

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

PICTURE ISLAND INC /n/a

Located at

52 CENTER ST (1st floor)

PERMIT ID: 2013-00113

CBL: 038 E012001

has permission to **Change of Use from general office to Dr. Office "Stone Coast Chiropractic" - 1st floor front**

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

PERMIT ID: 2013-00113

Located at: 52 CENTER ST (1st floor)

CBL: 038 E012001

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2013-00113	Issue Date:	CBL: 038 E012001
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Location of Construction: 52 CENTER ST (1st floor)	Owner Name: PICTURE ISLAND INC	Owner Address: PO BOX 15148 PORTLAND , ME 04112	Phone:
Business Name: Stone Coast Chiropractic	Contractor Name: n/a	Contractor Address:	Phone
Lessee/Buyer's Name Rachel Streit	Phone: (207) 712-1226	Permit Type: Change of Use - Commercial	Zone: B3
Past Use: 1st - 3rd floor - general office & 4th floor one dwelling unit	Proposed Use: 1st floor general office & professional office, 2nd & 3rd floors - general office & 4th floor one dwelling unit	Permit Fee: \$105.00	Cost of Work: \$1,000.00
Proposed Project Description: Change of Use from general office to Dr. Office "Stone Coast Chiropractic" - 1st floor front		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A 2/26/12	INSPECTION: Use Group: B Type: 3A MUBEC 2009
		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i> 2/11/13
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: LDOBSON	Date Applied For: 01/17/2013	Zoning Approval
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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>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>1/17/13</i> <i>ABU</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>ABU</i></p>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 2013-00113	Date Applied For: 01/17/2013	CBL: 038 E012001
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Location of Construction: 52 CENTER ST (1st floor)	Owner Name: PICTURE ISLAND INC	Owner Address: PO BOX 15148	Phone:
Business Name: Stone Coast Chiropractic	Contractor Name: n/a	Contractor Address:	Phone:
Lessee/Buyer's Name: Rachel Streit	Phone: 2077121226	Permit Type: Change of Use - Commercial	

Proposed Use: 1st floor general office & professional office, 2nd & 3rd floors - general office & 4th floor one dwelling unit	Proposed Project Description: Change of Use from general office to Dr. Office "Stone Coast Chiropractic" - 1st floor front
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Dept: Zoning	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 01/17/2013
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) Separate permits shall be required for any new signage. 2) With the issuance of this permit and the certificate of occupancy the legal use will remain as commercial office & professional office on first floor, commercial offices on 2nd & 3rd floors with one dwelling unit on the 4th floor. Any change of use will require a separate permit application for review and approval. 			

Dept: Building	Status: Approved w/Conditions	Reviewer: Jeanie Bourke	Approval Date: 02/11/2013
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) This is a Change of Use per the zoning ordinance, it is the same use, business, per the building code. This approval does NOT authorize any construction activities. 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process. 			

Dept: Fire	Status: Approved w/Conditions	Reviewer: Ben Wallace Jr	Approval Date: 02/21/2013
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) A current fire alarm inspection sticker is required. 2) This permit is for change of use only; any construction shall require additional permits. The occupancy shall comply with City Code Chapter 10 upon inspection. 			

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Certificate of Occupancy/Final
Final - Fire

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

2013-00113



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>52 CENTER STREET PORTLAND ME 04101</u>		
Total Square Footage of Proposed Structure/Area <u>1600 +/-</u>		Square Footage of Lot <u>0.0393 acres</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>38 E 12</u>	Applicant * must be owner, Lessee or Buyer * Name <u>RACHEL STEEL</u> Address <u>72 MUNDY STREET #2</u> City, State & Zip <u>PORTLAND, ME</u>	Telephone: <u>207-712-1226</u>
Lessee/DBA (If Applicable) <u>STONE COAST CONTRACTORS, PA.</u>	Owner (if different from Applicant) Name <u>DANIEL STEEL</u> Address <u>52 CENTER STREET</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>30</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>105</u>
Current legal use (i.e. single family) <u>CONVERTED OFFICE B3</u> If vacant, what was the previous use? <u>OFFICE</u> Proposed Specific use: <u>HEALTH CARE</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>SPACE WILL BE OCCUPIED AS IS. THERE WILL BE NO STRUCTURAL CHANGES. THERE IS NO OFF-STREET PARKING. SPACE WAS USED FOR GENERAL OFFICE USE. I WILL BE USING IT FOR HEALTH CARE AS STONE COAST CONTRACTORS.</u>		
Contractor's name: <u>NA</u> Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: <u>Applicant Alone</u> Telephone: _____ Mailing address: _____		

Please submit all of the information outlined on the applicable 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, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

RECEIVED
JAN 17 2013

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: [Signature] Date: 01/17/13

This is not a permit; you may not commence ANY work until the permit is issue

52 CENTER STREET

Portland, Maine



NAI The Dunham Group is pleased to offer multiple office/retail suites for lease at 52 Center Street, located between the financial district and the Old Port. The space boasts an abundance of natural light along with limited ocean views. The building is well maintained and fit for a variety of uses. Additional parking is available next door in the Landlord's parking lot.



Property Type: Office/Retail

Available Space:

Floor 1 - 1,000± SF; office/retail

Floor 2 - 1,000± SF; office

Floor 3 - 1,000± SF; office

Building Construction: Brick, beam and glass

Heat: Forced hot water

Lighting: Abundance of natural light

Flooring: Wood, carpet & ceramic tile

Parking: Adjacent parking lot; Landlord-owned

NO OFF STREET PARKING AVAILABLE

Restrooms: Private for each floor

Floor Plans: Available upon request

FOR LEASE

\$16.75/SF Gross

All utilities included in the base rent

NAI The Dunham Group

Commercial Real Estate Services, Worldwide.

The information contained herein has been given to us by the owner of the property or other sources we deem reliable. We have no reason to doubt its accuracy, but we do not guarantee it. All information should be verified prior to purchase or lease.

CONTACT INFORMATION

Thomas Moulton, CCIM, SIOR

Mark Sandler

207.773.7100

tmoulton@dunham-group.com

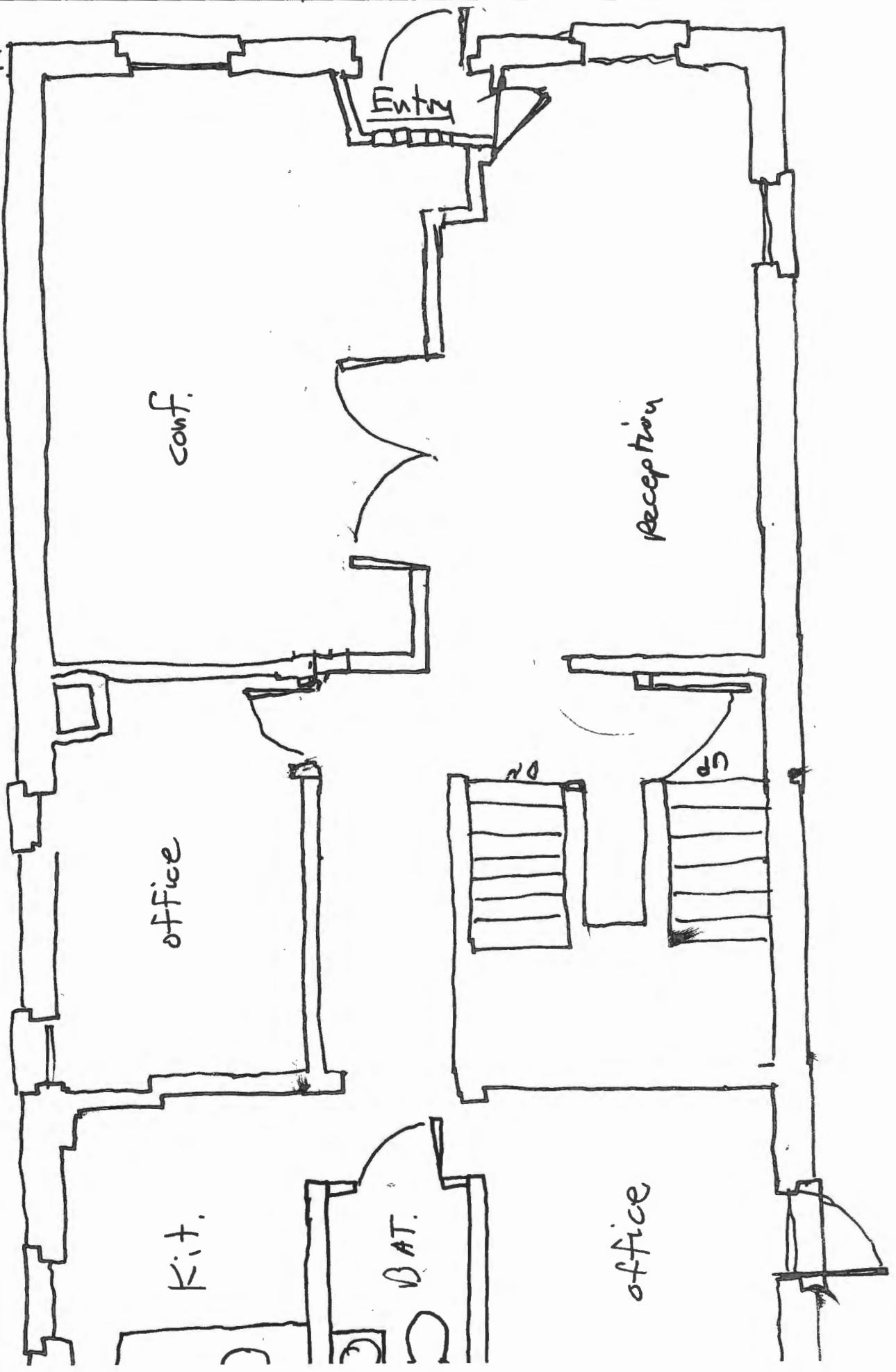
msandler@dunham-group.com

Basement Floor Plan

Front Center St.

1st Floor

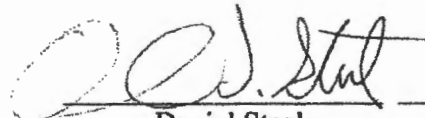
S2 Center St Portland

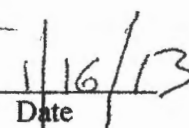


Daniel Steele
52 Center Street
Portland, Me 04101

Picture Island, Inc
Po Box 15148
Portland, Me 04112

I Daniel Steele and Picture Island, Inc give Rachel Streit d/b/a Stone Coast Chiropractic
Permission to change the use of the first floor of 52 Center street to medical or health
care provider use.


Daniel Steele


Date