

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 07-1187	<b>Issue Date:</b>	<b>CBL:</b> 044 G002001
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<b>Location of Construction:</b> 2 GRAY ST 4th Level	<b>Owner Name:</b> HOME FOR AGED WOMEN	<b>Owner Address:</b> 75 STATE ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Wright Ryan Construction, Inc	<b>Contractor Address:</b> 10 Danforth Street Portland	<b>Phone</b> 2077733625
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Institutional	<b>Zone:</b>

<b>Past Use:</b> Institutional Use - Intermediate Care Facility	<b>Proposed Use:</b> Intermediate Care Facility - Renovate /Change use 14 existing Ambulatory care units into 7 independent living units 4th level only	<b>Permit Fee:</b> \$6,095.00	<b>Cost of Work:</b> \$600,000.00	<b>CEO District:</b> 2
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: Type
<b>Proposed Project Description:</b> 7 independent living units 4th level only		Signature:		Signature:
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 09/24/2007	<b>Zoning Approval</b>		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

**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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<b>Location of Construction:</b> 2 GRAY ST 4th Level	<b>Owner Name:</b> HOME FOR AGED WOMEN	<b>Owner Address:</b> 75 STATE ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Wright Ryan Construction, Inc	<b>Contractor Address:</b> 10 Danforth Street Portland	<b>Phone</b> 2077733625
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Institutional	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 09/25/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
2) This property shall remain an Intermediate Care Facility. Any change of use shall require a separate permit application for review and approval. These units are considered separate from a dwelling unit.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 10/12/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Deputy Chief Shutts	<b>Approval Date:</b> 10/11/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All construction shall comply with NFPA 101			

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SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

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DATE

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PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

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DATE

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