DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **OF PORTLAND** CITY Please Read PERMIT ISSUED SPECTION Application And Notes, If Any, Permit Number: 061060 PERM. Attached AUG - 8 2006 This is to certify that <u>MMC REALTY CORP /Lat</u> rd & Low. In has permission to ____ Commercial/ Office - Tenan t-up CITY OF PORTLAND AT 887 CONGRESS ST 053 100 011 epting this permit shall comply with all provided that the person or persons rm or tion **a** of the provisions of the Statutes of line and of the P nances of the City of Portland regulating the construction, maintenance and e of buildings and uctures, and of the application on file in this department. ificatio on mus of inspa е Apply to Public Works for street line n and v on proc en perm þ A certificate of occupancy must be and grade if nature of work requires bre this Iding or rt there procured by owner before this buildsuch information. ed or osed-in ing or part thereof is occupied. UR NO QUIRED. OTHER REQUIRED APPROVALS Fire Dept. Health Dept. Appeal Board Other Director - Building Department Name

Form # P 04

PENALTY FOR REMOVING THIS CARD

| Citer of Dortland Maina | D | Dit Applicati | Pe | rmit No | -Issue Dates | - 10011 | CBL: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|---------------------------|------------------------------------------|---------------|-----------------------|---------------------------------|------------|
| City of Portland, Maine - Building or Use Permit ApplicationPermit NoPermit No389 Congress Street, 04101Tel: (207) 874-8703, Fax: (207) 874-871606-06006-060 | | | | | | | | |
| Location of Construction: | Owner Name: | Owner Name: | | r Address: | | | Phone: | |
| 887 CONGRESS ST | MMC REALT | MMC REALTY CORP | | 22 BRAMHALL ST AUG - 8 2006 | | | | |
| Business Name: | Contractor Name | Contractor Name: | | Contractor Address: Phone | | | | |
| | Langford & Lo | Langford & Low, Inc. | | PO Box 662 Portandy OF DODT: 12077975141 | | | | 141 |
| Lessee/Buyer's Name | Phone: | | Permit Type: | | | | Zone: Ci¥ | |
| Past Use: | Proposed Use: | | Perm | nit Fee: | Cost of Worl | k: C | EO District: | 7 |
| Commercial/ Office | Commercial/ C | Office - Tenant Fit-up | | \$450.00 \$43,000.0 | | 0.00 | 2 | |
| doctorts' offices | Aledica | 1 - Doctos of frus | | - APProved | | | SPECTION: e Group: B Type: D | |
| | | | Se | e Cond | ticros | 7 | 2/1/2 | 24 1 |
| Proposed Project Description: | tun Third Floor | | | | | × | 25/ | ht |
| Commercial/ Office - Tenant Fit | Si | | Signature: Greg GABS Sign | | Signature | | | |
| | | | PEDE | STRIAN ACT | IVITIES DIST | RICT (P.A | A.D.) | γ |
| | | | Actio | n: 🗌 Appro | ved App | roved w/Co | onditions (| Denied |
| | | | Signa | iture: | | E | Date: | |
| Permit Taken By:Date Applied For:ldobson07/19/2006 | | | Zoning Approval | | | | | |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. | | Special Zone or Rev | iews Zoning Appeal | | | Historic Preservation | | |
| | | Shoreland | Shoreland | | Variance | | Z Not in District or Landmark | |
| 2. Building permits do not include plumbing, septic or electrical work. | | Wetland | Wetland | | Miscellaneous | | Does Not Require Review | |
| 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 | | Flood Zone | | Conditional Use | | | Requires Review | |
| | | Subdivision | | Interpre | tation | | Approved | |
| | | Site Plan | | Approve | ed | | Approved w/ | Conditions |
| | | Maj 🗌 Minor , Mi | | Denied | | | Denied MM | |
| | | Date: 7125106 7 | m | Date. | | Date | 2. 2. | |

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 |

| City of Portland, Maine - Buil | Permit No: | Date Applied For: | CBL: | | | |
|---------------------------------------------------------|------------------------------|-------------------|------------------------|-------------------------|--------------------|--|
| 389 Congress Street, 04101 Tel: (2 | 06-1060 | 07/19/2006 | 053 I001011 | | | |
| Location of Construction: | Owner Name: | (| Owner Address: | | Phone: | |
| 887 CONGRESS ST | MMC REALTY CORP | | 22 BRAMHALL ST | | | |
| Business Name: | Contractor Name: | | Contractor Address: | | Phone | |
| | Langford & Low, Inc. | | PO Box 662 Portland | | (207) 797-5141 | |
| Lessee/Buyer's Name | Phone: | | Permit Type: | | | |
| | | | Alterations - Com | mercial | | |
| Proposed Use: | ι | Proposed | l Project Description: | | | |
| Commercial/ Office - Tenant Fit-up (d | loctors' offices - MMC | Comm | ercial/ Office - Ten | ant Fit-up (third floor | r) | |
| Medical Building) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dept: Zoning Status: A | pproved with Conditions | Reviewer: | Ann Machado | Approval Da | te: 07/25/2006 | |
| Note: | | | | (| Ok to Issue: | |
| 1) This permit is being approved on t | he basis of plans submitted. | Any deviati | ons shall require a | separate approval be | fore starting that | |
| work. | I | 5 | 1 | 1 11 | 6 | |
| Derete D '11' Statement | 1 | D | | A | A | |
| Dept: Building Status: A | pproved | Reviewer: | Mike Nugent | Approval Da | | |
| Note: | | | | | Ok to Issue: | |
| | | | | | | |
| Dept: Fire Status: A | pproved with Conditions | Doviowor | Cptn Greg Cass | Approval Da | te: 07/27/2006 | |
| - | pproved with Conditions | Keviewei. | Cpui Oleg Cass | •• | | |
| Note: | | | | | Ok to Issue: 🗹 | |
| 1) Application requires State Fire Marshal approval. | | | | | | |
| 2) All building 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: Total Square Footage of Proposed Structure | Congress Street Square Footage of L | J 3rd Flr- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | | | | |
| Tax Assessor's Chart, Block & LotChart#Block#Lot#53II | Owner: MAine Medical 335 Brighton A Porthand, me | re (ern er Telephone: | | | |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telepho hangford + Low, Inc. 248 Warken Ave. Person Me. 24104 | | | | |
| | 797-5141 | C of O Fee: \$ | | | |
| Current Specific use: Mey 6FFKFS | 0 | | | | |
| If vacant, what was the previous use? <u>Me</u> Proposed Specific use: <u>Med</u> OFF. (| | | | | |
| Proposed Specific use. <u>Veck</u> . Of the contract | <u></u> | | | | |
| Project description: Relocate a few manis : Add some additional unais. PAINT & RATCH. | | | | | |
| Contractor's name, address & telephone: | In Crief & Louis diller have | 1 a Portan Dine | | | |
| | ' ^ | 4 | | | |
| Who should we contact when the permit is ready: <u>645</u> Doughty. Mailing address: 248 WARREN A.C. Phone: <u>797-514</u> | | | | | |
| Mailing address: 248 WARREN A.L. Phone: 797-514 | | | | | |
| Portund me 04104 | | A A A A A A A A A A A A A A A A A A A | | | |
| | | CTIO. | | | |
| Please submit all of the information out | ined in the Commercial Appli | cation Checklist | | | |
| Failure to do co will result in the outom | tic denial of your permit | | | | |
| In order to be sure the City fully understands the ful request additional information prior to the issuance www.portlandmaine.gov, stop by the Building Inspe | l scope of the project, the Planning and of a permit. For further information visi ctions office, room 315 City Hall or call | Development Department may it us on-line to the second | | | |
| I hereby certify that I am the Owner of record of the nam been authorized by the owner to make this application as In addition, if a permit for work described in this applicati authority to enter all areas covered by this permit at any re | ed property, or that the owner of record aut his/her authorized agent. I agree to conform on is issued, I certify that the Code Official's | horizes the proposed worn and that may n to all applicable news of this unisolation. s authorized representative shall have the | | | |
| Signature of applicant: | Dat | ≈ 7-17-0¢ | | | |

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