| City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 | | | | | Permit No: Issue Date: 09-0870 | | e: | : CBL: 038 F006001 | |
|---|--|---|--------------------------------------|---|----------------------------------|-------------------------------|---|--------------------------------|-------------------|
| cocation of Construction: 245 Commercial St Owner Name: Maine Employers' Mutual Insu | | • | Owner Address: Po Box 11409 | | | Phone: | | | |
| Business Name: Contractor Nam Langford & Lo | | me: | | Contractor Address: PO Box 662 Portland | | | | Phone 2077975141 | |
| Lessee/Buyer's Name Abilis | Phone: | | | Permit Type: Alterations - Commercial | | | | 1 | Zone: |
| Past Use: Commercial / Office (Drummond Woodsum) | Proposed Use: Office / Abilis (Technology software office) Tenant fit-out. 3rd floor | | | Permi | it Fee: \$490.00 DEPT: | Approved | | | Type |
| Proposed Project Description: Tenant fit-out. 3rd floor | | | | | STRIAN ACTI | | ` | A.D.) | Denied |
| | | Action Approved Appro | | | | Date: | | | |
| | Applied For: 07/2009 | | | Zoning Approval | | | | | |
| This permit application does not Applicant(s) from meeting applic Federal Rules. | • | Special Zone or Reviews Shoreland | | Zoning Appeal Variance | | | Historic Preservation Not in District or Landr | | |
| Building permits do not include p septic or electrical work. | Building permits do not include plumbing, | | ☐ Wetland | | Miscellaneous | | | Does Not Require Revie | |
| 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 | | ☐ Flood Zon | | | Conditional Us | | | Requires Review | |
| | | Subdivision | | | ☐ Interpretatio | | | Approved | |
| | | ☐ Si | te Plan | | Approv | ed | | Approved w | /Condition |
| | | Maj 🔲 Mino 🦳 MM 🗍 | | | ☐ Denied | | ☐ Denied | | |
| | | Date: | | | Date: | | Dat | te: | |
| I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit. | make this appli work described | med procession and the second | as his authorized application is iss | ne prope l agent sued, I o | and I agree t certify that th | o conform to ne code offic | o all app cial's autl | licable laws of horized repres | of this sentative |
| SIGNATURE OF APPLICAN | | | ADDRESS | S | | DATE | ; | Pl | НО |

| Location of Construction: 245 Commercial St | Owner Name: Maine Employers' Muti | | Owner Address: Po Box 11409 | Phone: | | |
|--|--|--|--|------------------------|-------------------------|--|
| Business Name: | Contractor Name: Langford & Low, Inc. | | Contractor Address: PO Box 662 Portland | Phone 207797514 | Phone 2077975141 | |
| Lessee/Buyer's Name Abilis | Phone: | | Permit Type: Alterations - Commercial | | Zone: | |

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 08/14/2009

 Note:
 Ok to Issue:
 ✓

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 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:
 Tammy Munson
 Approval Date:
 08/21/2009

 Note:
 Ok to Issue:
 ✓

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

 Dept:
 Fire
 Status:
 Approved with Conditions
 Reviewer:
 Ben Wallace Jr.
 Approval Date:
 08/17/2009

 Note:
 Ok to Issue:
 ✓

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) A separate Sprinkler System Permit is required per the Fire Department.
- 3) A separate Fire Alarm System Permit is required per the Fire Department.
- 4) Fire Alarm system shall be maintained.
 - If system is to be off line over 4 hours a fire watch shall be in place.
 - Dispatch notification required 874-8576.
- 5) 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.
- 6) Emergancy lights are required to be tested at the electrical panel.
- 7) Emergancy lights and exit signs are required
- 8) Any cutting or welding operations require a seperate permit from the Fire dept.
- 9) All construction shall comply with NFPA 101

Comments:

8/14/2009-gg: Spoke with Gabby the last use for this space was a lawfirm office (Drummond Woodsum) and will still be an office

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 APPLICAN | ADDRESS | DATE | РНО |
|-----------------------|---------|------|-----|
| | | | |
| | | | |

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(Abilis). /gg

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| SIGNATURE OF APPLICAN | ADDRESS | DATE | РНО |
|---|---------|------|-----|
| | | | |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | РНО |