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.