

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING PERMIT

Permit Number: 091017

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Vaughan Street Realty Association North S Construction / E
has permission to Install window between office'
AT 229 Vaughan St (233) Va 063 G004001

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 lath or other work is set-in. 2 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. Anderson
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 10/2/07
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: 09-1017	Issue Date:	CBL: 063 C004001
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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: R-6

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. <i>Legal use: Professional offices</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: 3B IBC 2003	
		Signature: <i>(Signature)</i>	Signature: <i>(Signature)</i>	
		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: gg	Date Applied For: 09/16/2009	Zoning Approval		
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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"/> Denied	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	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
	Date: <i>09/16/09</i>		Date: <i>09/16/09</i> <i>Any exterior work requires a separate review & approval</i>

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



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.

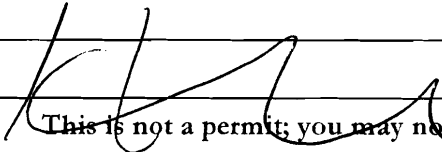
999

Location/Address of Construction: <u>233 VAUGHAN ST</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>063 (C04)</u>	Applicant *must be owner, Lessee or Buyer* Name <u>VAUGHAN ST. REALTY ASSOCIATES</u> Address <u>P.O. Box 382</u> City, State & Zip <u>Cumberland, ME 04021</u>	Telephone: <u>207.264.4339</u>
Lessee/DBA (If Applicable) <u>Maine Medical Center</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>1400.00</u> C of O Fee: \$ Total Fee: \$ <u>40.00</u>
Current legal use (i.e. single family) <u>COMM. office</u> Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: <u>Office</u> Is property part of a subdivision? <u>—</u> If yes, please name _____ Project description: <u>INSTANT Window Between 2 offices</u> SEP 16 2009		
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> <u>call</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, 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: 	Date: _____
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This is not a permit; you may not commence ANY work until the permit is issue

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1017	Date Applied For: 09/16/2009	CBL: 063 C004001
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Business Name: Maine Medical Center	Contractor Name: North Shore Construction / Herb	Contractor Address: P.O. Box 2564 South Portland	Phone: (207) 774-2800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial / Office; Install window between office's.	Proposed Project Description: Install window between office's.
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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

S.A.T Ceiling

WOOD TRIMMING ABOVE WOOD TRIMMING TO FLOOR TRIMMING
BRACE FROM FLOOR SURFACE TO WOOD TRIMMING

S.A.T Ceiling

INSULATED GLASS
IN WOOD TRIMMING

75" +/-

2x4 @ 16 O.C.

EXISTING FLOOR

SK-1

Section @ Office W/M

233 VAUGHAN ST.

Sept. 14. 2009

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.

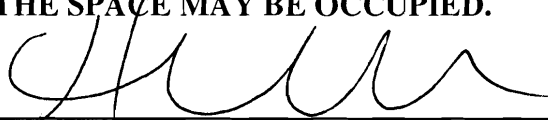
 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 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.

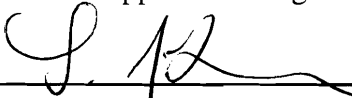
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

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



Signature of Applicant/Designee

 10/15/09
Date



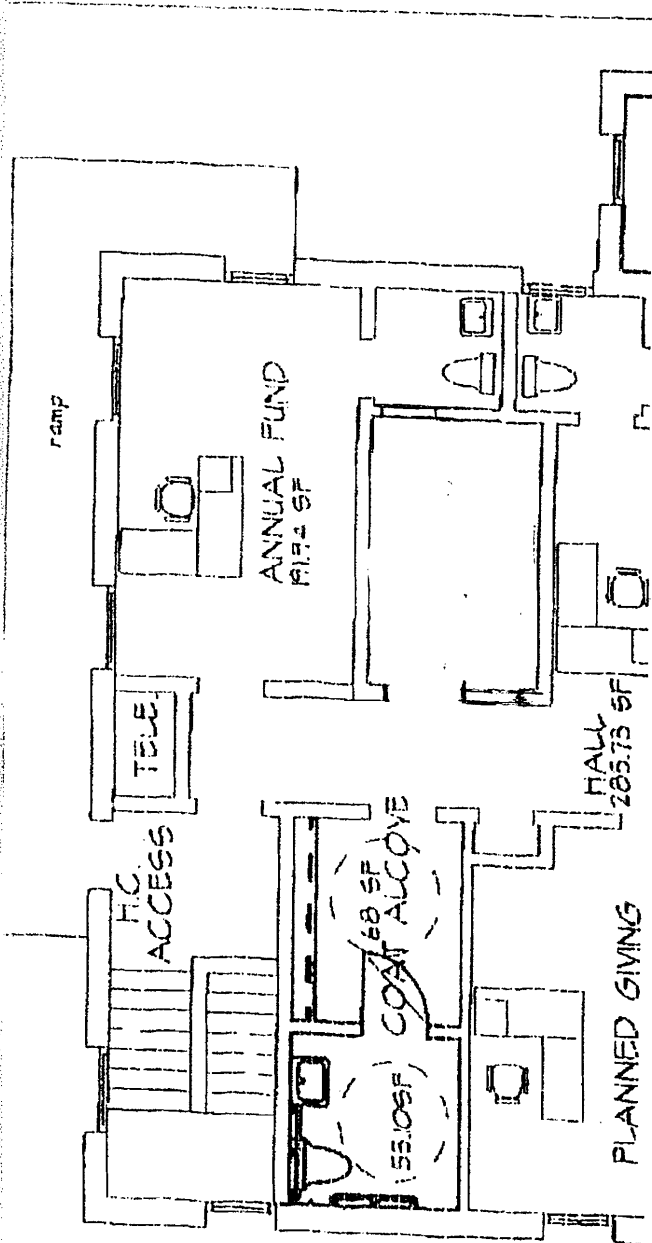
Signature of Inspections Official

 10.15.09
Date



CITY OF PORTLAND, MAINE
 Department of Building Inspections

Original Receipt



20

Received from _____

Location of Work _____

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

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

Other _____

CBL: 063 004

Check #: 9625 Total Collected \$ _____

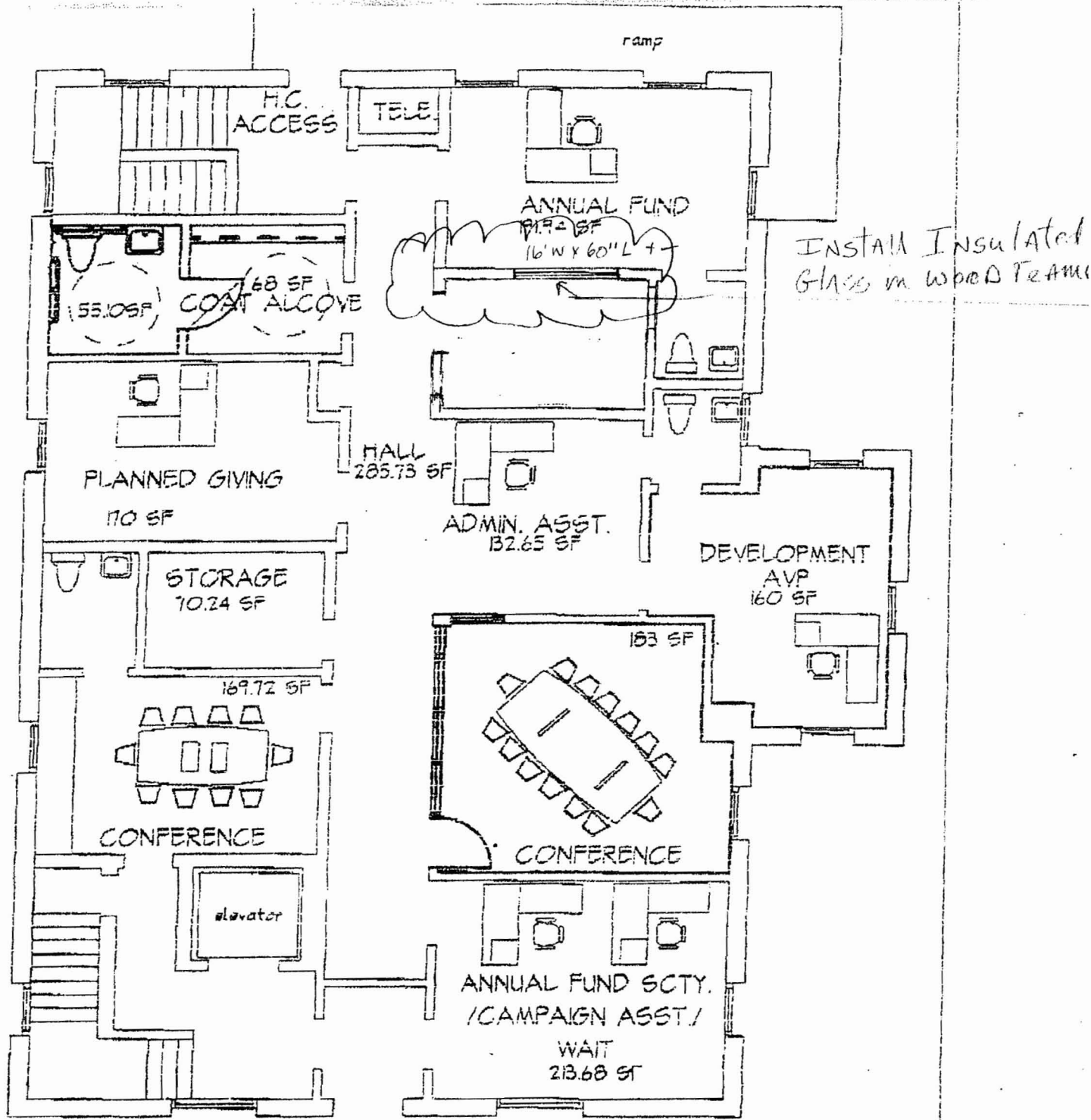
**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by: _____

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

233 Vaughan St

Existing



GROUND FLOOR

Proposed

Sept 14, 2009

233 Vaughan St

10-19-09

Close - Done as permitted SMA