Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
Please Read Application And Notes, If Any, Attached PERMIT ISSUED PERMIT ISSUED Permit Number: 070073 FEB - 5 2007
This is to certify thatATLANTIC BAYSIDE SQUERE LLC /Great Falls BuildersC/Jo
has permission to Change of use to driving sch Install 2 w doc on the spa Remove temp office Cartilica F PORTLAND
AT _54 MARGINAL WAY 034A A002001
provided that the person or persons arm or persons of the provisions of the Statutes of L ine and of the function recepting this permit shall comply with all of the provisions of the Statutes of L ine and of the function cances of the City of Portland regulating the construction, maintenance and u is of buildings and surctures, 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.  N fication of inspection muscles is adding or or there are the building or procure in the procured by owner before this building or part there are the
OTHER REQUIRED APPROVALS Fire Dept

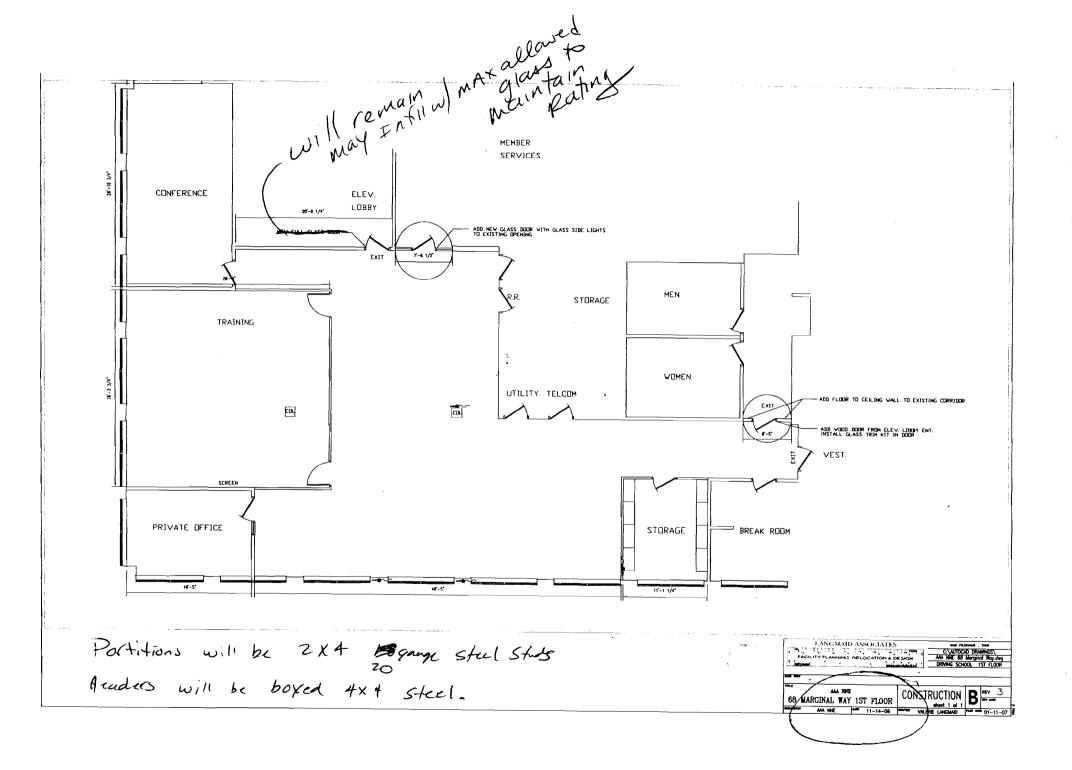
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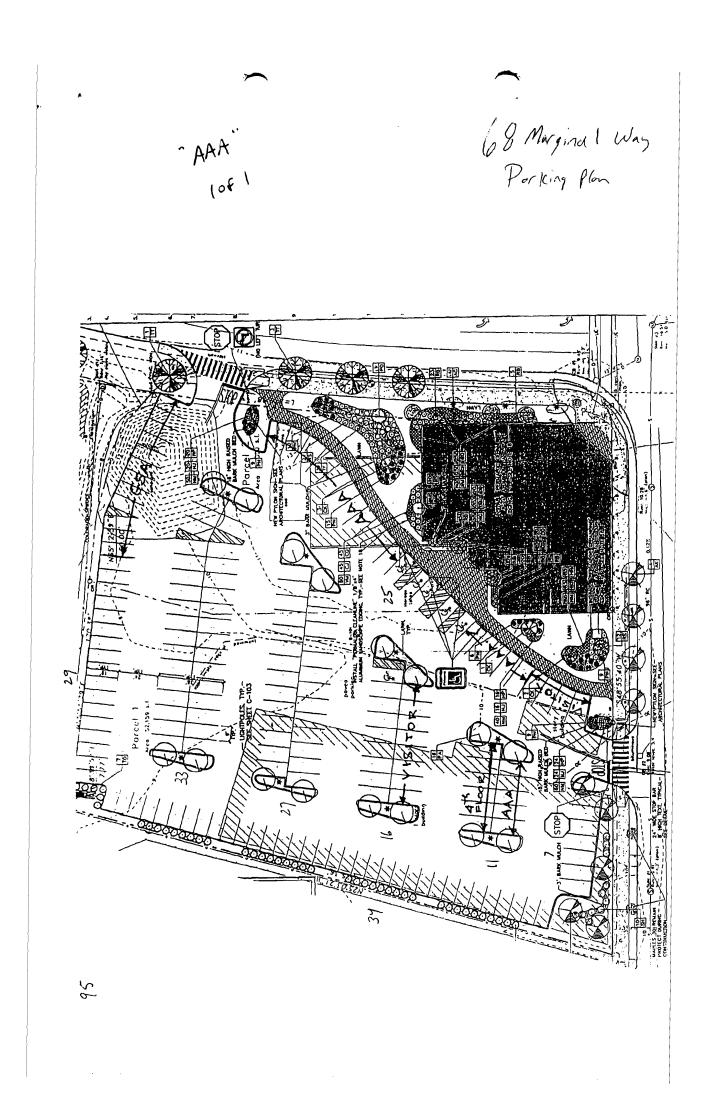
City of Portland, Maine - Bu	ilding or Use I	Permi	t Applicatio	1 <sup>Pe</sup>	ermit No:	Issue Date:	C	 BL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871					07-0073			034A A0	02001
Location of Construction:	Owner Name:			Owner Address:			Ph	ione:	
54 MARGINAL WAY	ATLANTIC BAYSIDE SQUARE L			340 FORE ST					
Business Name:	Contractor Name:			Contr	ractor Address:		Pł	Phone	
	Great Falls Builders, Inc./Jon Smith			20 Mechanic Street Gorham			2	2078922744	
Lessee/Buyer's Name	Phone:							Zone B7	
Past Use:	Proposed Use:	Proposed Use:			Permit Fee: Cost of Work: CEO District:				
Commercial - Alir SDAr	Commercial D	Commercial Driving School-			\$155.00 \$6,000.00				
Commercial - office Space	Change of use	Change of use to driving school			FIRE DEPT: Approved INSPECTI			<u> </u>	L
		Install 2 new doors in the space. Remove temp office partition			Denied Use Group				Type: <b>2</b> B
				See Conditions IX			IB	C-20	03
Proposed Project Description: Change of use to driving school Inst		the spa	ace. Remove	Signa	ature: (urec	Cross Si	gnature A	NBZ	03 /14/07
temp office partition 15t Floc	21			PEDESTRIAN ACTIVITIES DISTRICT (PLAD.)					
		Action: Approved Approved w/Cor			ed w/Conditi	ions	Denied		
				Signature: Da			Date:		
Permit Taken By: Date Applied For:			Zoning Approval						
ldobson 01/22/2007		Special Zone or Revie		ws Zoning Appeal		Uio	Historic Preservation		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and		Shoreland					Not in District or Landmark		
Federal Rules.		Wetland		Miscellaneous			Does Not Require Review		
2. Building permits do not include plumbing, septic or electrical work.									
3. Building permits are void if work is not started			Flood Zone		Conditional Use		🗌 Re	Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			bdivision		Interpretation		🗌 Ар	Approved	
		Si	te Plan			d	ДАр	proved w/C	Conditions
PERMIT ISSUED			Minor MM	1	Denied		Date:		$\mathbf{P}$
FEB - 5 2007 CITY OF PORTLA	ND	<b>`</b>	<del>\</del>	<del>707</del>	μ		<u> </u>		ـــــــــــــــــــــــــــــــــــــ

## 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







## **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: $68$	Muryinal Way Square Footage	1st Floo	r			
Total Square Footage of Proposed Structure	Square Footage	of Lot				
Existing Building						
Tax Assessor's Chart, Block & Lot	Owner:		Telephone:			
Chart# Block# Lot#						
Lessee/Buyer's Name (If Applicable)	Applicant name, address & tel		ost Of Jork: <b>\$_600c - ±</b>			
AAA Northurn New England						
	Code ME 04038					
Current Specific use: Office Space	Jon Smith - 329-58	25 39-2744 C	of O Fee: \$			
Current Specific use: Office Space	Er Add Northness New 1	England				
Proposed Specific use: <u>AAA</u> Viving Sc						
			office N			
Project description: Install 2 new left our from previous set up.	dours in the space.	Remove t	emp. partition whips			
		$\bigcirc$				
Change of Use ! Off	ice Space to Driv	ing Scho	ol Space.			
Change of Use: Office Space to Driving School Space. Contractor's name, address & telephone: Great Fully Builders, In. Jon Smith						
Who should we contact when the permit is ready: Ton Smith						
Zo mellome st.						
Mailing address: Great Falls Builders Inc. Phone: <u>SUI-S8CS</u> SUI-CAS Zo Mclton. c St. Gorhan, mE 04038 Please submit all of the information outlined in the Commercial Application 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 request additional information prior to the insuence						
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 <u>www.portlandmaine.gov</u> , of 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 of applicant:		Date: 1/76/	07			
This is not a permit; you may not commence ANY work until the permit is issued.						
1 25 5		1				

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City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8710			07-0073	01/22/2007	034A A002001	
Location of Construction:	Owner Name:			Owner Address:		Phone:
54 MARGINAL WAY	ATLANTIC BAYSIDE SQUARE L			340 FORE ST		
Business Name:	Contractor Name:			Contractor Address:	Phone	
	Great Falls Builders, Inc./Jon Smith			20 Mechanic Street	(207) 892-2744	
Lessee/Buyer's Name	Phone:			Permit Type:		
		Change of Use - Commercial				
Proposed Use:			Propose	ed Project Description:		
Commercial Driving School- Change	e			, U	school Install 2 new	doors in the space.
2 new doors in the space. Remove ter	np office partition - 1st	floor	Remo	ve temp office partit	tion - 1st floor	
Dept: Zoning Status: A	Approved with Condition	ns <b>Re</b>	viewer	Marge Schmucka	Approval D	ate: 01/23/2007
Note:				-		Ok to Issue:
1) Separate permits shall be required	l for any new signage.					
				41 1 11		
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.						
work.						
Dept: Building Status: A	Approved with Condition	ns <b>Re</b>	viewer	Jeanine Bourke	Approval D	ate: 02/14/2007
Note:						Ok to Issue:
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.						
<ol> <li>Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.</li> </ol>						
Dept: Fire Status: A	approved with Condition	ns <b>Re</b>	viewer	Cptn Greg Cass	Approval D	ate: 01/25/2007
Note:						Ok to Issue:
1) Unable to determine means of egress from plan submitted.						
Field verify at C-O.						
Spoke with Jon 1-25-07						

## **Comments:**

2/14/2007-jmb: Spoke with Jon S. To verify the elevator lobby door will not be changed, only infilled with the max amount of glazing to maintain fire rating. Ok to issue

## **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.

A Pre-construction Meeting will take place upon receipt of your building permit.

Footing/Building Location Inspection:	Prior to pouring concrete			
Re-Bar Schedule Inspection:	Prior to pouring concrete			
Foundation Inspection:	Prior to placing ANY backfill			
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling			
<b>Final/Certificate of Occupancy:</b> 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 \$PACE MAY BE OCCUPIED** 

Signature of Applicant/Designee e Kon Signature of Inspections Official CBL: 34-A.A.- Z Building Permit #: \_\_\_\_\_\_\_7-0073

Date 2/14/07