

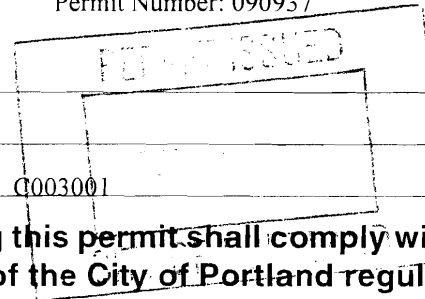
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 090937



Please Read Application And Notes, If Any, Attached

This is to certify that THE IRIS NETWORK / GECS / Jerry Guer
has permission to Iris Network - Offices/ Eye Exam Room Fin Floor renovations
AT 189 PARK AVE CB 052 0003001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is lath or other work is used-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Gauthier
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 7/1/09
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: 09-0937	Issue Date:	CBL: 052 C003001
-----------------------	-------------	---------------------

Location of Construction: 189 PARK AVE	Owner Name: THE IRIS NETWORK	Owner Address: 189 PARK AVE	Phone:
Business Name:	Contractor Name: GECS/ Gary Guerette	Contractor Address: P.O. Box 1150 Scarborough	Phone 2077302334
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-37

Past Use: Commercial - Iris Network	Proposed Use: Commercial - Iris Network - Offices/ Eye Exam Room First Floor renovations	Permit Fee: \$480.00	Cost of Work: \$45,330.00	CEO District: 2
Proposed Project Description: Iris Network - Offices/ Eye Exam Room First Floor renovations		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied # See Conditions	INSPECTION: Use Group: B Type: 2B/3B IBC 2003	
		Signature: <i>KG</i>	Signature: <i>[Signature]</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: Ldobson	Date Applied For: 08/31/2009	Zoning Approval
-----------------------------	---------------------------------	------------------------

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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"/> Date: <i>8/31/09</i>	<p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Date: <i>[Signature]</i>	<p>Historic Preservation</p> <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>[Signature]</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

ELECTRICAL PERMIT City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date _____

Permit # 2094507

CBL# 20-02

LOCATION: 189 Park Ave. METER MAKE & # N/A
 CMP ACCOUNT # N/A OWNER The Iris Network
 TENANT The Iris Network PHONE # 730-2334

TOTAL EACH FEE

OUTLETS	26	Receptacles	5	Switches		Smoke Detector		.20	6.20
FIXTURES		Incandescent	14	Fluorescent		Strips		.20	2.80
SERVICES		Overhead		Underground		TTL AMPS <800		15.00	
		Overhead		Underground		>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS		(number of)						1.00	
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units		Interior		Exterior		5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Insta-Hot		Water heaters		Fans		2.00	
		Dryers		Disposals		Dishwasher		2.00	
		Compactors		Spa		Washing Machine		2.00	
		Others (denote)						2.00	
MISC. (number of)		Air Cond/win						3.00	
		Air Cond/cent				Pools		10.00	
		HVAC		EMS		Thermostat		5.00	
		Signs						10.00	
		Alarms/res						5.00	
		Alarms/com						15.00	
		Heavy Duty(CRKT)						2.00	
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	4	E Lights						1.00	4.00
		E Generators						20.00	
PANELS		Service		Remote		Main		4.00	
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
						TOTAL AMOUNT DUE			55.00
		MINIMUM FEE/COMMERCIAL	55.00	55.00	MINIMUM FEE	45.00			

CONTRACTORS NAME BAY Electric Co. INC. MASTER LIC. # MC60009171
 ADDRESS 1401 Madrus St. So. Portland LIMITED LIC. # _____
 TELEPHONE 799-0350

SIGNATURE OF CONTRACTOR [Signature]

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0937	Date Applied For: 08/31/2009	CBL: 052 C003001
------------------------------	----------------------------------------	----------------------------

Location of Construction: 189 PARK AVE	Owner Name: THE IRIS NETWORK	Owner Address: 189 PARK AVE	Phone:
Business Name:	Contractor Name: GECS/ Gary Guerette	Contractor Address: P.O. Box 1150 Scarborough	Phone: (207) 730-2334
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Iris Network - Offices/ Eye Exam Room First Floor renovations	Proposed Project Description: Iris Network - Offices/ Eye Exam Room First Floor renovations
----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/31/2009

Note: **Ok to Issue:**

- 1) This plan and the property shall conform with all the agreed upon information that is part of the Conditional Contract rezoning on the site. This permit is not approving anything that would be in conflict with the Conditional Contract.
- 2) 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:** 09/01/2009

Note: **Ok to Issue:**

- 1) 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:** **Approval Date:** 09/01/2009

Note: **Ok to Issue:**

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) Emergency lights and exit signs are required
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 4) All construction shall comply with NFPA 101



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>189 PARK AVENUE</u>		
Total Square Footage of Proposed Structure/Area <u>1,300 S.F. +/- INTERIOR RENOVATION</u>	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>SJ</u> Block# <u>C</u> Lot# <u>3</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>THE IRIS NETWORK</u> Address <u>189 PARK AVENUE</u> City, State & Zip <u>PORTLAND MAINE 04102</u>	Telephone: <u>207-774-6273</u>
Lessee/DBA (If Applicable) <u>N/A</u>	Owner (if different from Applicant) Name <u>(SAME)</u> Address City, State & Zip	Cost Of Work: \$ <u>45,330.⁰⁰</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>OFFICES/EYE EXAM</u> Number of Residential Units <u>—</u> If vacant, what was the previous use? <u>(OCCUPIED)</u> Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: _____		
Contractor's name: <u>CONSTRUCTION MANAGER - GECS</u> Address: <u>P.O. BOX 1150</u> City, State & Zip <u>SCARBOROUGH MAINE 04074</u> Telephone: <u>207-730-2334</u> Who should we contact when the permit is ready: <u>GARY GUERETTE</u> Telephone: <u>207-730-2334</u> 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. AUG 31 2009

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: [Signature] Date: 31 AUGUST 2009

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