

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING DEPARTMENT

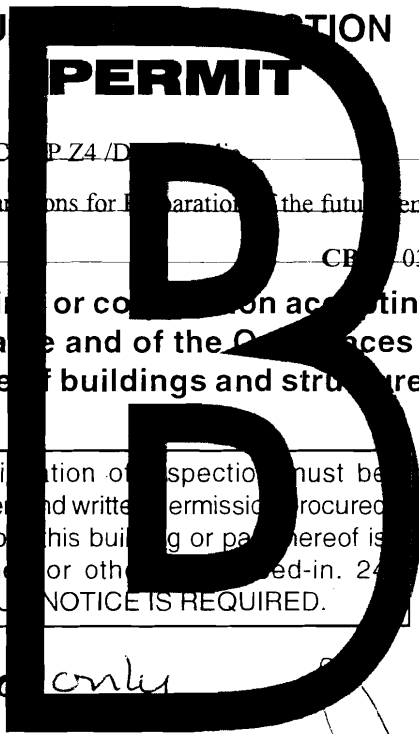
### PERMIT

Permit Number: 081534

Please Read Application And Notes, If Any, Attached

This is to certify that RREEF AMERICA REIT III C P Z4 / D  
has permission to Remove all interior Cubical Partitions for Preparation of the future tenant. Not yet Leased.  
AT 2 PORTLAND SQ CE 038 B002001

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 written permission procured before this building or part thereof is lathed or otherwise finished-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. Area - Class Demolition only

Health Dept.

Appeal Board

Other

DEC 15 2008

Department Name

CITY OF PORTLAND

*[Signature]* 12/15/08  
Director Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# General 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.

Location/Address of Construction: <u>2 Portland Square Portland, Me. 04101</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>038      B      002</u>	Owner: <u>R Reef Americ Reit III LLC</u> <u>Senior Leasing manager</u> <u>Michael McDonald</u>	Telephone: <u>207 874-6060</u>
Lessee/Buyer's Name (If Applicable) <u>DEC</u>	Applicant name, address & telephone: <u>Drew Leslie</u> <u>19 Spurwink Ave</u> <u>So. Portland, Me. 04106</u>	Cost Of Work: \$ <u>4000</u> Fee: \$ <u>20</u> C of O Fee: \$ _____
Current legal use (i.e. single family) <u>Vacant Commercial</u>		
If vacant, what was the previous use? <u>Montgaze Company</u>		
Proposed Specific use: <u>For lease</u>		
Is property part of a subdivision? _____ If yes, please name _____		
Project description: <u>Remove all interior cubical partitions.</u> <u>Partitions are framed w/ 2x4 and covered w/ 1/2 drywall</u> <u>trimed w/a wood top - work is on 1st floor.</u> <u>For preparation of future tenant</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Drew Leslie</u>		
Mailing address: <u>19 Spurwink Ave</u> <u>So. Portland, Me 04106</u> Phone: <u>228-4406</u>		

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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.

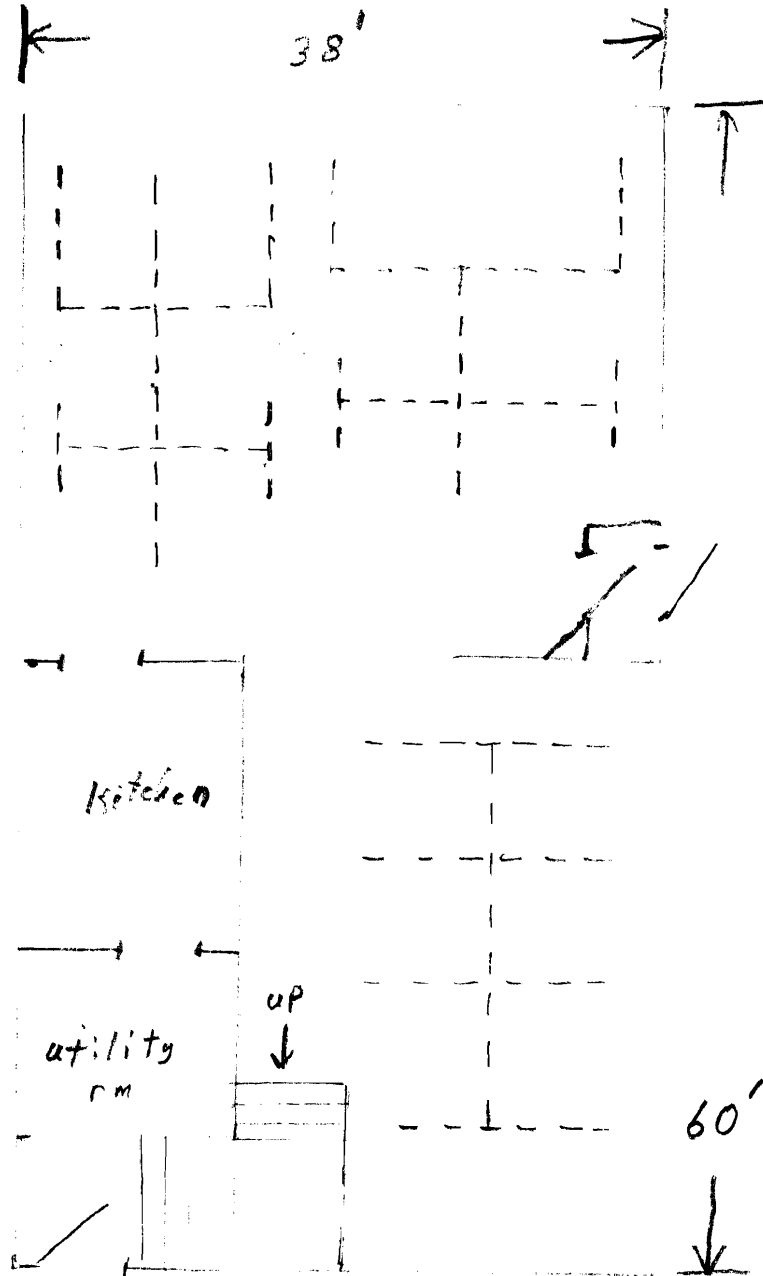
Signature of applicant: <u>Drew Leslie</u>	Date: <u>12-9-08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

# D & D PAINTING

## DREW LESLIE

RENOVATIONS • 228-4406 • BUILDING REPAIRS



----- Partitions to be removed

2 Portland Square

**City of Portland, Maine - Building or Use Permit Application**

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

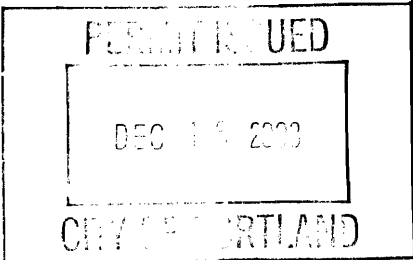
Permit No: 08-1534	Issue Date:	CBL: 038 B002001
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Location of Construction: 2 PORTLAND SQ	Owner Name: RREEF AMERICA REIT III CORP	Owner Address: PO BOX 4900 DEPT 207	Phone: 207-874-6080
Business Name:	Contractor Name: Drew Leslie	Contractor Address: 93 Mountfort Rd. No. Yarmouth	Phone: 2078071050
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial/Office <i>1st floor along Union</i>	Proposed Use: Commercial/Office - Remove all interior Cubical Partitions for Preparation of the future tenant. Not yet Leased. <i>1st floor along Union see conditions</i>	Permit Fee: \$70.00	Cost of Work: \$4,800.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>N/A</i> Type: <i>2B</i>	

Proposed Project Description: Remove all interior Cubical Partitions for Preparation of the future tenant. Not yet Leased.	Signature: <i>Greg Cass</i>	Signature: <i>JMB 12/16/08</i>
	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
	Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
	Signature: <i>along Fore St</i>	Date: <i>12/16/08</i>

Permit Taken By: lmd	Date Applied For: 12/09/2008	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <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"/> <input type="checkbox"/> Denied Date: <i>12/16/08</i>	<p><b>Zoning Appeal</b></p> <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:	<p><b>Historic Preservation</b></p> <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:
		<p><i>at w/ conditions</i></p>	

**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

<b>Permit No:</b> 08-1534	<b>Date Applied For:</b> 12/09/2008	<b>CBL:</b> 038 B002001
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<b>Location of Construction:</b> 2 PORTLAND.SQ	<b>Owner Name:</b> RREEF AMERICA REIT III CORP	<b>Owner Address:</b> PO BOX 4900 DEPT 207	<b>Phone:</b> 207-874-6080
<b>Business Name:</b>	<b>Contractor Name:</b> Drew Leslie	<b>Contractor Address:</b> 93 Mountfort Rd. No. Yarmouth	<b>Phone:</b> (207) 807-1050
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial.Office 1st floor- Remove all interior Cubical Partitions for Preparation of the future tenant. Not yet Leased.	<b>Proposed Project Description:</b> Remove all interior Cubical Partitions for Preparation of the future tenant. Not yet Leased.
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/10/2008  
**Note:** **Ok to Issue:**

- 1) The building frontage along Fore Street is located in a Pedestrian Overlay District (PAD) which restricts first floor uses to retail-like. Office space shall not be allowed in those spaces.
- 2) Separate permits will be required for tenant fit-up prior to occupancy.
- 3) Separate permits shall be required for any new signage.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 12/16/2008  
**Note:** **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) This approves the removal of interior non load bearing cubicle partition walls, separate application for tenant fit up and occupancy is required.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 12/11/2008  
**Note:** **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) Sprinkler protection shall be maintained.  
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 3) All means of egress to remain accessible at all times

**Comments:**

12/10/2008-mes: I called Drew Leslie and left a voice mail about the location of this office space. The plans show Union Street - Fore Street is in the PAD District and the uses are limited to retail like. I want to confirm the office location. - Drew called me back to say that the area of the proposed work is 150' up from Fore Street and not in the PAD area.

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY )

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.**

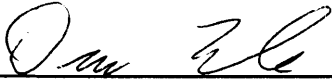
**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   Final inspection required at completion of work.

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.**

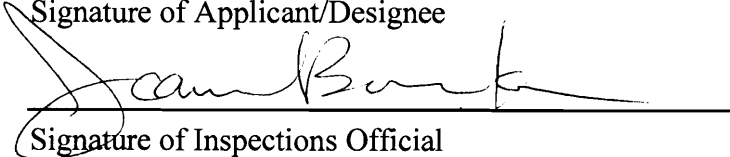
**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**



Signature of Applicant/Designee

12-16-08

Date



Signature of Inspections Official

12/16/08

Date