

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 041135.A.D.

AUG 31 2004

CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

This is to certify that Maine Medical Center/Hebert Construction LLC
has permission to construct one wall & install reception windows
AT 214 Vaughan St City ID: 063 B008001

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 altered or closed-in. **HEAR 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. WMM
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: 04-1135 | Issue Date: AUG 31 2004 | CBL: 063 B008001 |
|-----------------------|----------------------------|---------------------|

| | | | |
|---|---|---|----------------------|
| Location of Construction: 214 Vaughan St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: |
| Business Name: | Contractor Name: Hebert Construction LLC | Contractor Address: 9 Gould Rd. Lewiston | Phone: 2077832091 |
| Lessee/Buyer's Name | Phone: | Permit Type: Commercial | Zone: R-6 |

| | | | | |
|--|-----------------------------|---|---------------------------------------|--------------------|
| Past Use: commercial | Proposed Use: commercial | Permit Fee: \$66.00 | Cost of Work: \$5,000.00 | CEO District: 2 |
| legal use: Professional offices Proposed Project Description: construct one wall & install reception windows | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: B Type: 34 | |
| | | Signature: <i>[Signature]</i> | Signature: <i>[Signature]</i> 8/31/04 | |

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

| | |
|-----------------------------|---------------------------------|
| Permit Taken By: dmartin | Date Applied For: 08/10/2004 |
|-----------------------------|---------------------------------|

| Zoning Approval | | |
|--|---|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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.. | Special Zone or Reviews <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: 8/19/04 | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: |
| | Historic Preservation <input 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 Any exterior work requires a separate review and approval | |

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 - Building or Use Permit

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

| | | |
|------------------------------|--|----------------------------|
| Permit No: 04-1135 | Date Applied For: 08/10/2004 | CBL: 063 B008001 |
|------------------------------|--|----------------------------|

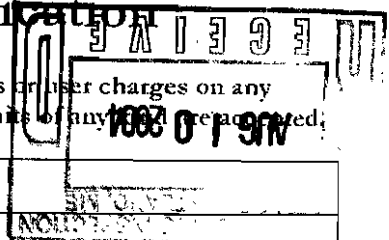
| | | | |
|--|--|--|--------------------------------|
| Location of Construction: 214 Vaughan St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: |
| Business Name: | Contractor Name: Hebert Construction LLC | Contractor Address: 9 Gould Rd. Lewiston | Phone (207) 783-2091 |
| Lessee/Buyer's Name | Phone: | Permit Type: Commercial | |

| | |
|---|--|
| Proposed Use: commercial - professional offices | Proposed Project Description: construct one wall & install reception windows |
|---|--|

| | | | |
|-----------------------|-------------------------|----------------------------------|---|
| Dept: Zoning | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 08/19/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building | Status: Approved | Reviewer: Mike Nugent | Approval Date: 08/31/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Fire | Status: Approved | Reviewer: Lt. MacDougal | Approval Date: 08/30/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |



Commercial 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 processed.

| | | |
|--|--|--|
| Location/Address of Construction: <u>216 Vaughan Street</u> | | |
| Total Square Footage of Proposed Structure | Square Footage of Lot | |
| Tax Assessor's Chart, Block & Lot Chart# <u>063</u> Block# <u>B</u> Lot# <u>008</u> | Owner: <u>MAINE MEDICAL CENTER</u> | Telephone: <u>871-6149</u> |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: <u>HEBERT CONSTRUCTION</u> <u>9 GOULD ROAD</u> <u>LEWISTON, ME 04240</u> | Cost Of Work: \$ <u>5,000.00</u> Fee: \$ <u>66.00</u> |
| Current Specific use: <u>OFFICE</u> | | |
| Proposed Specific use: <u>OFFICE</u> | | |
| Project description: <u>CONSTRUCT ONE WALL & INSTALL RECEPTION WINDOWS</u> | | |
| Contractor's name, address & telephone: | | |
| Who should we contact when the permit is ready: <u>DANIEL R HEBERT</u> | | |
| Mailing address: <u>9 GOULD ROAD</u> <u>LEWISTON, ME 04240</u> | | |
| Phone: <u>783-2091</u> | | |

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

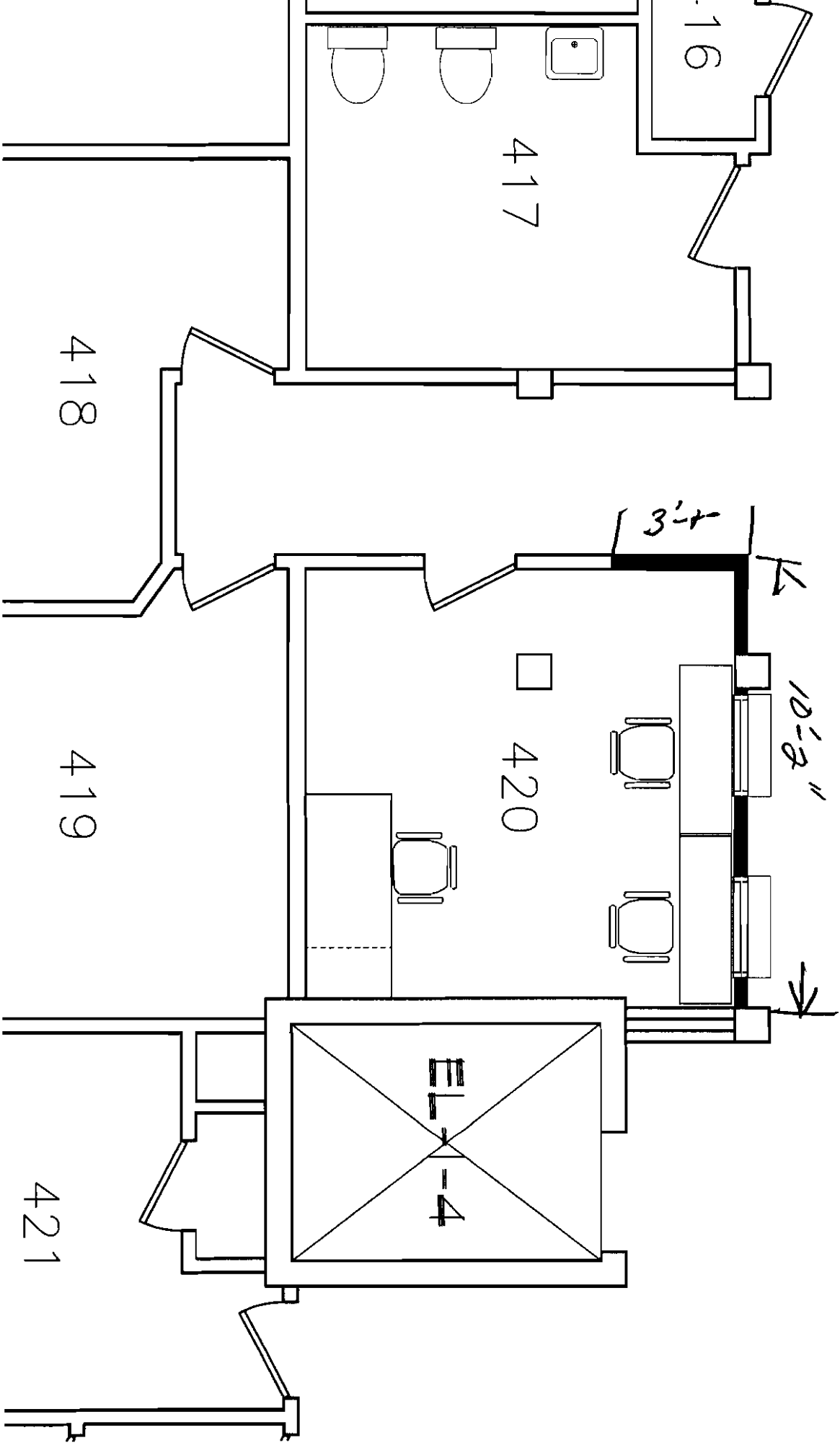
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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 of applicant: <u>Daniel R Hebert</u> | Date: <u>8-10-04</u> |
|--|----------------------|

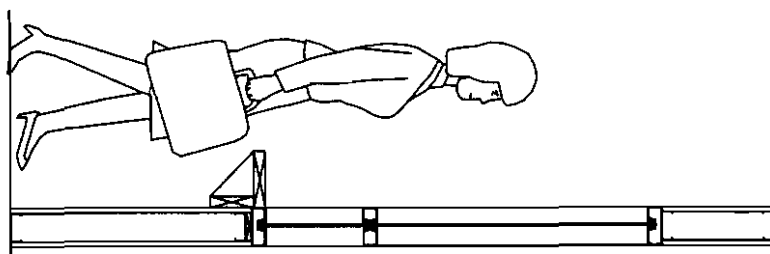
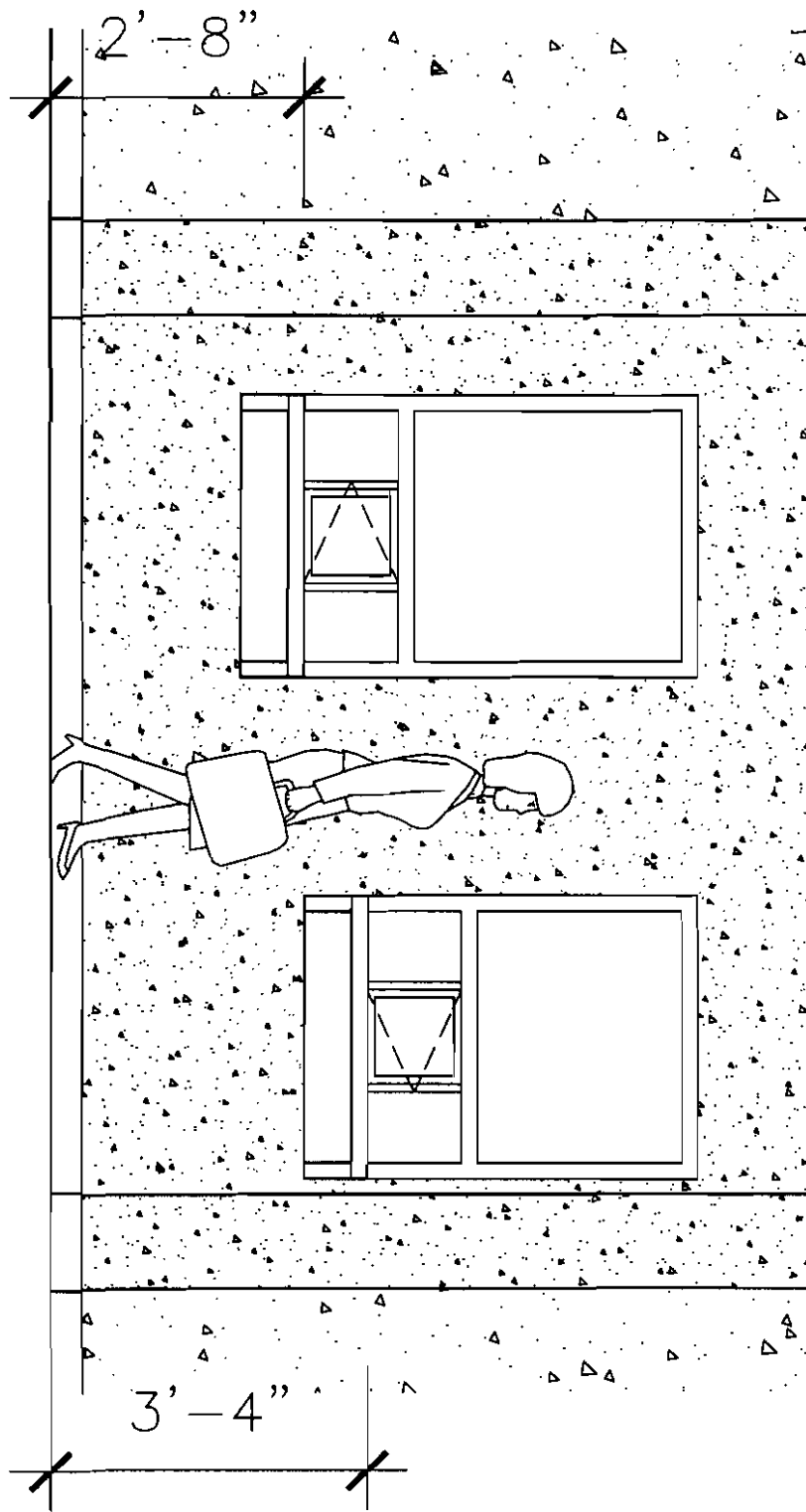
Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

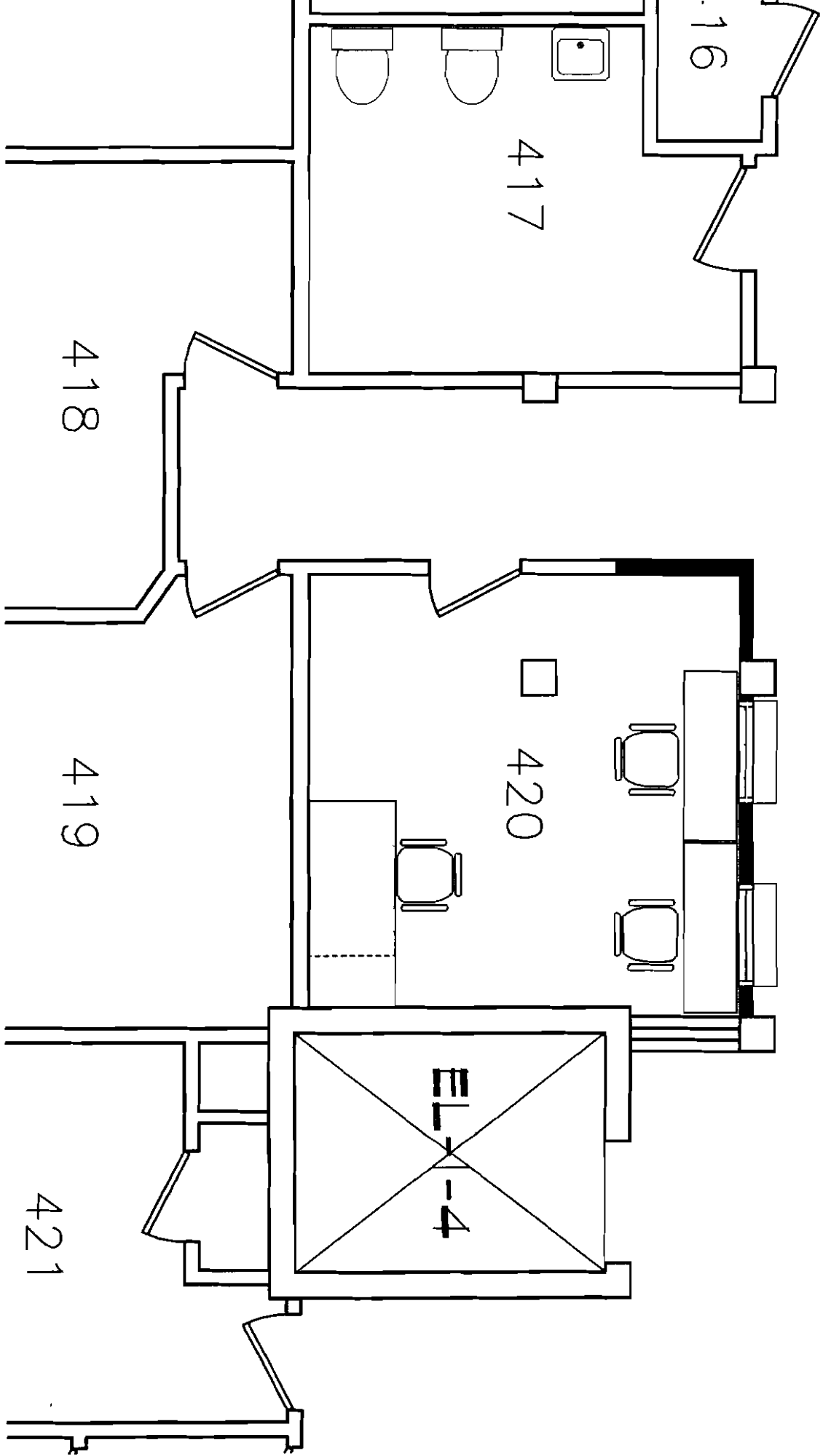


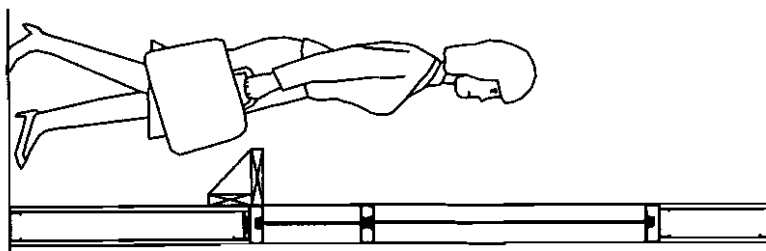
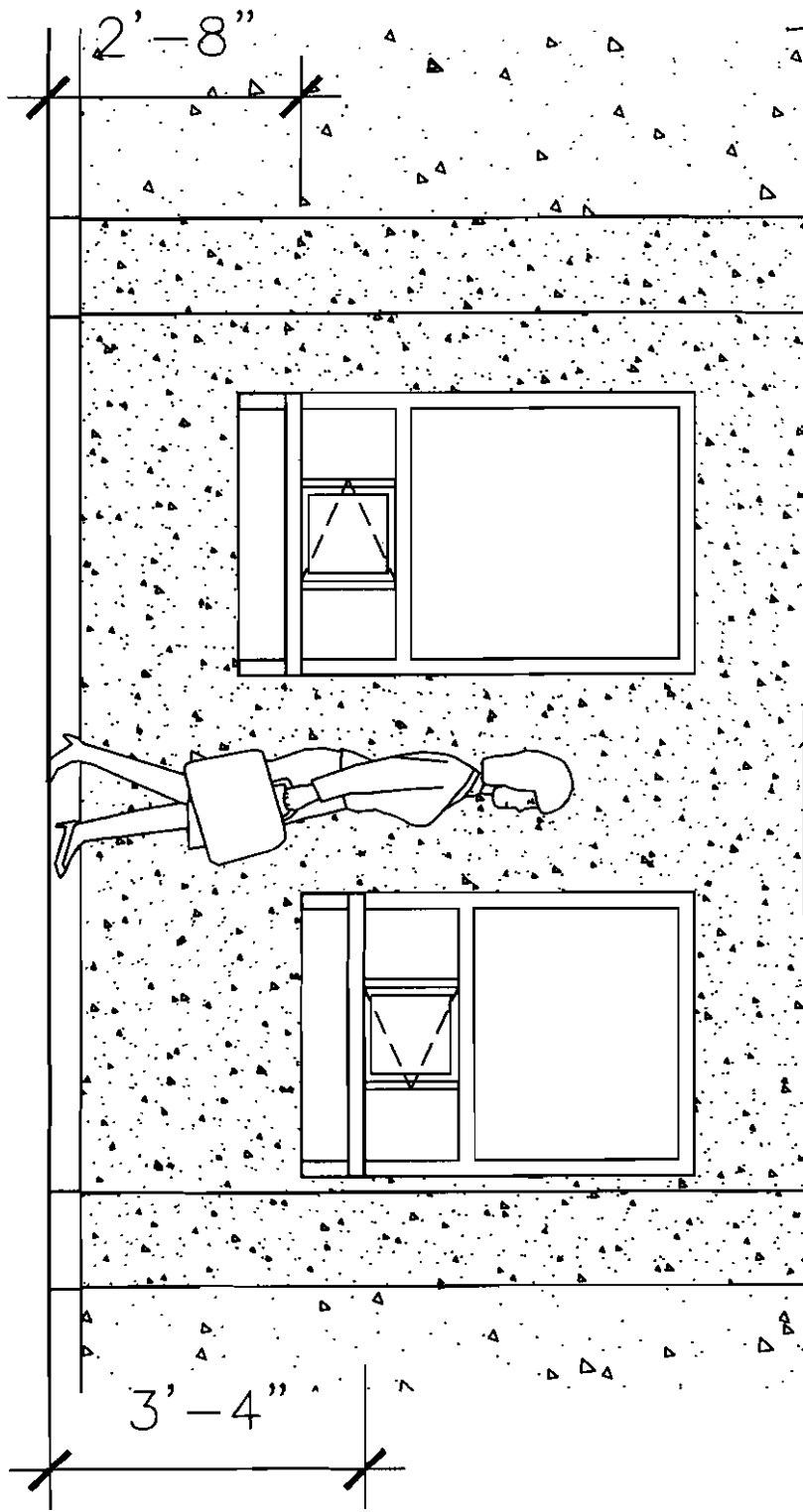
GC-4-1

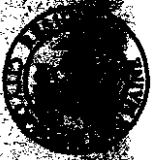
2x4x studs mtd
INS,
5/8 sheetrock
Alum Windows



GC-4-1







CITY OF PORTLAND, MAINE

Department of Building Inspections

Aug 10 2004

Applicant: Daniel Hebert

Location: 316 Vaughan St.

Cost of Construction \$ _____

Permit Fee \$ 666.00

Building (B) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

Project No. B 008

Permit No. 12585

Total Collected \$ 666.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Donna