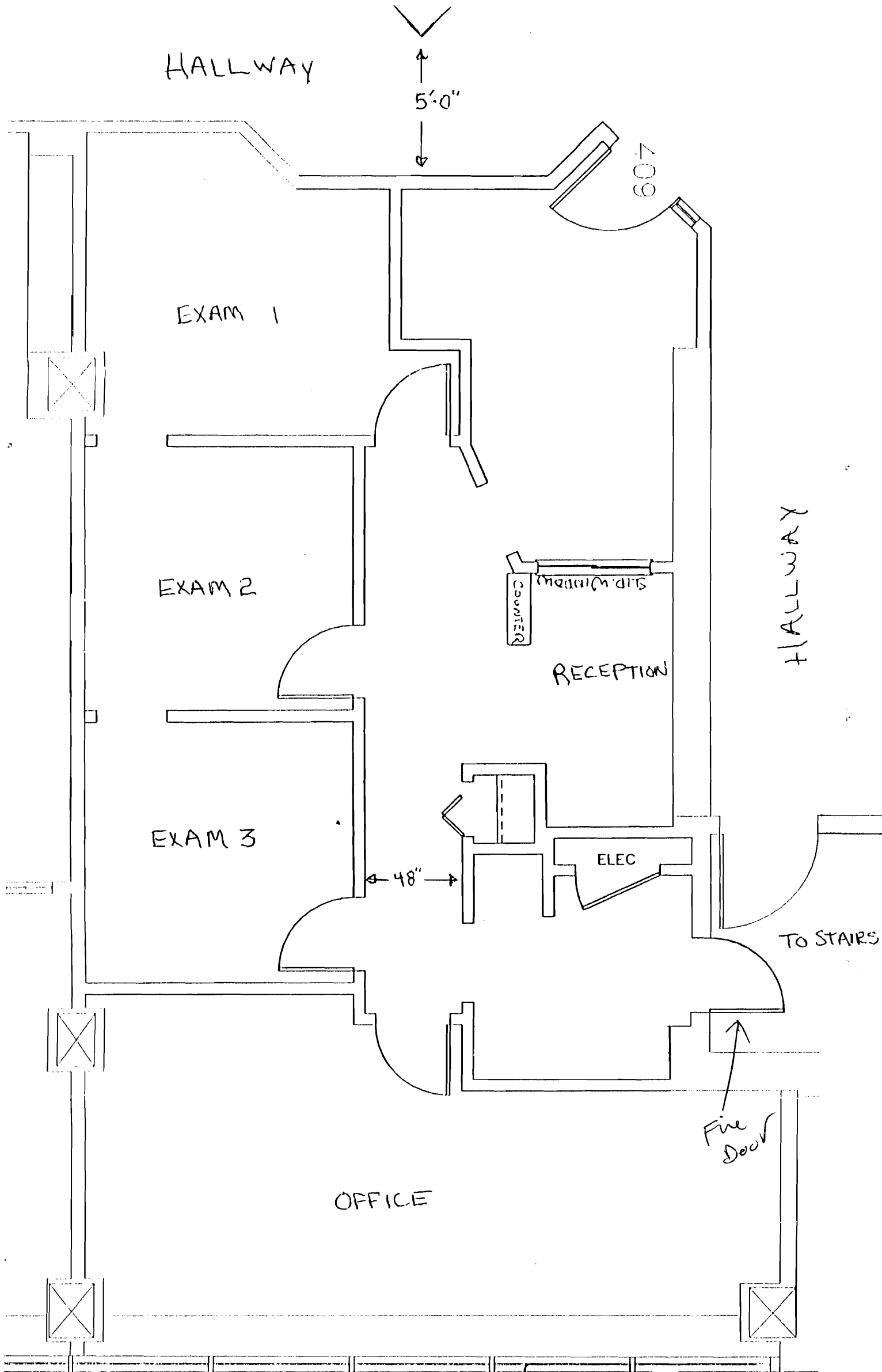
**Total Leg
Suite 409
One City Center**

Scope of Work:

1. Cut in new door to common area from break room. This door to be 2 hr. rated door assembly with all necessary hardware.
2. Alter existing inner partitions of existing space to create three exam rooms and install reception wall with sliding glass window and a 42" high writing counter.
3. Rework 2 existing sprinkler heads so that head coverage is to code.
4. Install heat detectors, exit sign, and emergency light as per code.

This is an existing office space. Minor alterations are being made, with no structural or load bearing work being performed. There are no changes in life safety or in regards to egress requirements.

Total Job Cost: \$8,000.



TOTAL LEG JOB
 ONE CITY CTR
 SUITE 409

SCALE 1/4" = 1'-0"

NEW CONSTRUCTION