

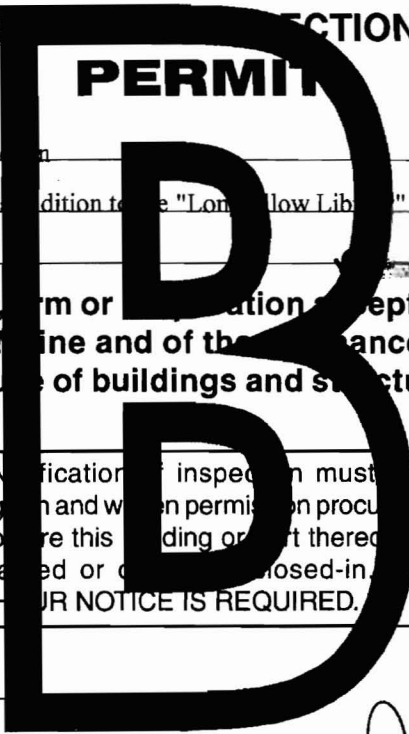
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 071249



This is to certify that MHS INC./Consigli Construction

has permission to Demolition of existing 1950's addition to the "Longview Library"

AT ⁴⁸³489 CONGRESS ST (489) 027 F017001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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 altered or closed-in. 24 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. Greg Case

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Jamie Bank 10/24/07
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: 07-1249	Issue Date:	CBL: 1401 037 F017001
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Location of Construction: 485 CONGRESS ST (469)	Owner Name: MHS INC	Owner Address: 485 CONGRESS ST	Phone:
Business Name:	Contractor Name: Consigli Construction	Contractor Address: 50 Monument Square Suite 300 Portla	Phone 2077484173
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Building	Zone: B-3

Past Use: Commercial - Library Storage	Proposed Use: Maine Historical Society - Demolition of existing 1950's addition to the "Longfellow Library"	Permit Fee: \$610.00	Cost of Work: \$59,000.00	CEO District: 1
Proposed Project Description: Demolition of existing 1950's addition to the "Longfellow Library"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-3 Type: Demolition only	
		Signature: JMB 10/24/07		
		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: 10/03/2007	Zoning Approval
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- 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	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 checked="" type="checkbox"/> Approved <i>as part of site plan review</i>
<input checked="" type="checkbox"/> Site Plan 20.7-5095	<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
OK w/conditions	Date:	Date: 10/18/07
Date: 10/18/07		Dr. Andrews

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

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 June 4, 2008
 Permit # 2008-4365
 CBL# 37-F-014

LOCATION: 485 Congress St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER MAINE Historical Society
 TENANT _____ PHONE # 207-774-1822

							TOTAL EACH FEE	
OUTLETS	Receptacles	Switches	29	Smoke Detector	.20		5.80	
FIXTURES	Incandescent	Fluorescent		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		EMS		Thermostat	5.00			
Signs					10.00			
	Alarms/res				5.00			
	✓ Alarms/com				15.00		17.00	
	Heavy Duty (CRKT)				2.00			
	Circus/Cam				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 55.00					MINIMUM FEE	45.00	100.00	

CONTRACTORS NAME Protection One MASTER LIC. # M540089372
 ADDRESS 10 Manuel Dr Portland ME LIMITED LIC. # _____
 TELEPHONE 207-347-5316

SIGNATURE OF CONTRACTOR [Signature]