

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 031196

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Mmc Realty Corp/North Shore Construction
has permission to Non Load-Bearing Walls Removed & Replaced Door
AT 173 High St 037 E006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 otherwise closed-in.
HOUR NOT 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: 03-1196	Issue Date:	CBL: 037 E006001
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Location of Construction: 173 High St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St	Phone: 879-0111
Business Name:	Contractor Name: North Shore Construction	Contractor Address: P.O. Box 2564 South Portland	Phone: 2077742800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B3

Past Use: Office Space/Commercial	Proposed Use: Office Space/Commercial	Permit Fee: \$93.00	Cost of Work: \$8,000.00	CEO District: 2
Proposed Project Description: Non Load-Bearing Walls Removed & Replaced/New Door <i>Gateway Condo Bldg</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>w/A</i> <i>12/14/03</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[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: gad	Date Applied For: 09/26/2003	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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/3/03</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 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

03-1196

All Purpose Building Permit Application

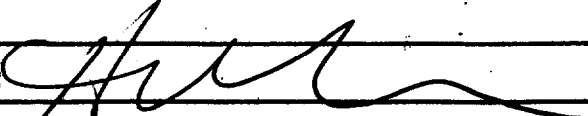
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

173-195 High St.

Location/Address of Construction: <u>420 CUMBERTLAND AVE.</u>			
Total Square Footage of Proposed Structure	<u>NA</u>	Square Footage of Lot	<u>NA</u>
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>E</u> Lot# <u>000</u>	Owner: <u>MAINE MEDICAL CENTER OR MMC REALTY</u>	Telephone: <u>879-0111</u>	
Lessee/Buyer's Name (If Applicable) <u>N.A.</u>	Applicant name, address & telephone: <u>Herbloban North Shore Const. P.O. Box 2564 So. Po. 04116 207-774-2800</u>	Cost Of Work: \$ <u>8000.00</u> Fee: \$ <u>93.00</u>	
Current use: <u>OFFICE</u>			
If the location is currently vacant, what was prior use: <u>NA</u> will bring in 4x17'			
Approximately how long has it been vacant: <u>NA</u>			
Proposed use: <u>SAME</u>			
Project description: <u>MOVE SOME NON LOAD BEARING WALLS Build some NEW WALLS Install some NEW DOOR To Enlarge Mechanical Room-</u>			
Contractor's name, address & telephone: <u>North Shore Construction P.O. Box 2564 So. P. 207-774-2800 04116</u>			
Who should we contact when the permit is ready: <u>HERB (Cell 650-2547)</u>			
Mailing address: <u>SAME</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>207 650 2547</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>9/26/03</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

**NORTH SHORE
CONSTRUCTION, INC.**

PO Box 2564
South Portland, ME 04116
207.774.2800 (Phone/Fax)
www.northshoreconst.com

September 25, 2003

**Maine Medical Center
19 Bramhall
Portland, ME 04102**

**RE: Renovations to 6 Mechanical rooms @ 420 Cumberland Ave. Portland,
ME**

**Scope of Work: Expand 6 Mechanical rooms to accommodate future
additional HVAC units. Doors shall be moved or replaced as necessary.
Non load bearing wall shall be moved as necessary. Mechanical Room 7
shall have fire rated doors and walls. Renovations shall be made per plans
by Allied engineering.**

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Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office Space/Commercial w/non Load-Bearing Walls Removed & Replaced/New Door	Proposed Project Description: Non Load-Bearing Walls Removed & Replaced/New Door
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 10/03/2003	Note: <input checked="" type="checkbox"/> Ok to Issue:
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 10/14/2003	Note: <input checked="" type="checkbox"/> Ok to Issue:
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 10/06/2003	Note: <input checked="" type="checkbox"/> Ok to Issue: