

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070092

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
FEB 28 2007
CITY OF PORTLAND

This is to certify that 551 CONGRESS STREET Architects

has permission to Offices 2nd Floor Renovation of existing office

AT 551 CONGRESS ST 037 C016001

provided that the person or persons firm or person accepting this permit shall comply with all of the provisions of the Statutes of the line 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 procured before this building or part thereof is leased or closed-in 4 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 Case
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 2/2/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0092	Issue Date:	CBL: 037 C016001
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Location of Construction: 551 CONGRESS ST	Owner Name: 551 CONGRESS STREET LLC	Owner Address: PO BOX 6799	Phone:
Business Name:	Contractor Name: Archetype P A Architects	Contractor Address: 48 Union Wharf Portland	Phone 2077726022
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

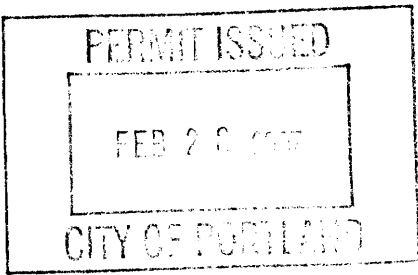
Past Use: Commercial / Offices 2nd Floor	Proposed Use: Commercial / Offices 2nd Floor - Renovations of existing office	Permit Fee: \$160.00	Cost of Work: \$14,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 3 Type: 3B <i>IBC 2003</i>	

Proposed Project Description: Offices 2nd Floor - Renovations of existing office	Signature: <i>Greg Connors</i>	Signature: <i>[Handwritten Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Idobson	Date Applied For: 01/26/2007	Zoning Approval
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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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>1/30/07</i>	Date:	Date: <i>Requires A</i>



*Any exterior work
requires A
Separate Review
and Approval*

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

4/2/07 - Plumbing Rough-in for 2 baths + Kitchen
5th O.K. to Close-in floor.

Ch. H.

4/3/07 - E.L.C. under floor bids O.K. to Close.
Ch + John R.

* NOTE: STRUC. ISSUES Above Stair wall.
important Cracked Joists w/ Brick wall
above / Needs Eng. Beam?
Chin.

4/16/07 O.K. to Close

Ch. H.

05/23/07 Permit okay to issue (107) MS



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 551 CONGRESS ST

CBL 037 C016001

Issued to 551 CONGRESS STREET LLC /Archetype P A Architects Date of Issue 06/08/2007

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. 07-0092 , 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

2nd floor front

APPROVED OCCUPANCY

Commercial Office Space
Use Group B/M
Type 3B
IBC 2003

Limiting Conditions:

none

**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.

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: <u> </u>	First: <u> </u>
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Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

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.

Signature of Owner/Applicant _____ Date _____

PORTLAND PERMIT # 10229 TOWN COPY

Date Permit Issued: 3/28/07 \$ 42 If Double Fee Charged
 Local Plumbing Inspector Signature: Thomas M. Marbley L.P.I. # 0744

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>2</u>	Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

RECEIVED
 MAR 28 2007
 DEPT. OF HEALTH & HUMAN SERVICES
 DIVISION OF ENVIRONMENTAL HEALTH

ELECTRICAL PERMIT

City of Portland, Me.

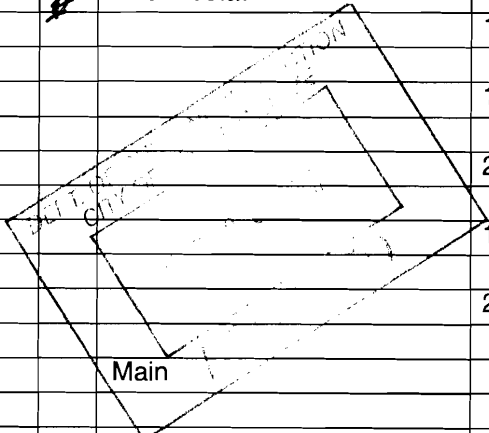


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 3/28/07
 Permit # 2007-4226
 CBL# 37C16-

LOCATION: 551 CONGRESS ST METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER KERRY ANDERSON
 TENANT _____ PHONE # _____

						TOTAL EACH FEE
OUTLETS	Receptacles	<u>35</u>	Switches	<u>10</u>	Smoke Detector	.20
FIXTURES	Incandescent		Fluorescent	<u>25</u>	Strips	.20
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	<u>1</u>	EMS	<u>1</u>	Thermostat	5.00
	Signs					10.00
	Alarms/res					5.00
	Alarms/com					15.00
	Heavy Duty(CRKT)					2.00
	Circus/Carnv					25.00
	Alterations					5.00
	Fire Repairs					15.00
E Lights					1.00	
E Generators					20.00	
PANELS	Service		Remote		Main	4.00
	TRANSFORMER	0-25 Kva				5.00
		25-200 Kva				8.00
	Over 200 Kva				10.00	
TOTAL AMOUNT DUE						
MINIMUM FEE/COMMERCIAL <u>55.00</u>						MINIMUM FEE 45.00



CONTRACTORS NAME JRC CONTRACTORS INC MASTER LIC. # 18304
 ADDRESS 15 FOX RUN FALMOUTH ME LIMITED LIC. # _____
 TELEPHONE 712-5447

SIGNATURE OF CONTRACTOR [Signature]