

THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

CONSTRUCTION

PERMIT

Permit Number: 070969

PERMIT ISSUED

SKS LLC
DEC 28 2007

034A B001001

to certify that CAPITAL LLC / Pizzagalli
has permission to 4 level parking garage beneath level municipal bldg

AT 84 MARGINAL WAY

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 when permission is procured before this building or part thereof is occupied or closed-in. HOUR 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. Craig Cusack
Health Dept. _____
Appeal Board _____
Other _____
Department Name

SKS Construction
10/30/07
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 No: 07-0969	Issue Date:	CBL: 034A B001001
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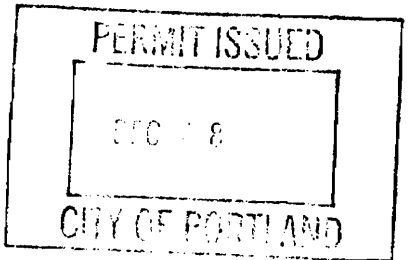
Location of Construction: 84 MARGINAL WAY	Owner Name: CAPITAL LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Pizzagalli	Contractor Address: 131 Presumpscot St Portland	Phone 2078742323
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: B-7

Past Use: Vacant Land	Proposed Use: Commercial 4 level parking garage beneath 6 level medical bldg	Permit Fee: \$140,735.00	Cost of Work: \$14,063,249.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: <i>REV. CALDWELL</i> Use Group: <i>R, M, S</i> Type: <i>2A</i> <i>SHALL COMPLY WITH SEC CONDITIONS</i>	

Proposed Project Description: 4 level parking garage beneath 6 level medical bldg	Signature: <i>Craig Cass</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>10/30/07</i>		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 08/10/2007	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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>AA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>panel 13 zone C</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2006-0135</i> Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>08/13/07</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <i>125' max</i> <input checked="" type="checkbox"/> Conditional Use <i>for height ~ 135' shown</i> <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <i>165' max Allowed under The Cond. Use A-496(e)</i> <input type="checkbox"/> Denied Date: <i>3/27/10</i>	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: _____
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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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

84 MARGINAL WAY

CBL 034A B001001

Issued to

Atlantic Bayside Trust Llc /Pizzagalli

Date of Issue

11/03/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 07-0969 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Base Building

APPROVED OCCUPANCY

4 Level Parking Garage.
6 Level Medical Building.
Use Group B/M/S2
IBC 2003

Limiting Conditions:

Temporary Occupancy Certificate. This Certificate expires on November 30, 2008.

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.