

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 031440

Please Read
Application And
Notes, if Any,
Attached

This is to certify that 39 Lic/Benchmark

Health Dialog Inc. / Renovations to existing office space / partitions, doors, conference area, office space

At 39 Forest Ave

037 A012001

provided that the person or persons responsible for the construction, maintenance and repair of buildings and structures, and of the application on file in this department, of the provisions of the Statutes of the City of Portland shall comply with all the provisions of the Ordinance and the rules and regulations of the City of Portland regulating the construction, maintenance and repair of buildings and structures, and of the application on file in this department.

OTHER REQUIRED APPROVALS

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

Information on inspection must be provided to the Building Inspector before this permit is issued. If a permit is issued for work that requires a permit from another department, the permit holder must obtain the necessary permits from those departments before work begins.

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

Fire Dept. *EXH.M.*
Health Dept.
Appeal Board
Other
Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

Handwritten signature
12/20/03

Permit No: 03-1440	Issue Date:	CBL: 037 A012001
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Location of Construction: 39 Forest Ave Owner Name: 39 Lic	Business Name: na Contractor Name: Benchmark	Lessee/Buyer's Name: na Phone:
Owner Address: 100 Silver St Phone:	Contractor Address: 650 Main St So, Portland Phone: 2078742963	Permit Type: Alterations - Commercial Zone: B3C

Permit Fee: \$462.00	Cost of Work: \$49,000.00	CBO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Type: 2C
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Proposed Use: Health Dialog Inc. / Renovations to vacant office 1 unit	Proposed Project Description: Health Dialog Inc. / Renovations to existing 2000 SF office space/ partitions, doors, conference area, office space, new ceiling, carpets and paint 1st floor
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Signature: [Signature] Date: 11/25/03	Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
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Signature: [Signature]	Signature: [Signature]
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Permit Taken By: Idobson	Date Applied For: 11/19/2003
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Zoning Approval

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	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved	Date: 11/25/03
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	Date:	Date:

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.

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-1440	Date Applied For: 11/19/2003	CBL: 037 A012001
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Location of Construction: 39 Forest Ave	Owner Name: 39 Llc	Owner Address: 100 Silver St	Phone:
Business Name: na	Contractor Name: Benchmark	Contractor Address: 650 Main St So. Portland	Phone: (207) 874-2963
Lessee/Buyer's Name: na	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Health Dialog Inc. / tenant fit-up 1st floor	Proposed Project Description: Health Dialog Inc. / Tenant fit-up 1st floor
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Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 11/25/2003
 Note: PAD encouragement district only - not the regular PAD Ok to Issue:

Dept: Building Status: Approved with Conditions Reviewer: Mike Nugent Approval Date: 12/08/2003
 Note: Occupant load limited to less than 50 people. Ok to Issue:

Dept: Fire Status: Approved with Conditions Reviewer: Lt. MacDougal Approval Date: 11/26/2003
 Note: 1) the fire alarm system shall be maintained to NFPA 72 standards
 2) the sprinkler system shall be maintained to NFPA 13 standards Ok to Issue:

Richard Egan
Estimator

650 Main Street
South Portland, Maine 04106
207 874 2963 Fax 207 874 6042
Cell 207 292 0198
richard@benchmarkkonstr.com

BENCHMARK

Design/Build
General Contracting
New Cell: (207) 712-4471
Direct: (207) 699-2946

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: 39 Forest Ave Portland ME 04101	
Total Square Footage of Proposed Structure: Renovation to 2000 sf of existing	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 037 Block# A012 Lot#	Owner: Commercial Properties Telephone: 774-1885
Lessee/Buyer's Name (if Applicable) Health Dialog Inc.	Applicant name, address & telephone: Benchmark 650 Main Street South Portland ME
Current use: Office	Cost Of Work: \$49,000 Fee: \$366 462.00
Approximately how long has it been vacant:	If the location is currently vacant, what was prior use: Office
Proposed use: Office	Project description: Renovation of existing office area
Contractor's name, address & telephone: Benchmark - 874-2963	
Who should we contact when the permit is ready: Richard Egan 699-2946 Direct Line.	
Mailing address: 650 Main Street South Portland ME 04106	
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 if any work starts before the permit is picked up. PHONE: 699-2946	

INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY ORDER TO APPROVE THIS PERMIT.

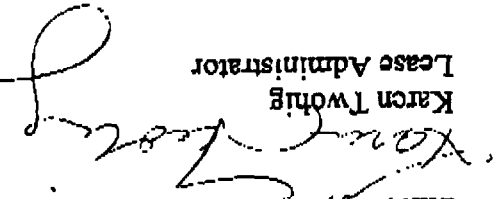
The Owner of record of the named property, or that the owner of record authorizes the proposed work and that I agree to conform to all applicable laws of this State and the City of Portland, ME. I certify that the City of Portland, ME, authorized representative has entered all areas covered by this permit at any reasonable hour to enforce the provisions of the permit.

Permit, you may not commence ANY work until the permit is issued. Permitted District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

✓ # 40033

Permit: **Richard Egan for owner**
Date: **11-2-2003**

03-1440

Sincerely,

Karen Twohig
Lease Administrator

If you have any questions or concerns, please call me at the number above.

39 LLC has hired Benchmark to perform interior renovations for our tenant, Health Dialog, at 39 Forest Avenue, Portland, Maine.

Dear Sir or Madam:

Re: Interior Renovations @ 39 Forest Avenue, Portland, Maine

City of Portland
Attn: Karen
Portland, Maine
Fax: 874-8716

November 19, 2003

39 LLC
100 SILVER STREET
PORTLAND, MAINE 04101
(207) 774-1885