

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

BU...TION

**PERMIT**

Permit Number: 090118

PERMIT ISSUED

FEB 27 2009

CP 053 1001011

Lead  
on And  
, If Any,  
Attached

is to certify that MMC REALTY CORP / North are Cons Herb  
has permission to Remove 2 small wall sections & small wall section. Move 1 door install 1 new door re-configure office space  
AT 887 CONGRESS ST CP 053 1001011

provided that the person or persons, firm or corporation accounting for 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 lathed or otherwise red-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. Janneau  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

Cheryl RA 2/27/09  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**SCANNED**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 09-0118	Issue Date: 2/27/09	CBL: 053 I001011
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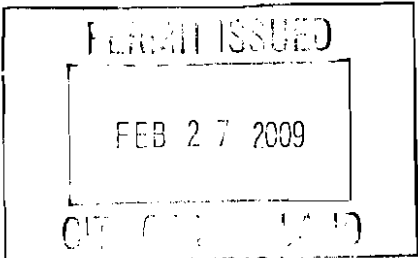
Location of Construction: 887 CONGRESS ST	Owner Name: MMC REALTY CORP	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: North Shore Construction / Herb	Contractor Address: P.O. Box 2564 South Portland	Phone: 2077742800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C18

Past Use: Medical Office	Proposed Use: Medical Office - Remove 2 small wall sections & 3 small wall sections, move 1 door install 1 new door re-configure office space	Permit Fee: \$100.00	Cost of Work: \$7,900.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: 2C IBC-2003	

Proposed Project Description: Remove 2 small wall sections & 3 small wall sections, move 1 door install 1 new door re-configure office space	Signature: (KG)	Signature: [Signature] 2/27/09
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: 02/17/2009	<b>Zoning Approval</b>	
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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><b>Special Zone or Reviews</b></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 type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 2/17/09</p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></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: _____</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 \_\_\_\_\_

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY)**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

*Mailed*



# 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>887 Congress Street</u>		
Total Square Footage of Proposed Structure/Area -	Square Footage of Lot -	Number of Stories <u>4</u>
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>1</u> Lot# <u>001</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland ME 04102</u>	Telephone: <u>207. 871. 0111</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>7900.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>100</u>
Current legal use (i.e. single family) <u>Medical office</u> Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: <u>Medical office</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Remove 2 small wall sections and 3 small wall sections</u> <u>&amp; Move 1 Door Install 1 New Door</u>		
Contractor's name: <u>North Shore Construction</u> Address: <u>P.O. Box 2564</u> City, State & Zip <u>South Portland ME 04116</u> Telephone: <u>207-774-2800</u> Who should we contact when the permit is ready: <u>HERB ROBINSON</u> Telephone: <u>207. 650. 2547</u> Mailing address: <u>P.O. Box 2564 South Portland, ME 04116</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](http://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: 2/17/09

FEB 17 2009

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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 09-0118	<b>Date Applied For:</b> 02/17/2009	<b>CBL:</b> 053 I001011
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<b>Business Name:</b>	<b>Contractor Name:</b> North Shore Construction / Herb	<b>Contractor Address:</b> P.O. Box 2564 South Portland	<b>Phone</b> (207) 774-2800
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

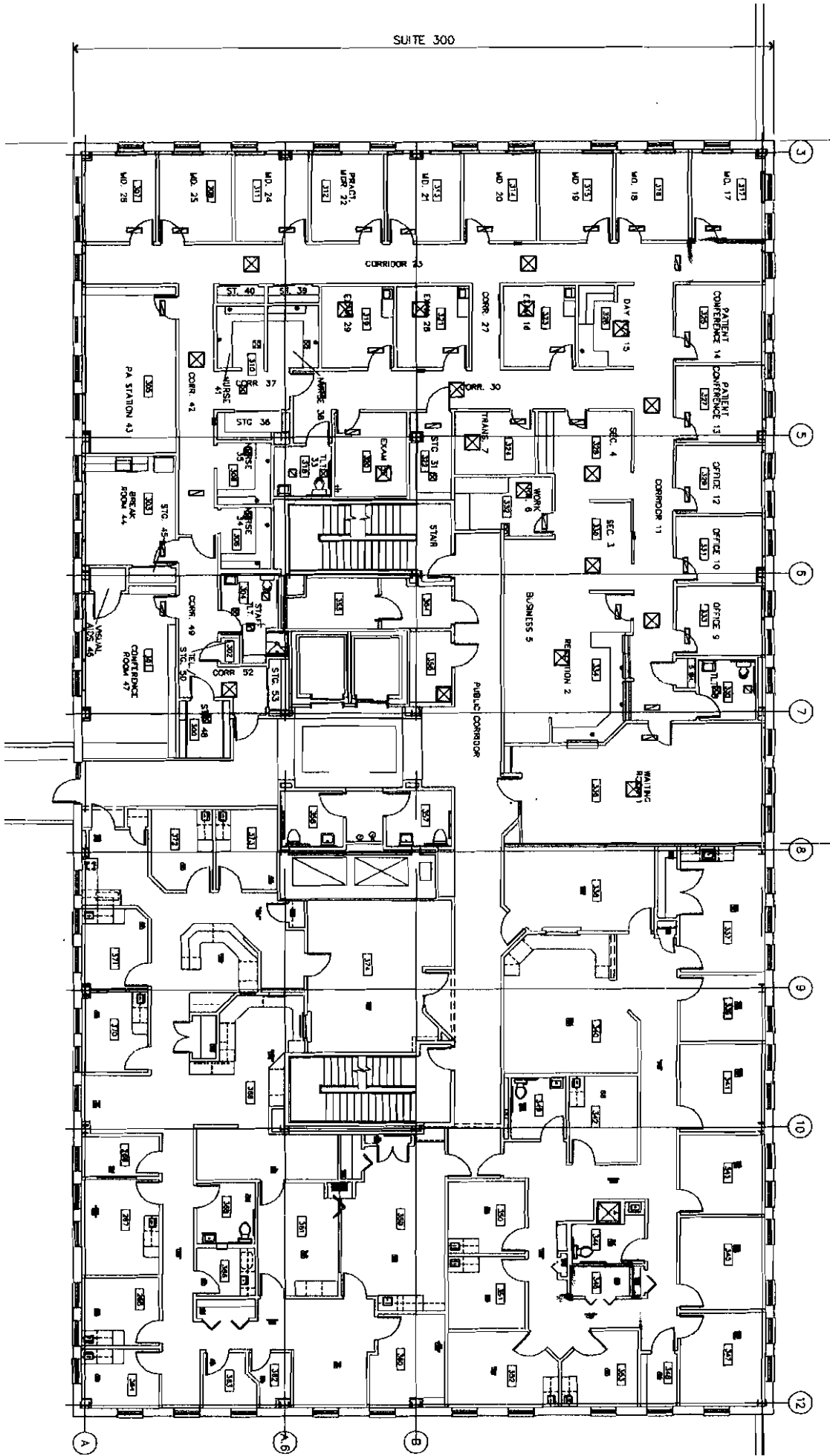
<b>Proposed Use:</b> Medical Office - Remove 2 small wall sections & 3 small wall sections, move 1 door install 1 new door re-configure office space	<b>Proposed Project Description:</b> Remove 2 small wall sections & 3 small wall sections, move 1 door install 1 new door re-configure office space
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 02/17/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		

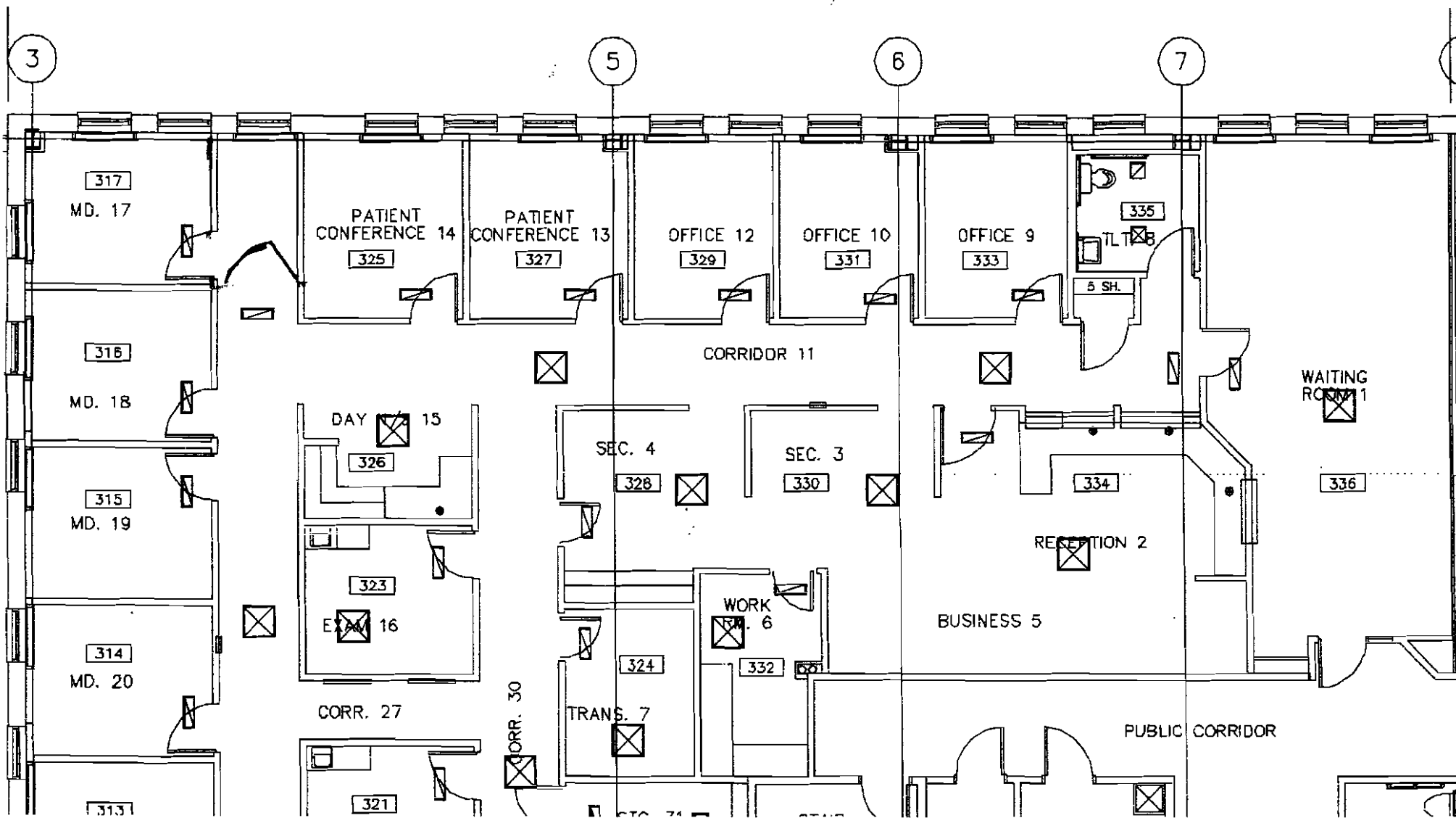
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 02/27/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> <li>1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.</li> <li>2) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.</li> </ol>			

<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 02/25/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> <li>1) Make sure all new walls maintain ratings. Means of egress shall not be affected by new construction.</li> <li>2) Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.</li> <li>3) All construction shall comply with NFPA 101</li> </ol>			

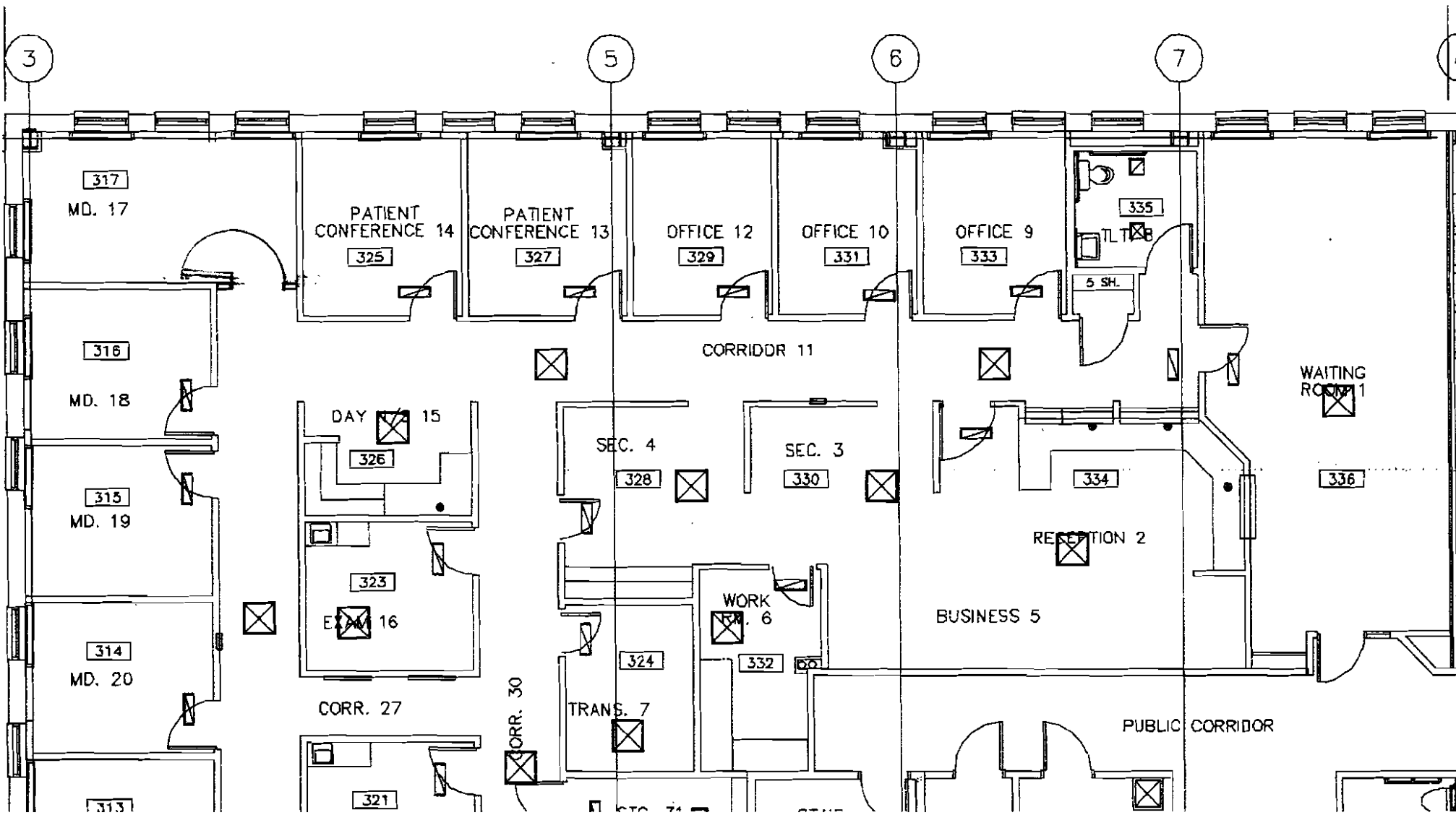
SUITE 300



MNC 887 Congress Suites 300-310 FEB 17 2009



MML 987 Congress Street Suite 300-310  
 Existing FEB 17, 2009 pg. 1



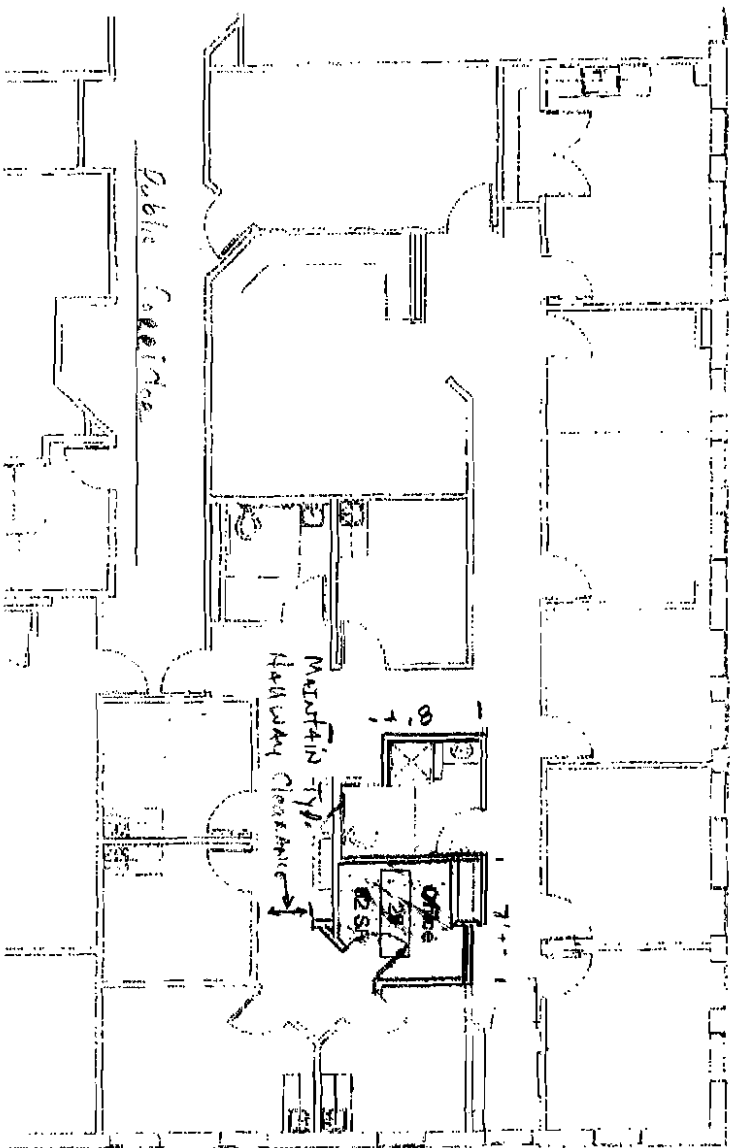
MMC 887 Congress Street Suite 300-310

Proposed

FEB 17, 2009

pg. 3

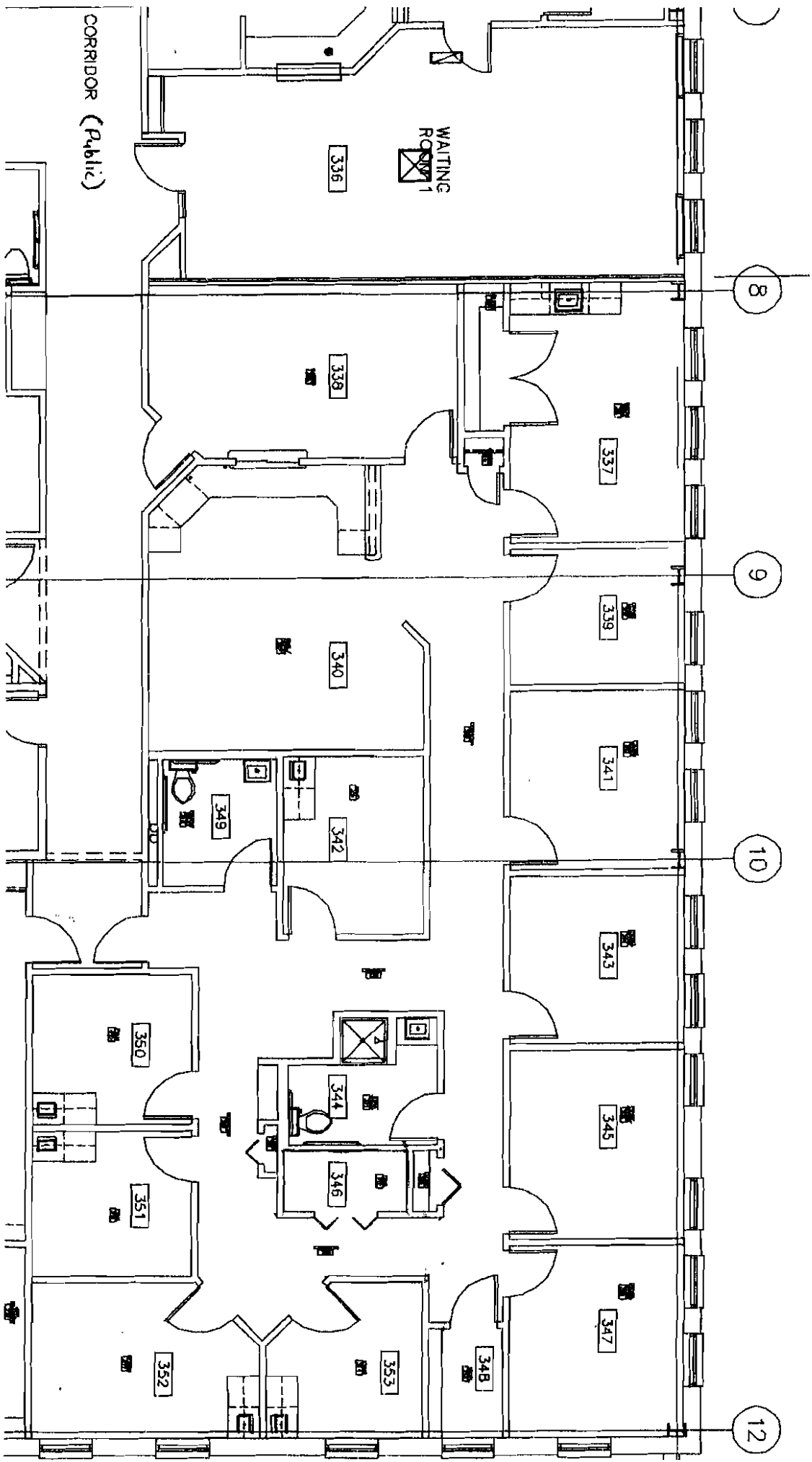




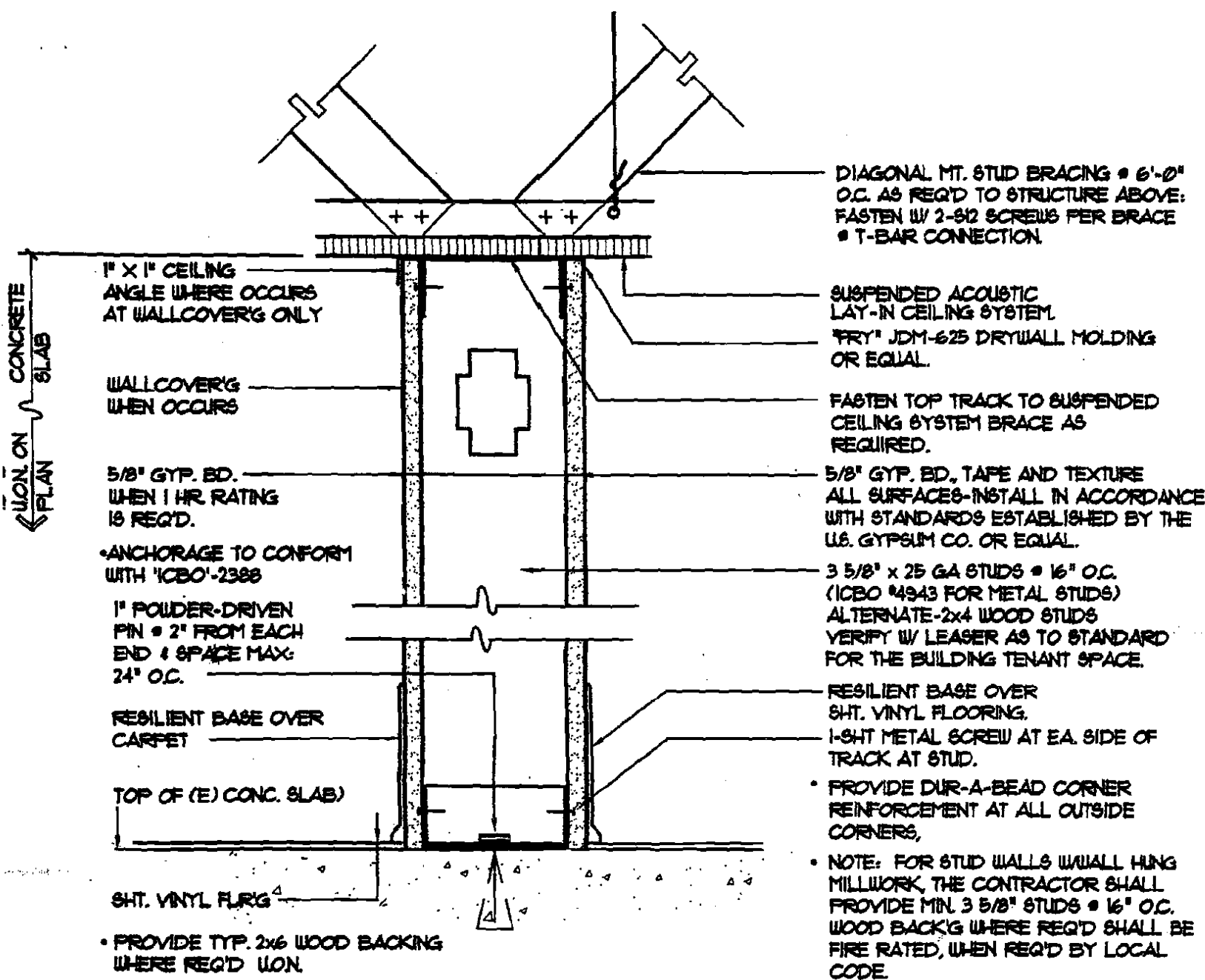
Department Legend

Office

MNL 331 Business Street Suite 300-310  
 Drawn: FEB 17, 2009 p. 4



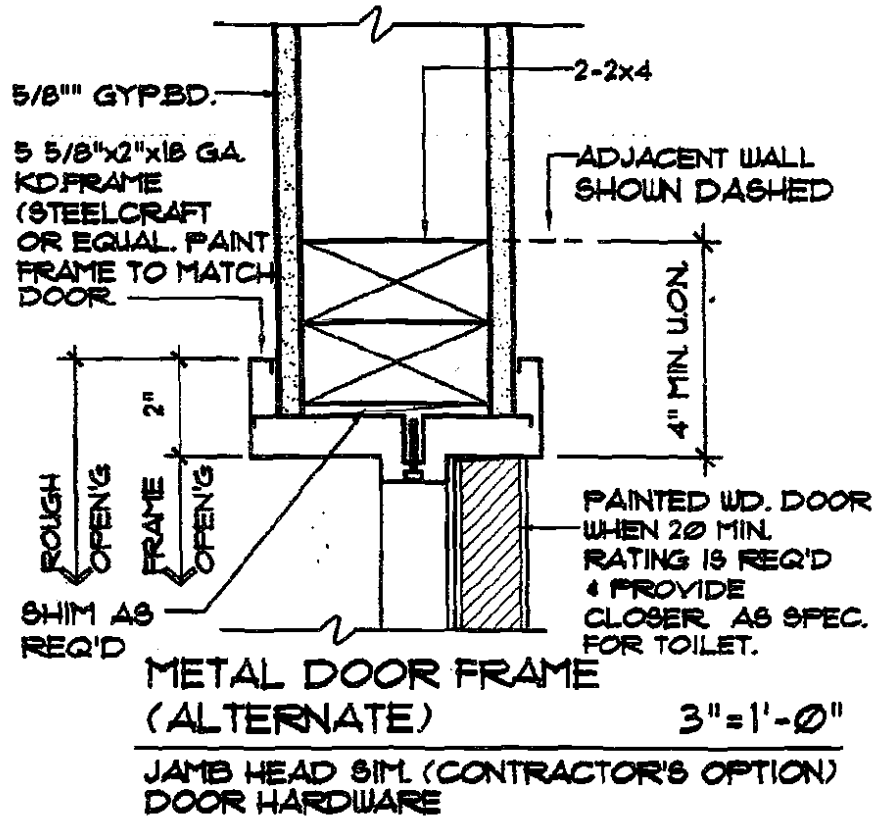
MWC 887 Congress Street Suite 300-310  
 Existing FEB 17, 2009 R 2



TYPICAL PARTITION

MMC 887 Congress St. Suite 300-310 P-5

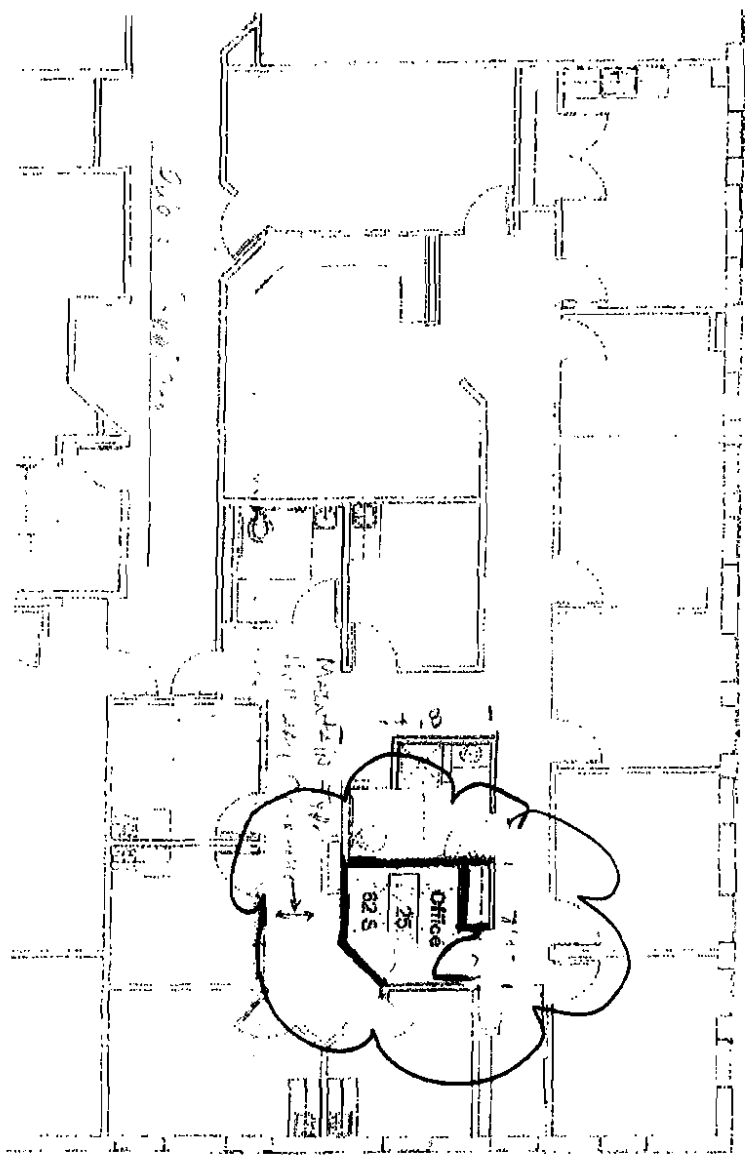
SECTION 3"=1'-0"



MMC 887 Congress Suite 300-3

Section @ Doors

MAR 11 2009



Revised 3/1/09  
per C.S.H.,  
O.K.

Department Legend

Office

Move Door To  
Other Side of  
Office

MWL 887 Contact 5-0-3 300 310

Scanned

Change 1-1

Move Door

Made 11.2009

SCANNED