

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 020673

Please Read Application And Notes, if Any, Attached

This is to certify that 10 Dana Street Llc /n/a
has permission to Upgrade, adding ADA Access Egress Sign Tower Sprinkler system and elevator.
AT 10 Dana St 032 V001001

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 written permission procured before this building or part thereof is laid out or closed-in.
HEAR 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

[Signature] 8/2/02
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 ISSUED		Permit No: 02-0673	Issue Date: []	CBL: 032 V001001
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Location of Construction: 10 Dana St	Owner Name: 10 Dana Street Llc	Owner Address: One Portland Sq	Phone: 207-773-7100
Business Name: n/a	Contractor Name: n/a <i>HARDY PAUL COAST</i>	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a <i>777-XXXX</i>	Permit Type: Additions - Commercial	Zone: <i>B-3</i>

Past Use: Commercial	Proposed Use: Commercial; Office / Retail, Upgrade building by adding ADA access, 2 fire rated egress stair towers, full sprinkler system and an elevator.	Permit Fee: \$3,383.00	Cost of Work: \$480,000.00	CEO District: 1
Proposed Project Description: Upgrade, adding ADA Access, Egress Stair Towers, Sprinkler System and elavator.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>M/OS</i> Type: <i>30</i> <i>8/2/02</i>	
		Signature: <i>[Signature]</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: gg	Date Applied For: 06/19/2002	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 <i>NA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>6/19/02</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 checked="" type="checkbox"/> Approved w/Conditions <i>as per H.P. Committee</i> <input type="checkbox"/> Denied <i>to DA 6/26/02</i> Date: _____
	<i>Decision MA 6/26/02</i>		

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	

1/27/03 - for footing pour S. Side -
~~Setbacks~~ / Structures ok by Special Inspr
David Tetraalt
See Site Daily Record, tests

Met w/ David Tetraalt on site - they will follow up
Reports - SW Calculations - O Setbacks Agreed by
Zony - Architects Setbacks, MET D
Peru Report Rec'd from David Tetraalt

3/25/03 On site w/ Bob Goudreau. checked all GRAMING. Plumbing
test ok. Need to correct some Sprinkler Heads. M. Collins has
inspected electrical on 3/19/03 JH

4/7/03 Final on 1st Floor w/ Bob Goudreau. need inspection by
M. Collins + Lt. Mac. before issuance JH

6/19/03 CJO for 4th Floor w/ Mezzanine
Office space. And CJO for 3rd Floor
office space. AR ✓

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: _____	First: _____
Mailing Address f	

Date Permit Issued: 9/19/03

Local Plumbing Inspector Signature: [Signature]

FEE: \$ 112101010 If Double Fee Charged

L.P.I. # 06940

032 ✓ 001

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved 9/19/03

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of To Be Served:	Plumbing To Be Installed By:
	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR E HOME 3. <input type="checkbox"/> TIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER -IFY _____	1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb/ Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
			19	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)