

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080355

This is to certify that CITY OF PORTLAND / City of Portland / Trades Division

has permission to Renovations to locker rooms, relocate showers, toilets, sinks

AT 165 PARK AVE

049 A001001

provided that the person or persons performing or supervising the work accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, 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.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or otherwise closed-in. 4 HOUR NOTIFICATION REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cross

Health Dept. _____

Appeal Board _____

Other _____

Department Name

James Baker 4/30/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0355	Issue Date:	CBL: 049 A001001
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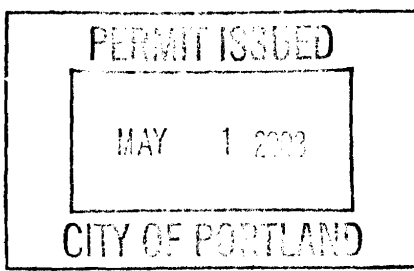
Location of Construction: 165 PARK AVE	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: City of Portland /Trades Division	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R05

Past Use: Exposition Building	Proposed Use: Exposition Building - Renovations to locker rooms, Relocate showers, toilets, sinks	Permit Fee: \$220.00	Cost of Work: \$20,000.00	CEO District: 2
Proposed Project Description: Renovations to locker rooms, Relocate showers, toilets, sinks		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-4 Type: 3B IBC-2003	

Signature: <i>Craig Cass</i>	Signature: <i>AMB 4/30/08</i>
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: Idobson	Date Applied For: 04/15/2008	Zoning Approval		
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: <i>4/17/08</i>	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 APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0355	Date Applied For: 04/15/2008	CBL: 049 A001001
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Location of Construction: 165 PARK AVE	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: City of Portland /Trades Division	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Exposition Building - Renovations to locker rooms, Relocate showers, toilets, sinks	Proposed Project Description: Renovations to locker rooms, Relocate showers, toilets, sinks
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 04/17/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 04/30/2008
Note:			Ok to Issue: <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.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 04/18/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>



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>289 PARK AVE</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>CITY OF PORTLAND</u> Address <u>389 CONGRESS ST</u> City, State & Zip <u>PTLD, ME 04101</u>	Telephone: <u>874-8893</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>20,000.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>LOCKER ROOMS</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>LOCKER ROOMS</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>BUILD PARTITION WALLS, RELOCATE SHOWERS TOILETS, SINKS. REUSE EXISTING EXHAUST AND SUPPLY/RETURNS. REUSE EXISTING ELECTRIC UPGRADE LIGHTING AND LIFE SAFETY COMPONENTS.</u>		
Contractor's name: <u>CITY OF PORTLAND</u> Address: <u>389 CONGRESS ST</u> City, State & Zip <u>PTLD, ME 04101</u> Telephone: <u>233-8523</u> Who should we contact when the permit is ready: <u>LATHY ALVES / BOB LEEMAN</u> Telephone: <u>833-0350</u> Mailing address: <u>389 CONGRESS ST</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: Kathy [Signature]

Date: 4/8/08

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

CITY OF PORTLAND, MAINE

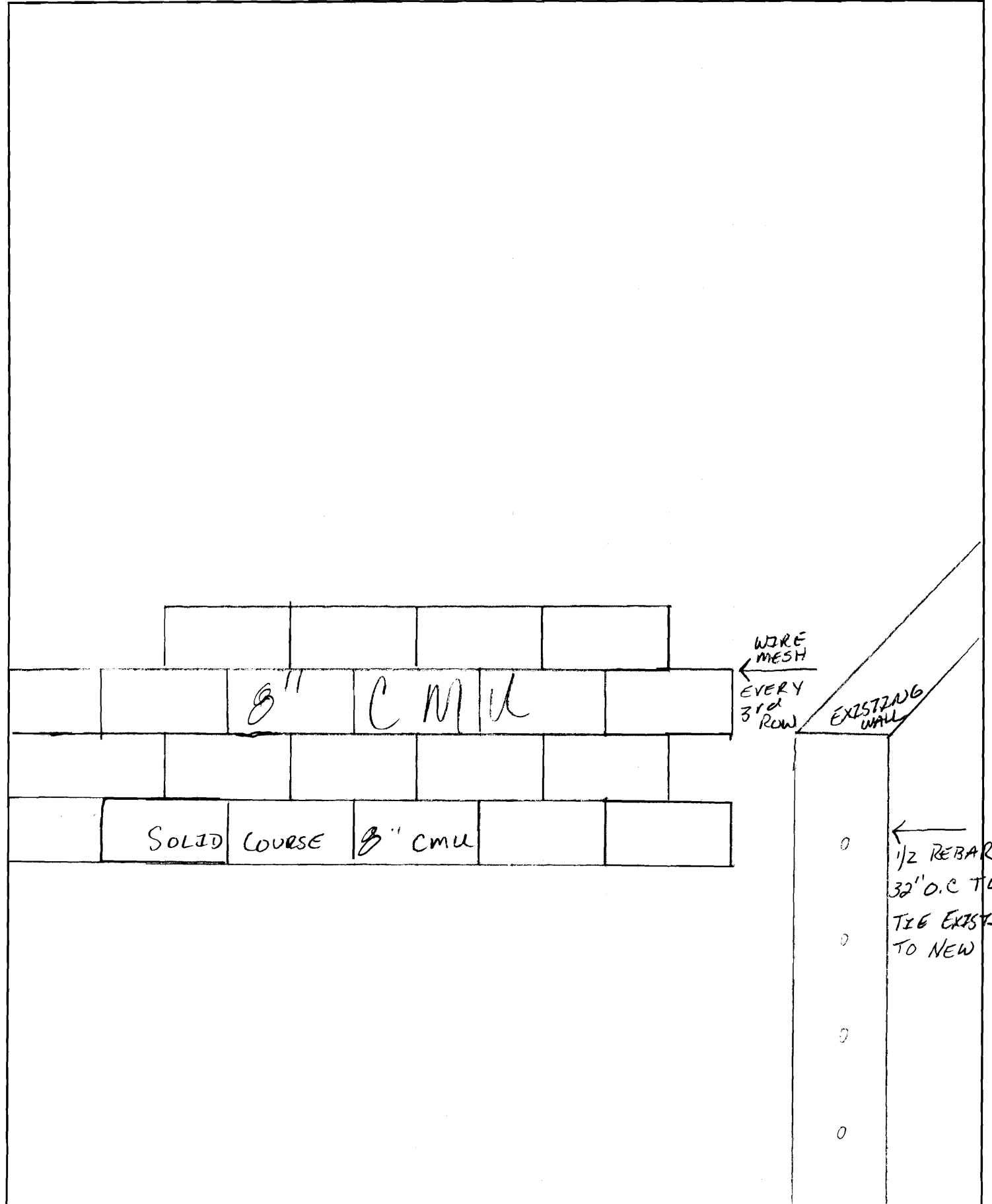
Facilities Management
389 Congress Street
Portland, Maine 04101
(207) 874-8292

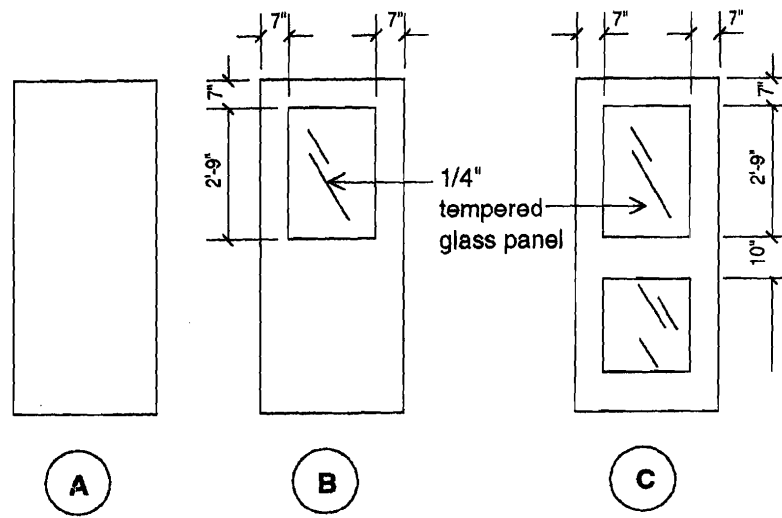


JOB _____

CALCULATED BY _____ DATE _____

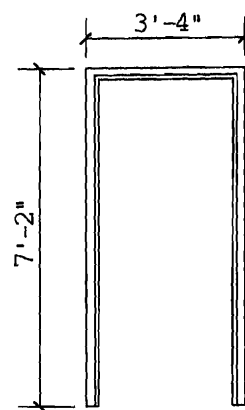
SCALE _____



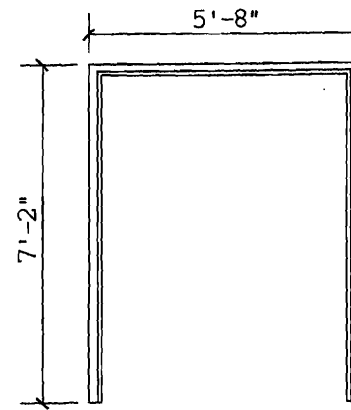


DOOR TYPES

1/4" = 1' 0"

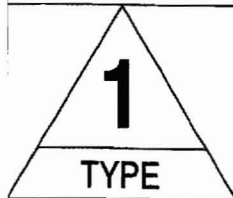
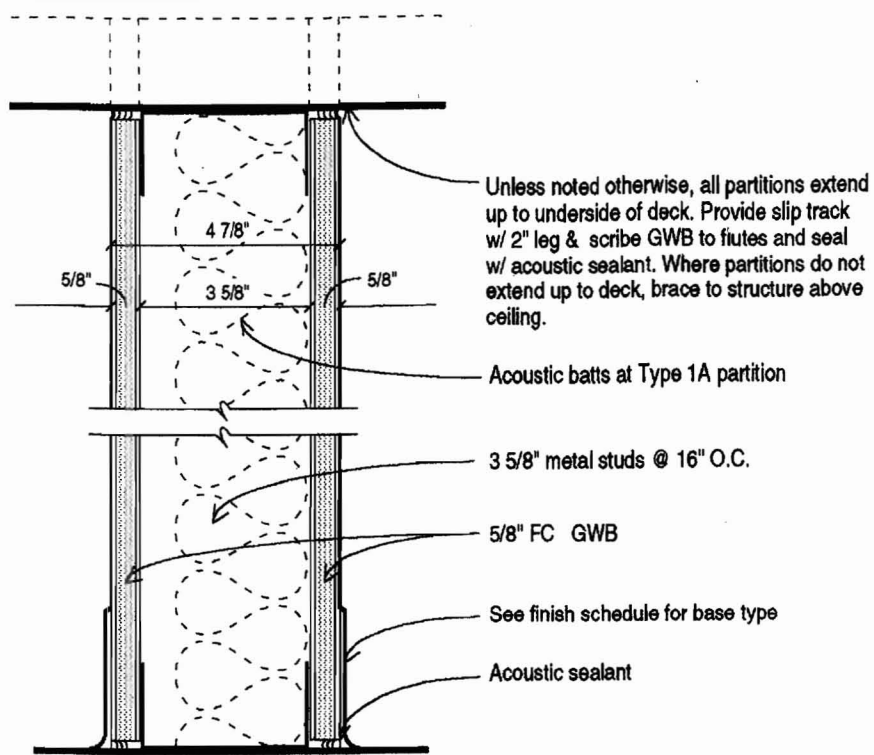


F1



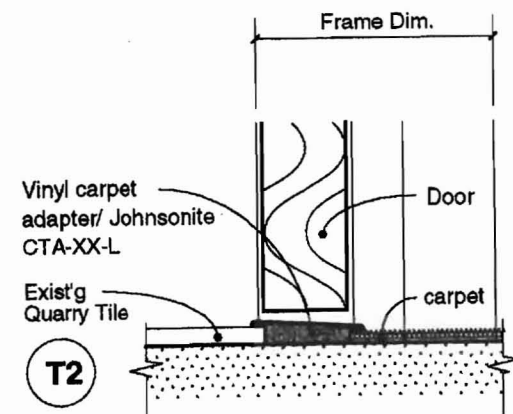
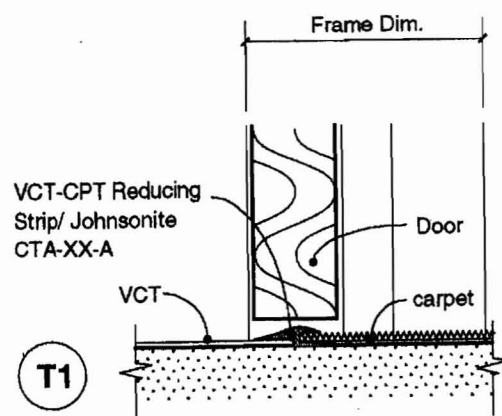
F2

FRAME TYPES



1 AS DRAWN

1A WITH ACOUSTIC BATTS



THRESHOLD TYPES