

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 041430

PERMIT ISSUED

OCT 08 2004

CITY OF PORTLAND

This is to certify that Gleichman Pamela W/Mainla Structure

has permission to Office space w/ tenant fit-up

AT 45 Casco St

037 D001001

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 on permit must be completed 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. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
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: 04-1430	Issue Date:	CBL: 037 D001001
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Location of Construction: 45 Casco St	Owner Name: Gleichman Pamela W	Owner Address: 45 Casco St Ste 100	Phone: 781-7227
Business Name:	Contractor Name: Mainland Structures, Inc.	Contractor Address: 11A Bartlett Rd Gorham	Phone: 2078561817
Lessee/Buyer's Name	Phone:		Zone: B-3
Past Use: Office space (commercial)	Proposed Use: Office space w/ tenant fit-up	Permit Fee: \$201.00	Cost of Work: \$20,000.00
		CEO District: 1	
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <i>S</i> Type <i>30</i> <i>10/17/04</i>
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>9/29/04</i>			
Zoning Approval			
dmm			

<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 <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/29/04</i>	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 Landmar <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:
	<i>Sup extra permits required for any new sign</i>		

CERTIFICATION

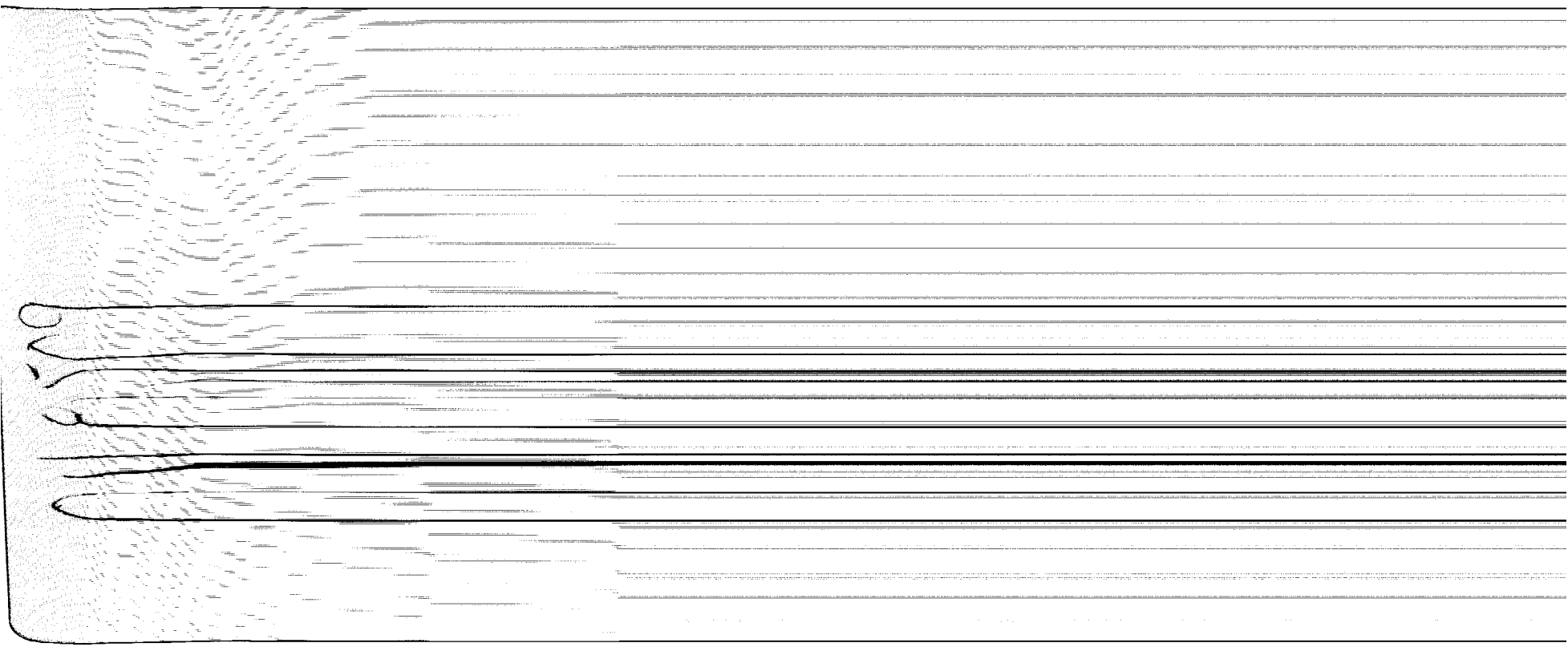
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

12/15/04 Permitting okay } ~~AMA~~
stairs not 7/4 ?
look new

JAR Fire rating
BETWEEN column & ceiling ?
STORAGE ROOM RATING ?

1/27/05 final (mac ok)
for new office space
No C.O. needed
No 2 hr sep. required JMB
close



PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street	45 Cedar St
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	John Smith
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

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

048509

PORTLAND	PERMIT # 9209	TOWN COPY
Date Permit Issued: 12/21/04	\$ 2410	FEE Charged
Local Plumbing Inspector Signature: <i>James Bouke</i>		L.P.I. # 0132

37 D 001

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" 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 type="checkbox"/> OTHER - SPECIFY _____	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# _____
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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
OR wastewater disposal system. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb/ Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	03	Sink
				Wash Basin
		Indirect Waste		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
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	03	Fixtures (Subtotal) Column 1
			00	Fixtures (Subtotal) Column 2
			03	Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

12/21/04



Commercial 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.

45		
Total Square Footage of Proposed Structure 10,859 SF	Square Footage of Lot 6,835 SF	
Tax Assessor's Chart, Block & Lot Chart# 37 Block# D Lot# 1	Owner: DAVID HEMBRE	Telephone: 207-781-7227
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: DAVID HEMBRE 311 FORESIDE ROAD FAIRMOUTH, ME 04105 207-781-7227	cost Of Work \$ 20,000 - Fee: \$ 201.00
Current Specific use: OFFICE SPACE		
Proposed Specific use: OFFICE SPACE		
Project description: REPARTITION EXISTING OFFICE SPACE TO ACCOMMODATE TWO OFFICES. NEW FLOORING, WALLS & CEILING.		
Contractor's name, address & telephone: MAINLAND STRUCTURES CORP. 11A BARTLETT ROAD GORHAM ME 04038 207-856-1817		
Who should we contact when the permit is ready: JIM BRALEY		
Mailing address: SAME		
		Phone: 207-856-1817

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: <u>James M. Braley</u>	Date: <u>9-23-04</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1430	Date Applied For: 0912412004	CBL: 037 D001001
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Location of Construction: 45 Casco St	Owner Name: Gleichman Pamela W	Owner Address: 45 Casco St Ste 100	Phone: () 781-7227
Business Name:	Contractor Name: Mainland Structures, Inc.	Contractor Address: 11A Bartlett Rd Gorham	Phone: (207) 856-1817
Applicant/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office space w/ tenant fit-up	Proposed Project Description: Office space w/ tenant fit-up
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/29/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 10/07/2004
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 10/04/2004
Note: **Ok to Issue:**

Dept: Historical **Status:** **Reviewer:** **Approval Date:** **Ok to Issue:**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- NA **Footing/Building** Location Inspection: Prior to pouring concrete
- NA **Re-Bar** Schedule Inspection: Prior to pouring concrete
- NA **Foundation** Inspection: Prior to placing ANY backfill
- ✓ **Framing/Rough Plumbing/Electrical**: Prior to any insulating or drywalling
- ✓ **Final/Certificate of Occupancy**: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

James Brady
Signature of Applicant/Designee

10/18/04
Date

[Signature]
Signature of Inspections Official

10/15/04
Date

CBL: 021 DOO1 Building Permit #: 04 1430