

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 030158

Please Read
Application And
Notes, if Any,
Attached

This is to certify that Maine Medical Center/North Shore Construction
has permission to Install 10' of partitions and new door
AT 887 Congress St 053 I001011

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 work on permit must be completed before this building or part thereof is leased or otherwise used-in.
HOURS NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
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: 03-0158	Issue Date:	CBL: 053 I001011
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Location of Construction: 887 Congress St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 871-0111
Business Name:	Contractor Name: North Shore Construction	Contractor Address: P.O. Box 2564 South Portland	Phone: 2077742800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C18

Past Use: Medical Offices	Proposed Use: Medical Offices; install 10' of new partitions and new door	Permit Fee: \$58.00	Cost of Work: \$4,500.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <u>B</u> Type: <u>2C</u>	

Proposed Project Description: Install 10' of partitions and new door	Signature: <i>[Signature]</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: kwd	Date Applied For: 03/04/2003	Zoning Approval
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<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> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>OK 3/7/03</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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 _____

All Purpose 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.

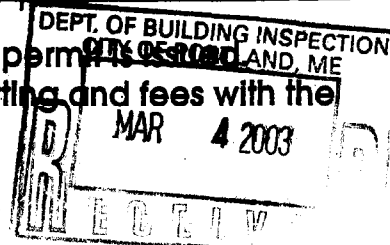
Location/Address of Construction: <u>887 CONGRESS St. Suite 200</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>053</u> Block# <u>I</u> Lot# <u>001</u>	Owner: <u>MAINE Medical CENTER</u>	Telephone: <u>871-0111</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>NORTH SHORE CONST.</u> <u>HERB ROBINSON</u> <u>PO Box 2564 South Portland, ME</u> <u>04116</u>	Cost Of Work: \$ <u>4500</u> Fee: \$ <u>58.00</u>
Current use: <u>MEDICAL OFFICE</u>		
If the location is currently vacant, what was prior use: <u>N.A.</u>		
Approximately how long has it been vacant: <u>N.A.</u>		
Proposed use: <u>NO CHANGE</u>		
Project description: <u>INSTALL 10' of Interior Partitions and NEW DOOR</u>		
Contractor's name, address & telephone: <u>NORTH SHORE CONSTRUCTION PO. 2564 So. Port.</u> <u>04116</u>		
Who should we contact when the permit is ready: <u>TED ROBINSON (650-2547)</u> <u>K&Cally</u>		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>Charles Robinson</u>	Date: <u>3/4/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



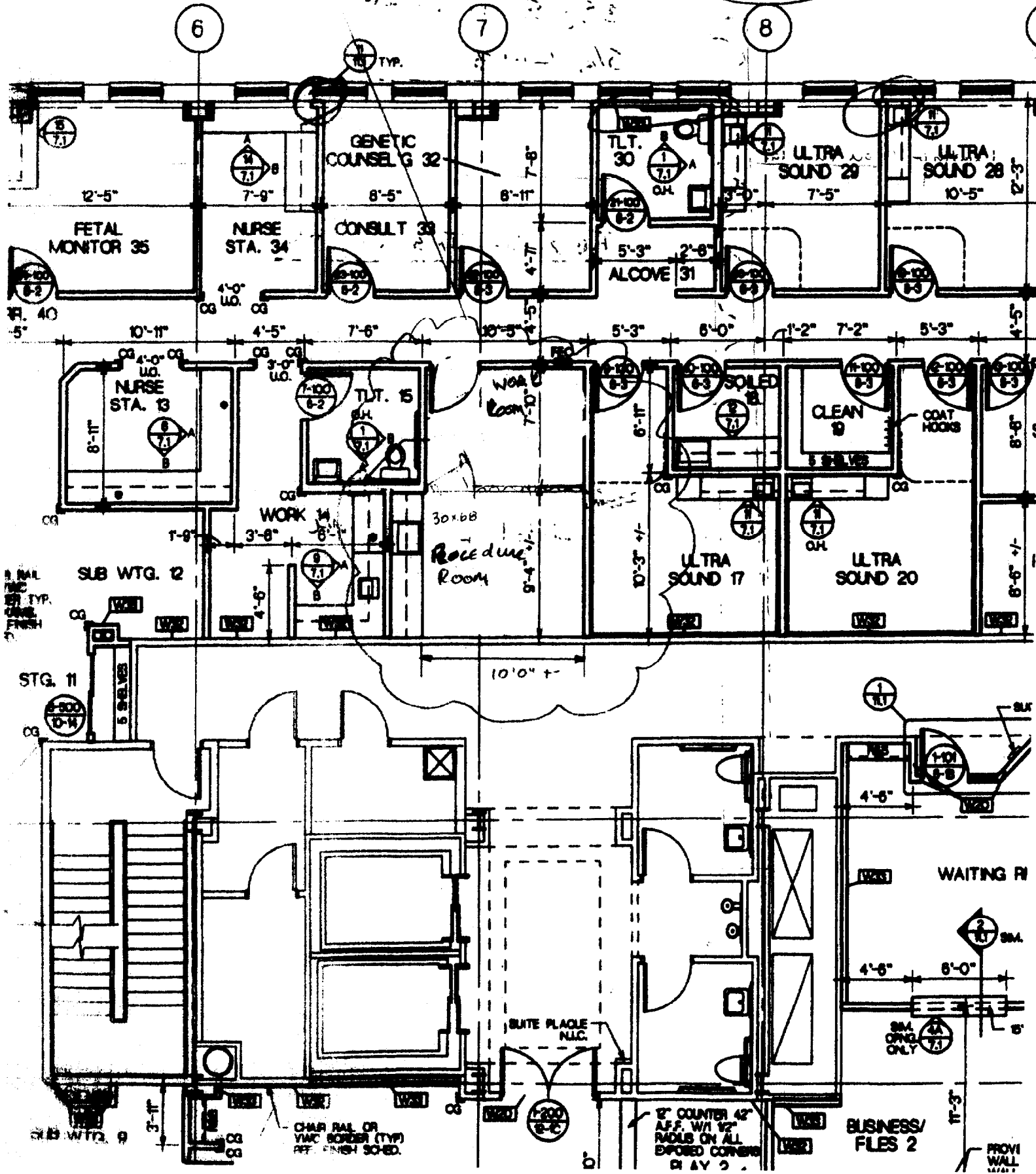
03/04/03

Ref.# OB/GYN 1

OB/GYN Associates
887 Congress St. Suit 200
Portland, ME 04102

1. **Scope: Build approximately 10' of interior partition (3 5/8 Steel framing, 5/8 GWB and fiberglass insulation). Install a 3-0x6-8 solid core birch door with hollow metal frame. Door shall have lever lock set.**
2. **Fire alarm strobe shall be installed in new procedure room.**
3. **1 Sprinkler head shall be moved to accommodate new partition.**
4. **2 phone and data terminals shall be provided (connection by owner).**
5. **T-Stat shall be moved from adjacent work area to new procedure room**
6. **2 addition receptacles shall be installed.**

Proposed AREA of RENOVATION



Proposed Area of Renovation

