Form # P 04 DISPLAY THIS CA	ARD ON PRINCIPAL	FRONTAGE OF WORK
	TY OF PORT	LAND
Please Read Application And Notes, If Any,	BU	ION
Attached	PERMIT	Permit Number: 090088
This is to certify thatMAINE EMPLOYERS	' MUTU INSUR	Y/
has permission to Removal of Floor Finis	hes and Load Fring Partion in	n Pr for Future Tenant (restaurant). Change of Use
AT _245 COMMERCIAL ST		CB 038 F006001
provided that the person or perso	ons, film or concerned on ac	ting this permit shall comply with all
of the provisions of the Statutes	of Mage and of the O	nces of the City of Portland-regulating
the construction, maintenance ar	nd use of buildings and str	desures, 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.	giver and written ermissic proc	
OTHER REQUIRED APPROVALS		
Fire Dept CAPT. 2. Sautura		
Health Dept		
Appeal Board		-11- CALKII
Other Department Name		2/11/09 Director - Building & Inspection Services
	NALTY FOR REMOVING TH	

City	of Portland, Maine -	Building or Use l	Permit Applicatio	on Pe	rmit No:	Issue Date:	CBL:
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-87	16	09-0088	2/11/09	038 F006001
Locat	tion of Construction:	Owner Name:		Owne	r Address:		Phone:
245	COMMERCIAL ST	MAINE EMPI	OYERS' MUTUAL I	I PO]	BOX 11409		207-775-1059
Busin	ess Name:	Contractor Name	:	Contr	actor Address:		Phone
		TBA		Por	tland		
Lesse	e/Buyer's Name	Phone:		1	it Type: ange of Use - (Commercial	Zone: B-3
Past I	Use:	Proposed Use:		Perm	nit Fee:	Cost of Work:	CEO District:
Com	nmercial/Office Space	of Floor Finish Bearing Partiti	estaurant - Removal es and Non Load on in Prep for Future rant). Change of Use		\$120.00 DEPT: See Cend	Denied Use) 1 PECTION: e Group: A: D Type: AB IBC-2007
Propo	osed Project Description:						
	noval of Floor Finishes and ire Tenant (restaurant). Cha		tition in Prep for	Signa PEDE		Signed Signed Signed Signed Signed Signed Signed Signed Street Signed Street Signed Street Signed Street Signed Street St	$\frac{1}{T (P.A.D.)} \qquad \qquad$
				Actio	n: 🗌 Approve	ed D Approved	d w/Conditions Denied
				Signa	iture:	\leq	Date: 2/5/09
Perm Imc		Date Applied For: 02/0:/2009			Zoning	Approval	
	·		Special Zone or Revi	iews	Zonin	g Appeal	Historic Preservation
	This permit application do Applicant(s) from meeting Federal Rules.		Shoreland		Variance		with Mot in District or Landmark
	Building permits do not in septic or electrical work.	clude plumbing,	Wetland		Miscellar	ieous	Does Not Require Review
	Building permits are void i within six (6) months of th		Flood Zone		Condition	nal Use	Requires Review
	False information may inva permit and stop all work	alidate a building	Subdivision		Interpreta	ition	Approved
	05000	TICCHED	Site Plan			ŧ	Approved w/Conditions
		TISSUED	Maj Minor MA Dewite Bate: State	tog	Date:	<	Denied feiorwo Date: requires A Depointer reviework Approved

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



General Building Permit Application

S = 1 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: 6245	commercial street		
Total Square Footage of Proposed Structure/A			Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or	Buyer*	Telephone:
Chart# Block# Lot#	Name Brian Curkey		207-775-1059
38 F 006	Address Por Architects		×337
	City, State & Zip 49 Darmouth Britiand ME		
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cos	st Of
	Name Catherine Lamson	Wo	rk: \$10_000
	Address	6	f O Fee: \$
	Address 261 Commercial S		Г О Г СС. <u>ф</u>
	City, State & Zip Portand ME	Tot	al Fee: \$
	791-0301 04	1101	
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: fe <taur< td=""><td>office</td><td></td><td></td></taur<>	office		
Is property part of a subdivision? No	If yes, please name		(
Project description: (and love pre	p work (renoval of	- Fmis	hes t partitions
NON-load pears) for ne	n restaurant tendent		
Contractor's name: TBA			
Address:			
City, State & Zip		_ Telepho	ne:
Who should we contact when the permit is ready	r	_ Telepho	ne:
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 <u>www.portlandmaine.gov</u>, 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: 3M	Date:	2/4/09	
Thidide	ot a parmiti you may not commonoo		

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

Revised 09-26-08

		(207) 874-87	∠ 09-0088	02/04/2009	
89 Congress Street, 04101	Tel: (207) 8/4-8/03, Fax:	(201) 014-01	.6		038 F006001
ocation of Construction:	Owner Name:		Owner Address:		Phone:
245 COMMERCIAL ST	MAINE EMPLOYER	RS' MUTUAL I	PO BOX 11409		207-775-1059
Business Name:	Contractor Name:		Contractor Address:		Phone
	TBA		Portland		
.essee/Buyer's Name	Phone:		Permit Type:	2	
			Change of Use - C		
roposed Use: Commercial/Restaurant - Remo			sed Project Description:		aring Partition in Prep
Bearing Partition in Prep for Fu Use			[°] uture Tenant (restau		
Note:	us: Approved with Conditio		r: Marge Schmucka		Ok to Issue:
 This property is located wit that are of interest to pedest 					
shall remain intact and shal	l not be closed off without rev		a under the PAD dist	inci. All windows a	iong the street line
2) Separate permits are require	I not be closed off without rev	riew. ayout with sca	aleable floor plans. T		-
2) Separate permits are require	I not be closed off without reveal showing the new restaurant ust also be included with incl	view. t layout with sc uding any hood	aleable floor plans. T details.	The plans shall show	aisle widths and
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Comments:

2/5/2009-Imd: The building owner is preparing the space for a restaurant. His intention is to have the use designation changed from office to restaurant prior to the tenant leasing the space. The tenant (future restaurant owner) will then apply for the fit-up and the C of O.

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 <u>DO</u> 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.

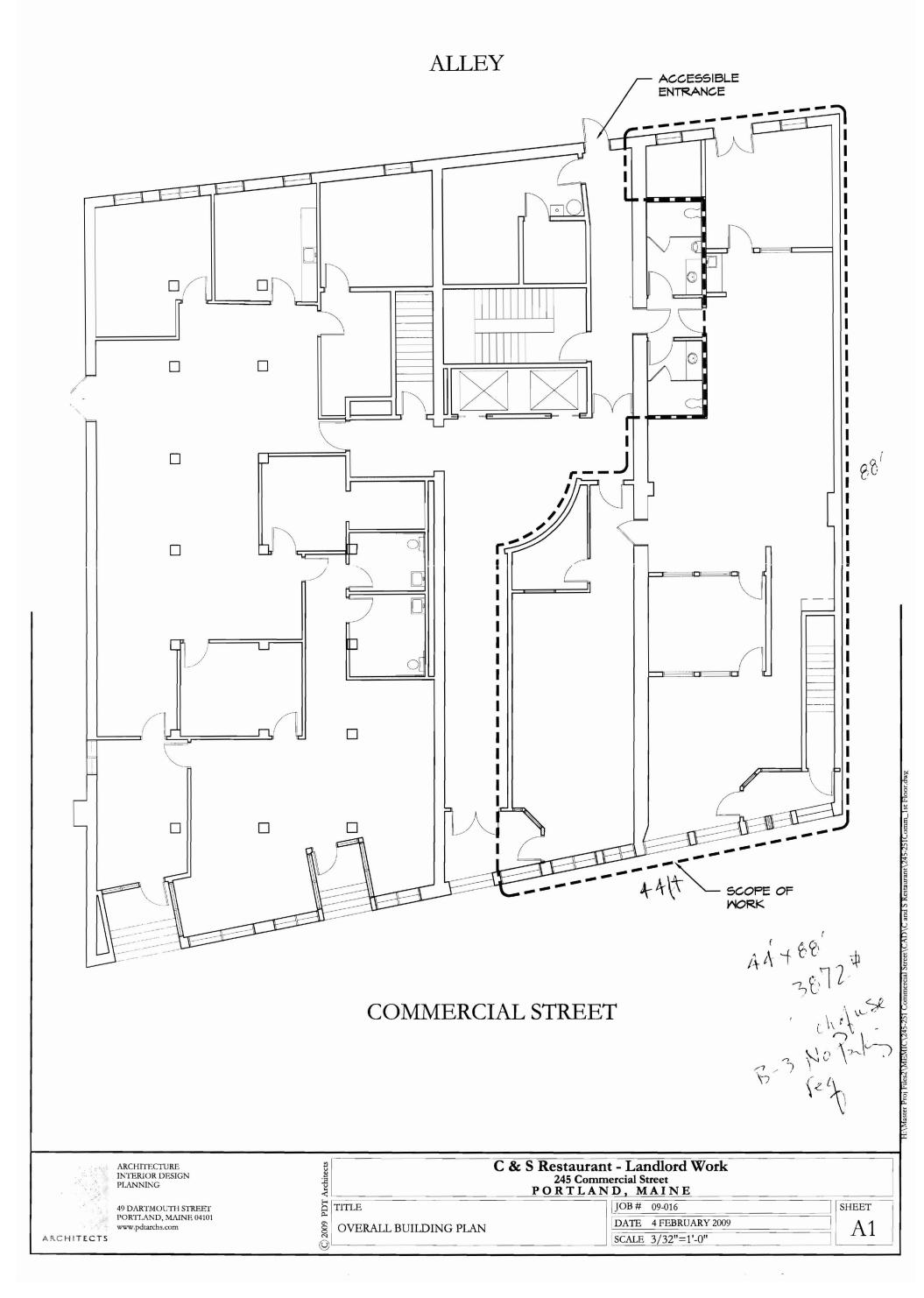
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

i. Si Date



1 (**)**

