

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that FINANCIAL FACTORS FRC INC

Located At 685 CONGRESS ST

Job ID: 2012-01-3159-ALTCOMM

CBL: 047- C-034-001

has permission to Amend permit # 2011-12-2827 to add a wall and door to the main open space provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

Fire Prevention Officer

 2/1/12

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-01-3159-ALTCOMM	Date Applied: 1/26/2012	CBL: 047- C-034-001	
Location of Construction: 685 CONGRESS ST	Owner Name: FINANCIAL FACTORS FRC INC	Owner Address: PO BOX 7002 PORTLAND, ME 04112	Phone:
Business Name: Wellness Connection of ME	Contractor Name: Earl Reagan	Contractor Address: 106 Merrill RD GRAY MAINE 04039	Phone: (207) 329-3441
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG AMENDMENT	Zone: B-2b
Past Use: Medical Marijuana Dispensary permitted under #2011-12-2827	Proposed Use: Same: Medical Marijuana Dispensary - to amend the original permit to add a wall with a door	Cost of Work: \$3,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt. Brown 1/31/12</i>	Inspection: Use Group: B/A Type: IBC-2009 Signature: <i>[Signature]</i>
Proposed Project Description: Amendment to permit # 2011-12-2827	Pedestrian Activities District (P.A.D.) <i>2/1/12</i>		
Permit Taken By: Gayle	Zoning Approval		

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 informatin may invalidate a building permit and stop all work.

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<i>with</i> <input type="checkbox"/> Not in Dist or Landmark
<input type="checkbox"/> Wetlands	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Maj .Min _MM Date: <i>OK with condetals</i> <i>1/26/12</i>	Date:	Date: <i>any exterior work</i> <i>requires a separate</i> <i>review & approval</i>

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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection/Certificate of Occupancy

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.

2012 01 3159

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General Building Permit Application B-2b

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>685 Congress Street.</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant: (must be owner, lessee or buyer) Name <u>Wellness Connection of ME</u> Address <u>685 Congress St.</u> City, State & Zip <u>Portland ME.</u>	Telephone: <u>207 358 8853</u>
<u>047 C 034</u>		
Lessee/DBA <u>WAS NEAR EAST PATENTS GROUP RECEIVED</u> <u>JAN 26 2012</u> Dept. of Building Inspections City of Portland Maine	Owner: (if different from applicant) Name <u>FACUS FINANCIAL FRC</u> Address <u>PO Box 7002 INC</u> City, State & Zip <u>Portland, ME 04112</u>	Cost of Work: <u>\$2,500.00</u> C of O Fee: \$ _____ Historic Review: \$ _____ Planning Amin.: \$ _____ Total Fee: \$ <u>50.00</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____		
If vacant, what was the previous use? _____		
Proposed Specific use: _____		
Is property part of a subdivision? _____ If yes, please name _____		
Project description: <u>add wall with door amendment to permit</u> <u>amend memo 2011 12 28 27</u>		
Contractor's name: <u>Reagan & Company</u>		Email: <u>ereagan@maine.com</u>
Address: <u>106 Merrill Rd</u>		
City, State & Zip: <u>Gray, ME 04039</u>		Telephone: <u>207 657 6353</u>
Who should we contact when the permit is ready: <u>Earle</u>		Telephone: <u>207 329-3441</u>
Mailing address: <u>Call</u>		

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.

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: Earle Reagan Date: 1/26/12

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

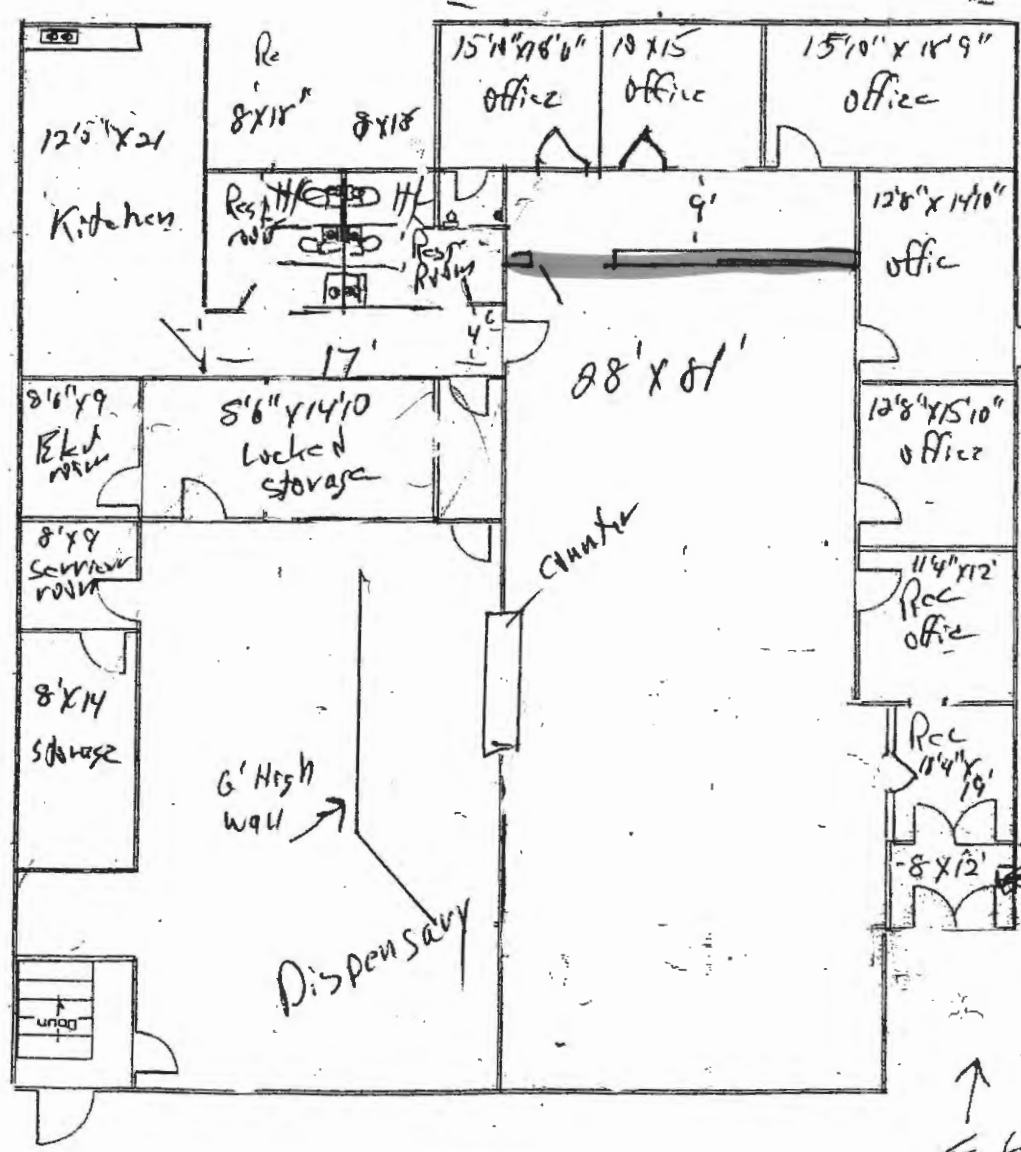
685 Congress St

1st Floor

Northeast Patients

GROUP

New walls



PARKING Lot

Entry to Bldg

New walls

