### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Y OF PORTLAND Please Read **PERMIT ISSUED ICPECTION** Application And Notes, If Any, Permit Number: 070217 Attached APR - 3 2007 llied/Cook Construction This is to certify that BAYSIDE VENTURES LLC up. 1st floor unit for Fames Garker Ansarance I has permission to Turner Barker Change of Us cant spa 034 600 AT MARGINAL WAY ( 63)

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

rm or provided the permit shall comply with all line and of the permit shall comply with all line and of the permit shall comply with all line and of the permit shall comply with all line and of the application on file in

fication of inspersion must be nand with an permitted proposed of the permitted proposed of the

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

OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_\_

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

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

Other \_\_\_\_\_

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Mai	ne - Buil	ding or Use	Permi	t Applicatio	n P	Permit No:	Issue Date	:	CBL: O 3	4 - C 801	
389 Congress Street, 041		_				07-0217			0 <del>34-C</del> 0	02001	
Location of Construction:		Owner Name:			Owr	ner Address:			Phone:		
SZMARGINAL WAY (	63)	BAYSIDE VE	ENTUR	ES LLC	50	PORTLAND :	PIER				
Business Name:		Contractor Name: Allied/Cook Construction			Contractor Address: PO Box 1396 Portland			Phone			
								20777228	888		
Lessee/Buyer's Name	Phone:	Phone:			Permit Type:				Zone:		
					Ct	nange of Use 1	Home Occu	pation		B7	
Past Use: Proposed Use:					Permit Fee: Cost of Work:		k:	CEO District:	<u> </u>		
·			I / Office Change of use		\$575.00 \$48.000		00 00	1			
vacant spa			to office w/ tenant fit- unit for Turner Barker		FIRE DEPT: Approved I		INSPEC	CTION:			
		up. 1st floor u					Approved	Use Gro	oup: 💪	Туре: 73	
		Insurance				l_	Denied		シ	· J/	
								1	81-70	12	
Proposed Project Description:					1			-+	1)(-20		
Turner Barker Change of U	Jse vacant s	space to Office	w/ tenar	enant fit-up. 1st		Signature: Signature: Signature: Signature:			gnature: MM 片		
floor unit for Turner Barke			W tonant ne up. 15t		PEDESTRIAN ACTIVITIES DISTRI			RICT (F	CT (P.A.D.)		
									0		
					Acti	ion: Appro	ved [ ] Ap	oroved w/	Conditions	Denied	
					Sign	nature:			Date:		
Permit Taken By:	Date Ap	plied For:				Zonina	Approva	.1	_		
dmartin	02/28					Zomng	Approve	f.1			
1. This permit applicatio	n does not :	araaluda tha	Spe	cial Zone or Revi	ews	Zoni	ng Appeal		Historic Preservation		
1. This permit application Applicant(s) from mee		d		Variance			Not in District or Landman				
Federal Rules.	otting upplie	able State and	ble State and Shoreland		variance			Not in District of Earldman			
			□ w <sub>-1</sub> - t			Miscellaneous			Does Not Require Review		
2. Building permits do not include plumbin		lumbing,	Wetland			Ivriscentaneous			Does Not require review		
septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the data of issuance.			Flood Zone			Conditional Use			Requires Review		
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Subdivision  Site Plan			☐ Interpretation ☐ Approved			☐ Approved W/Conditions		
			311	e i ian		Applove	zu .		Approved w	Conditions	
PERMIT ISSUED			Maj Minor MM					Denied			
		]	Date: 3/1/07 Are					ABM Date:			
APR - 3	2007		Date: 3	11101 1100	-	Date:		Da	ite:		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1									
10500	DTI ANI										
CITY OF PO	<u> JRTLANI</u>	<u> </u>									
			C	ERTIFICATI	ONI						
Thereby cout for the true to						1 1 .	.1 . 1	1 .1		1 141 4	
I hereby certify that I am the I have been authorized by the											
jurisdiction. In addition, if											
shall have the authority to e											
such permit.		•	•				•			•	
SIGNATUDE OF A PRI ICANIE				ADDRES			DARR		DUO	NE NE	
SIGNATURE OF APPLICANT				ADDRES	)		DATE		РНО	INE	
RESPONSIBLE PERSON IN CH	ARGE OF W	ORK. TITLE					DATE		PHO	NE	

City of Portland, Maine	- Building or Use Permit	t.		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101	O		4-8716	07-0217	02/28/2007	034 C001001	
Location of Construction:	Owner Name:			wner Address:	<del></del>	Phone:	
49 Marginal Way	BAYSIDE VENTURE	BAYSIDE VENTURES LLC			50 PORTLAND PIER		
Business Name:	Contractor Name:	_			Contractor Address: PO Box 1396 Portland		
	Allied/Cook Construct						
Lessee/Buyer's Name	Phone:			ermit Type: Change of Use - C	Commercial		
Proposed Use:  Commercial / Office Change o fit-up. 1st floor unit for Turner	•		Turner	•		Office w/ tenant fit-	
Dept: Zoning State Note:  1) Separate permits shall be re-	tus: Approved with Condition equired for any new signage.	s <b>Rev</b>	iewer:	Ann Machado	Approval D	Pate: 03/01/2007 Ok to Issue: ✓	
2) This permit is being approvious work.	red on the basis of plans submit	tted. Any	y deviati	ons shall require a	separate approval b	pefore starting that	
Dept: Building State Note:	tus: Approved with Condition	s <b>Rev</b>	iewer:	Jeanine Bourke	Approval D	ate: 04/02/2007 Ok to Issue: ✓	
1) All penetratios through rate ASTM 814 or UL 1479, pe		i by an ap	proved	firestop system ins	stalled as tested in a	ccordance with	
Separate permits are require Separate plans may need to	ed for any electrical, plumbing be submitted for approval as a		-				
Dept: Fire Stat	us: Approved with Condition	s Rev	iewer:	Cptn Greg Cass	Approval D	ate: 03/01/2007	
Note:	- <del>-</del>					Ok to Issue:	



1) Fire alarm and sprinkler test reports required.

### **BUILDING PERMIT INSPECTION PROCEDURES**

# Please call 874-8703 or 874-8693 to schedule your

### inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

below. A Pre-construction Meeting will take place upon receipt of your building permit. Footing/Building Location Inspection: Prior to pouring concrete Prior to pouring concrete Re-Bar Schedule Inspection: Foundation Inspection: Prior to placing ANY backfill Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES. CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED Signature of Applicant/Designer Signature of Inspections Official Building Permit #: 67 6217

## 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: 63 Mg/glva wall						
Total Square Footage of Proposed Structure Sprice   Square Footage of Lot 2,000 56 1/-						
Tax Assessor's Chart, Block & Lot  Chart# Block# Lot# Block# Lot#  34 C COd  Owner:  BaySide Ventures  Telephone:						
Lesser/Buyer's Name (If Applicable)  Applicant name, address & Cost Of, Work: \$ 15 000 Toggs  Toggs Barbel ( LASURIVICE & PORTHAND NITE 04104 Fee: \$ 1500 00 7500 00 150						
Current use: Valuat  If the location is currently vacant, what was prior use: NOAR - New Structure  Approximately how long has it been vacant:  Proposed use: Insurance Company Office 1st floor Turner  Bowler  Bowler						
Contractor's name, address & telephone: Allical/Coals (anstruction) )) 1 - 2575  Who should we contact when the permit is ready: MGH Coals  Mailing address: 1.0- Box 1396  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: 772-5725						

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 APROVE 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.

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Signature of applicant:	d	Date: 2/0	767
		/	<del>-7</del>

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