

COMMENTS

3/12/01 - plans show a new exterior ramp - called Benchmark. left a message that a site plan review or site plan exemption would be required.

3/14/01 Architect Cynthia McMullin called - There is an existing wooden ramp there and they will be changing it to concrete - No change in size per her - will fax a revised plan -

3/18-01 Rough in plumbing ok Test JB

3/16/01 Close in Framing ok JB

4/19/01 Final - punch - for phase one - Forest ^{Ave} Street side w/SH - need Emerg. Lighting at rear egress in main Room, stairs at Ramp only 10 1/2" tread. JB

4/23/01 Final - stairs ok - pre existing set on other side has no Guardrail. JB

7/18/01 Final for phase 2. Need spec on enclosed glass Room safety glazing. HC Ramp Guards only 34" in height. See enclosed Fax sent to inform of BOCA & Life safety Code. Can issue a Temp C.O. JB LTMAC Needs Alum Report

7/26/01 Met w/ contractor on site to discuss code requirements for Guards. Temp C.O. on hold for Fire Alum report. JB

7/31/01 see Tempered Glass submittal JB

9/18/01 HC Ramp Guardrail ok JB

CBL: 37-A-12
01-0187

Inspection Record	
Type	Date
Foundation:	_____
Framing:	_____
Plumbing:	_____
Final:	_____
Other:	_____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 39 Forest Ave

CBL 037 A012001

Issued to 39 LLC/Benchmark

Date of Issue 09/26/2001

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. 01-0187 , 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

APPROVED OCCUPANCY

Entire

Commercial / Office

Use Group B

Limiting Conditions:

Type 2C

Boca '99

None

This certificate supersedes
certificate issued

Approved:

09/26/01 *Jamie Roubie*

(Date) Inspector

[Signature]

Inspector of Buildings

MEMO
9/27/01 *[Signature]*

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.

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 2-26-01
 Permit # 1262
 CBL# 031-A-012

LOCATION: 39 Forest AVE METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Comtel / 39 LLC
 TENANT Comtel PHONE # _____ **COMMERCIAL PROPERTIES**

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector				
	65	20		3	123	.20	17.00
FIXTURES	Incandescent	Fluorescent	Strips				24.60
		120					
SERVICES	Overhead	Underground	TTL AMPS	<800		15.00	
	Overhead	Underground		>800		25.00	
Temporary Service	Overhead	Underground	TTL AMPS			25.00	
						25.00	
METERS	(number of)					1.00	
MOTORS	(number of)					2.00	
RESID/COM	Electric units					1.00	
HEATING	oil/gas units	Interior	Exterior			5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens			2.00	
	Insta-Hot	Water heaters	Fans			2.00	
	Dryers	Disposals	Dishwasher			2.00	
	Compactors	Spa	Washing Machine			2.00	
	Others (denote)					2.00	
MISC. (number of)	Air Cond/win					3.00	
	Air Cond/cent		Pools			10.00	
	HVAC	EMS	Thermostat			5.00	
	Signs					10.00	
	Alarms/res					5.00	
	1 Alarms/com				1	15.00	15.00
	Heavy Duty(CRKT)					2.00	
	Circus/Carnv					25.00	
	1 Alterations				1	5.00	5.00
	Fire Repairs					15.00	
	25 E Lights				25	1.00	25.00
	E Generators					20.00	
PANELS	Service	2 Remote	Main		2	4.00	8.00
TRANSFORMER	0-25 Kva					5.00	
	25-200 Kva					8.00	
	Over 200 Kva					10.00	
				TOTAL AMOUNT DUE			
MINIMUM FEE/COMMERCIAL 45.00				MINIMUM FEE		35.00	94.60

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME BH Milliken MASTER LIC. # MC 60016837
 ADDRESS 125 Anderson Street LIMITED LIC. # _____
 TELEPHONE 879-1877

SIGNATURE OF CONTRACTOR Bob's Cope for B.H. Milliken

PLUMBING APPLICATION

037-A-012
#2

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland ME
 Street Subdivision Lot #: 39 Forest Ave
 Last: Comtel First: _____
 Applicant Name: Johnson & Sorden
 Mailing Address of Owner/Applicant (if Different): PO Box 1585
 Scarborough ME 04078

PORTLAND 7609 TOWN COPY
 Date Permit Issued: 2/19/01 \$ 170- If Double Fee Charged
 Local Plumbing Inspector Signature: _____ L.P.I. # 0124

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.

FRISWORTH 10/2/01 2-19-01
 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.

Denise Bourke 8/2/01
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

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 checked="" type="checkbox"/> OTHER - SPECIFY <u>apex 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>22760</u>
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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		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR TRANSFER FEE [\$6.00]	<input checked="" type="checkbox"/>	Urinal	<u>2</u>	Sink
		Drinking Fountain	<u>1</u>	Wash Basin
		Indirect Waste	<u>2</u>	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	<u>12</u>	Fixtures (Subtotal) Column 1
			<u>1</u>	Fixtures (Subtotal) Column 2
		<u>13</u>	Total Fixtures	
		<u>08-</u>	Fixture Fee	
		<u>0000</u>	Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

70-82-