

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040747

Please Read Application And Notes, If Any, Attached

This is to certify that 39 Llc/Benchmark

has permission to tenant fit-up 4500 sq ft

AT 39 Forest Ave 037 A012001

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 work in progress must be reported before this building or part thereof is occupied or otherwise used-in. HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716		Permit 04-0747	Issue Date:	CBL: 037 A012001
Location of Construction: 39 Forest Ave	Owner Name: 39 Llc	Owner Address: 100 Silver St		Phone: 774-1885
Business Name:	Contractor Name: Benchmark	Contractor Address: 650 Main St So. Portland		Phone: 2078742963
Tenant/Leasee/Buyer's Name				Zone: B3C
Past Use: office				
Proposed Project Description: tenant fit-up 4500 sq ft		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: 3B Signature: [Signature] Date: 6/21/04 Signature: [Signature] Date: 6/10/04 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) PAD Encouragement only Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied DO NOT close-up any windows on 1st floor Signature: of Black Date: 6/10/04		
Permit Taken By: Jodinea	Date Applied For: 06/07/2004	Zoning Approval		

1. 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 Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Date: 6/10/04	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	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 - Building or Use Permit

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

Permit No: 04-0747	Date Applied For: 06/07/2004	CBL: 037 A012001
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Location of Construction: 39 Forest Ave	Owner Name: 39 Llc	Owner Address: 100 Silver St	Phone: () 774-1885
Business Name:	Contractor Name: Benchmark	Contractor Address: 650 Main St So. Portland	Phone: (207) 874-2963
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office	Proposed Project Description: tenant fit-up 4500 sq ft
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 06/10/2004

Note: **OktoIssue:**

1) This structure is located within an "Encouragement **FAD** (Pedestrian Activities District) Area" which states that all windows along the first floor sidewalk area shall not be closed-in or blocked. This application is not seeing **any** such work being done. No such work is being approved.

Dept: Building **Status:** Pending **Reviewer:** **Approval Date:**

Note: **OktoIssue:**

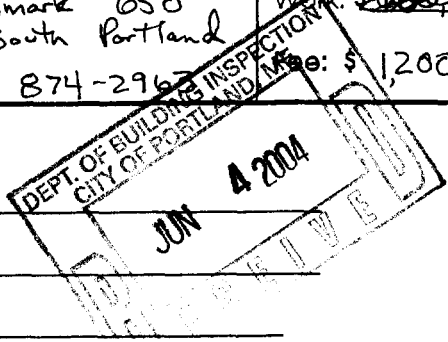
Dept: Fire **Status:** Pending **Reviewer:** **Approval Date:**

Note: **OktoIssue:**

All Purpose Building Permit Application

If you or the Property owner owes real estate or personal property taxes or user charges on an^a property within the City, payment arrangements must be made before permits of any kind are accepted.

E,			
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 37 A 12		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 04106 874-2967	Cost Of 130,000 Work: 100,000 Fee: \$1,200
Current use: <u>Office</u>			
If the location is currently vacant, what was prior use: _____			
Approximately how long has it been vacant: _____			
Proposed use: <u>Office</u>			
Project description: <u>tenant fit - up 7,500 SF +/-</u>			
Contractor's name, address & telephone: <u>Benchmark GC</u>			
Who should we contact when the permit is ready: <u>Richard Egan 699-2946</u>			
Mailing address: <u>650 Main Street S. Portland ME 04106</u>			
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: <u>699-2946</u>			



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 APPROVE 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.

Signature of applicant:	Date: <u>5-28-04</u>
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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



CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE

Designer: MICHAEL CHAREK

Address of Project 39 FOREST AVENUE PORTLAND, ME 04101

Nature of Project HEALTH DIALOG OFFICE
RENOVATIONS

Date 6/4/04

The undersigned, to the best of his knowledge, agrees that
The technical submissions covering the proposed construction work
as described above have been have been designed in compliance with
applicable referenced standards found in the Maine Human Rights Law and
Federal Americans with Disability Act.

(SEAL)

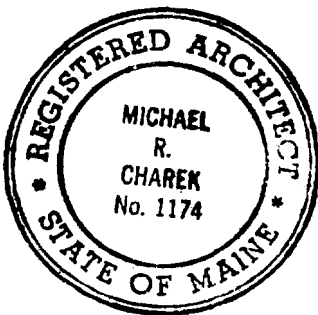
Signature M. C. Charek

Title PRINCIPAL

Firm MICHAEL CHAREK ARCHITECTS

Address 25 HARTLEY ST
PORTLAND, ME 04103

Telephone 207-761-0556





CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-871-8704

Fax - 207-871-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: MICHAEL CHAREK

DATE: 6/4/04

Job Name: HEALTH DIALOG OFFICE RENOVATIONS PHASE 2

Address of Construction: 39 FOREST AVE, PORTLAND ME 04101

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

To my best belief Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA 1999 Use Group Classification(s) B
 Type of Construction 3B Bldg. Height N/A Bldg. Sq. Footage 18,275 x 2 = 36,550 sf
 Seismic Zones N/A Group Class N/A 5,700 sf renovate
 Roof Snow Load Per Sq. Ft. N/A Dead Load Per Sq. Ft. _____
 Basic Wind Speed (mph) N/A Effective Velocity Pressure Per Sq. Ft. N/A
 Floor Live Load Per Sq. Ft. N/A

Structure has full sprinkler system? Yes No _____ Alarm System? Yes No _____
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

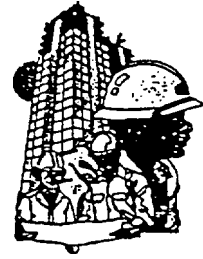
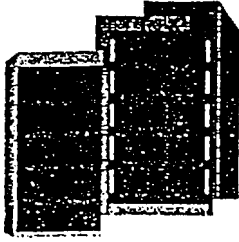
Is structure being considered unlimited area building: Yes ___ No

If mixed use, what subsection of 313 is being considered _____

List Occupant loading for each room or space, designed into this Project.
570 occupants, 5700 sf renovate area / 100 sf pers. - renovate area

PSH 6/07/2K

(Designers Stamp & Signature)
REGISTERED ARCHITECT
MICHAEL R. CHAREK
No. 1174



**CITY OF PORTLAND
BUILDING CODE CERTIFICATE**
389 Congress St., Rm 315
Portland, ME 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: MICHAEL CHAREK

RE: Certificate of Design

DATE: 6/4/04

These plans and/or specifications covering construction work on:

HEALTH DIALOG OFFICE REMOVATIONS PHASE 2
39 FOREST PORTLAND ME 04101

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer ~~according to~~ the BOCA National Building Code/1999 Fourteenth Edition, and local amendments.

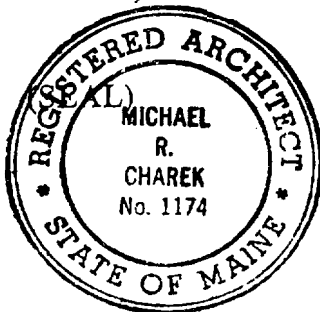
and to the best of his knowledge and belief, in accordance with

Signature Michael Charek

Title Principal

Firm Michael Charek Architects

Address 25 Hartley St
Portland, ME 04103



As per Maine State Law:

\$50,000.00 or more in new construction, repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.