

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-1017	Issue Date:	CBL: 063 C004001
------------------------------	--------------------	----------------------------

Location of Construction: 229 Vaughan St	Owner Name: Vaughan Street Realty Associates	Owner Address: 233 Vaughan St	Phone: 207-264-4339
Business Name: Maine Medical Center	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:

Past Use: Commercial / Office	Proposed Use: Commercial / Office; Install window between office's.	Permit Fee: \$40.00	Cost of Work: \$1,400.00	CEO District: 2
Proposed Project Description: Install window between office's.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By: gg	Date Applied For: 09/16/2009	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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 229 Vaughan St	Owner Name: Vaughan Street Realty Associates	Owner Address: 233 Vaughan St	Phone: 207-264-4339
Business Name: Maine Medical Center	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:

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 09/16/2009

Note: **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) This property shall remain a professional office building. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 10/02/2009

Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 09/18/2009

Note: **Ok to Issue:**

- 1) This permit is for window install only. Any other construction would require separate permit.
- 2) No means of egress shall be affected by this renovation

Comments:

9/16/2009-mes: I left a voice message regarding the new window. The plans show the window to be interior and not exterior. I just wanted confirmation of that fact - otherwise Historic needs to review.

9/17/2009-mes: Herb Robinson called back and did state that the window was interior as shown on the plans. No exterior work

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO