

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0992	Issue Date: SEP 16 2003	CBL: 033 N018001
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Location of Construction: 307 Cumberland Ave	Owner Name: York Cumberland Housing Develop	Owner Address: 307 Cumberland Ave	Phone: 839-8276
Business Name:	Contractor Name: Benchmark	Contractor Address: 650 Main St So. Portland	Phone: 2078742963
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B3

Past Use: Office space	Proposed Use: Office space w/some partitions removed, ADA shower added	Permit Fee: \$912.00	Cost of Work: \$99,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 50 9/16/03	

Proposed Project Description: Remove some interior partitions, add ADA shower	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: kwd	Date Applied For: 08/14/2003	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"/> Date: <i>[Signature]</i> 9/24/03	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 Date: <i>[Signature]</i>
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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

PERMIT ISSUED

SEP 16 2003

CITY OF PORTLAND

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT
PERMIT

Permit Number: 030992

This is to certify that York Cumberland Housing Development Benchmark
has permission to Remove some interior partitions, add A/C show
AT 307 Cumberland Ave L 033 N018001

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 leased or occupied. CLOSED-IN. HEAVY NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

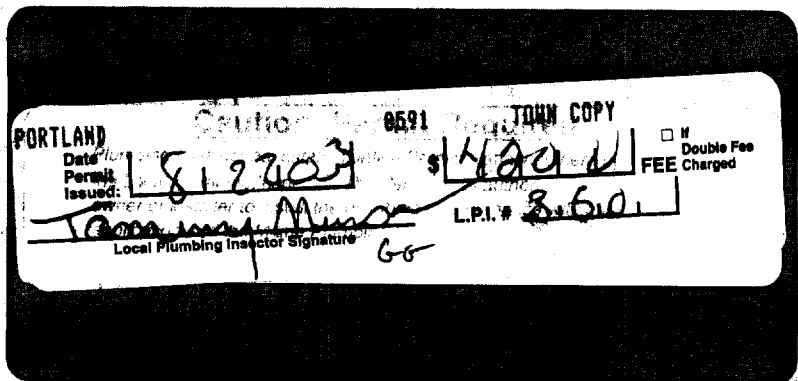
OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 9/16/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Town or Plantation: **PORTLAND**
 Street Subdivision Lot #: **307 Cumberland Ave**
 Last: **YORK CUMBERLAND HOUSING**
 First: _____
 Applicant Name: **PINE STATE PEH**
 Mailing Address of Owner/Applicant (If Different): **P.O. BOX 6308 SCARBOROUGH ME. 04070**



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.

Terence L. Davis
 Signature of Owner/Applicant

Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY <u>OFFICE BLDG.</u>	Plumbing To Be Installed By: 1. <input checked="" 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 LICENSE # <u>16973</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	0, 1	Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0, 1	Sink
		Drinking Fountain	0, 2	Wash Basin
OR TRANSFER FEE [\$6.00]		Indirect Waste	0, 2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	0, 6	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

42
10/2/00

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0992	Date Applied For: 08/14/2003	CBL: 033 N018001
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Location of Construction: 307 Cumberland Ave	Owner Name: York Cumberland Housing Develop	Owner Address: 307 Cumberland Ave	Phone: () 839-8276
Business Name:	Contractor Name: Benchmark	Contractor Address: 650 Main St So. Portland	Phone: (207) 874-2963
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office space w/some partitions removed, ADA shower added	Proposed Project Description: Remove some interior partitions, add ADA shower
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 08/20/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 09/16/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 08/25/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) the fire alarm system shall be maintained to NFPA 72 standards				
2) the sprinkler system shall be maintained to NFPA 13 standards				

Comments: 9/3/2003-mjn: Must provide complete construction documents, staped etc. Contractor notified DONE 9/16/03
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03-0992

All Purpose 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>307 Cumberland Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>20,564</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>33</u> Block# <u>N</u> Lot# <u>18</u>	Owner: <u>York Cumberland Housing Development Corp</u>	Telephone: <u>839-8276</u>
Lessee/Buyer's Name (If Applicable) <u>York Cumberland Housing Development Corp.</u>	Applicant name, address & telephone: <u>Benchmark 650 Main Street S. Portland 207-874-2963</u>	Cost Of Work: \$ <u>99,000</u> Fee: \$ <u>912.00</u>
Current use: <u>Offices</u>		
If the location is currently vacant, what was prior use: <u>Offices</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Office Space</u>		
Project description: <u>Remove non-bearing walls add handi-cap accessible shower Paint Exterior</u>		
Contractor's name, address & telephone: <u>Benchmark - (See Applicant)</u>		
Who should we contact when the permit is ready: <u>Dave O'Connell</u>		
Mailing address: <u>Benchmark 650 Main Street S. Portland Me 04106</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>874-2963</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>David O'Connell Benchmark</u>	Date: <u>8-6-03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

rec'd 8/14/03

Prmt	5144	New	3
03-0992	307	Cumberland Ave	
Hold	Alterations - Commercial		
033 N018001	1	\$99,000.00	

09/03/2003 Must provide complete construction documents, staped etc. Contractor notified

mjn

kwd 08/19/2003 mjn 09/03

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

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Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office space w/some partitions removed, ADA shower added	Proposed Project Description: Remove some interior partitions, add ADA shower
--	---

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 08/20/2003
Note: **Ok to Issue:**

Dept: Building **Status:** Pending **Reviewer:** Mike Nugent **Approval Date:**
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 08/25/2003
Note: **Ok to Issue:**

- 1) the fire alarm system shall be maintained to NFPA 72 standards
- 2) the sprinkler system shall be maintained to NFPA 13 standards

Comments:

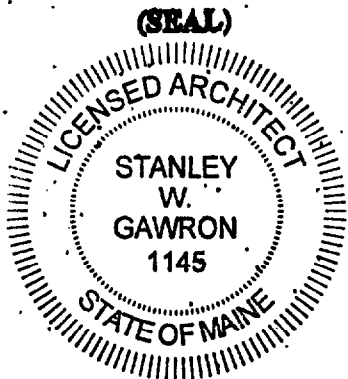
09/03/2003-mjn: Must provide complete construction documents, staped etc. Contractor notified



**CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE**

Designer: Gawron Turgeon Architects
 Address of Project: 307 Cumberland Ave.
 Nature of Project: York Cumberland County Housing
Interior Renovations 1st floor, partial basement
 Date: 8.17.07

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.



Signature: Stan Gawron
 Title: President
 Firm: Gawron Turgeon Architects
 Address: 29 Black Point Rd
Scarborough, ME
 Telephone: 883-6307



CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8704

Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: Gawron Tunajon Architects

DATE: 8-17-07

Job Name: York Cumberland County ^{Housing} Interior Renovations

Address of Construction: 207 Cumberland Ave.

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

Construction project was designed according to the building code criteria listed below:

Building Code and Year: Revised by: BOCA/1999 Edition **Use Group Classification(s):** B - Business - Existing

Type of Construction: 5B - Unprotected **Height:** Two stories **Bldg. Sq. Footage:** 8040 S.F. per floor

Seismic Zone: --- **Group Class:** ---

Roof Snow Load Per Sq. Ft.: --- **Dead Load Per Sq. Ft.:** ---

Basic Wind Speed (mph): --- **Effective Velocity Pressure Per Sq. Ft.:** ---

Floor Live Load Per Sq. Ft.: ---

Structure has full sprinkler system? Yes No **Alarm System?** Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA standards with approval from the Portland Fire Department.

Is structure being considered unlimited area building: Yes No

If mixed use, what subsection of 313 is being considered: n/a

List Occupant loading for each room or space, designed into this Project.

First Floor: 8040

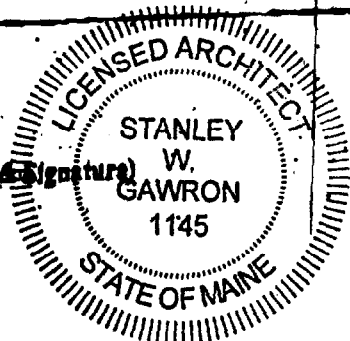
Second Floor: 8040

Basement: 7200

1 Person: 100 s.f.

Total occupant load: 152

(Designer Stamp & Signature)





**CITY OF PORTLAND
BUILDING CODE CERTIFICATE**
389 Congress St., Rm 315
Portland, ME 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: Gawron Turgeon Architects

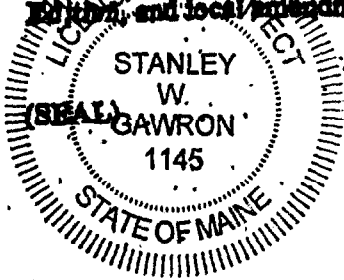
RE: Certificate of Design

DATE: 8.17.07

These plans and/or specifications covering construction work on:

York Cumberland County Housing Interior Renovations
to 1st Floor & partial basement.

Have been designed and drawn up by the undersigned, a Maine registered
architect-engineer according to the BOCA National Building Code/1999 Fourteenth
Edition, and local amendments.



Signature Stan Gawron

Title President

Firm Gawron Turgeon Architects

Address 29 Black Point Rd
Liscomb, ME

As per Maine State Law:

\$50,000.00 or more in new construction, repair,
expansion, addition, or modification for Building or
Structures, shall be prepared by a registered design

PSH 6/2004

10' d 7101



for Construction Permit

164 State House Station
Augusta, Maine 04333-0164
Tel: 207-624-8744 x 1
Fax: 207-624-8767

Project Information

Project Name: YORK CUMBERLAND HOUSING
 Street Location: 307 CUMBERLAND AVE. Town Location: ROTTEN
 County: CUMBERLAND

New Building: Renovation: Addition: Occupancy Change:
 Sprinkler System: Sprinkler System Supervised:

Date of Construction Start-up: July 2003 Estimated Project Cost: \$125,000
 Date of Construction Completion: August 2003 Construction Permit Fee: \$150.00
(see schedule on back)

Occupancy Classification

Apartment	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Educational	<input type="checkbox"/>
Hotel / Motel	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Daycare	<input type="checkbox"/>
Residing & Lodging	<input type="checkbox"/>	Residential Care Level I	<input type="checkbox"/>	Detention	<input type="checkbox"/>
Congregate Housing	<input type="checkbox"/>	Residential Care Level II	<input type="checkbox"/>	Business	<input checked="" type="checkbox"/>
Hospital	<input type="checkbox"/>	Assembly Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Other	<input type="checkbox"/>	
Limited Care	<input type="checkbox"/>	Mercantile A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			

Construction Type

Fire Resistive: Type I (443), (332)	<input type="checkbox"/>	Unprotected Ordinary: Type III (200)	<input type="checkbox"/>
Protected Non-Combustible: Type II (222), (111)	<input type="checkbox"/>	Heavy Timber: Type IV (2HH)	<input type="checkbox"/>
Unprotected Non-Combustible: Type II (000)	<input type="checkbox"/>	Protected Wood Frame: Type V (111)	<input type="checkbox"/>
Protected Ordinary: Type III (211)	<input type="checkbox"/>	Unprotected Wood Frame: Type V (000)	<input checked="" type="checkbox"/>

Addresses

Owner's Name: YORK CUMBERLAND HOUSING Telephone: 207-839-8276 Fax: 207-839-8275
 Mailing Address: 99 SCHOOL STREET
 City: GORHAM State: MAINE Zip Code: 04038

Design Professional: S. CAULFIELD Telephone: 207-839-2000 Fax: 207-839-0364
 License Registration Number: 145 ARCHITECTS E-mail: S.CAULFIELD@YORKCUMBERLANDHOUSING.COM
 Mailing Address: 29 BLACK POINT ROAD
 City: SCARBOROUGH State: MAINE Zip Code: 04114

General Contractor: WJA Telephone: _____ Fax: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Signature of Applicant:

Preliminary Approval:	<input type="checkbox"/>	Date:	_____	Approved By:	_____
Construction Permit:	<input checked="" type="checkbox"/>	Date:	<u>6-19-03</u>	Approved By:	
Approval Letter:	<input type="checkbox"/>	Date:	_____	Approved By:	_____

-When a permit is not required

LOG #	DATE PLANS RECEIVED	REVIEW FEE	DATE PERM ISSUED	CHECK #	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT #
	<u>6-10</u>	<u>150</u>	<u>5-13</u>	<u>6838</u>			