

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061815

PERMIT ISSUED

MAR 5 2007

This is to certify that SHALOM HOUSE INC /The Maxter Company
has permission to Commercial Change of Use and floor drainage business and interior fit-up
AT 321 VALLEY ST 065 D018001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or service is provided. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Darwin Brunce 3/2/07
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: 06-1815 | Issue Date: | CBL: 065 D018001 |
|-----------------------|-------------|---------------------|

| | | | |
|--|---|--|---------------------|
| Location of Construction: 321 VALLEY ST (1st 6.1 min) | Owner Name: SHALOM HOUSE INC | Owner Address: PO BOX 560 | Phone: |
| Business Name: | Contractor Name: The Thaxter Company | Contractor Address: 55 Bell Street Portland | Phone 2077753499 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: B2 |

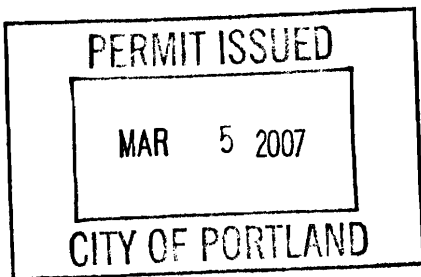
| | | | | |
|--|--|--|---|--------------------|
| Past Use: Commercial /Business, storage | Proposed Use: Commercial Change of Use second floor storage to business and interior fit-up | Permit Fee: \$4,065.00 | Cost of Work: \$396,128.00 | CEO District: 2 |
| | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i> | INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>IBC-2003</i> | |

| | | |
|--|-----------------------------|------------------------------|
| Proposed Project Description: Commercial Change of Use second floor storage to business and interior fit-up | Signature: <i>Greg Case</i> | Signature: <i>AMB 3/2/07</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: dmartin | Date Applied For: 12/19/2006 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 | Zoning Appeal | Historic Preservation |
|--|--|--|
| <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>exemption 2/16/07</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/conditions</i> Date: <i>2/15/07</i> | <input type="checkbox"/> Variance <input checked="" type="checkbox"/> Miscellaneous <i>granted 5-0</i> <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: <i>2/15/07</i> | <input checked="" 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 <i>ASB</i> 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 APPLICANT | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | DATE | PHONE |

3/9/07
Checked Elevators shaft - ok repair.
C.K. to pour concrete
checked.

2nd floor fit-up - framing O.K. Metal Studs
Needs plumbing test + Elect.
school for Men. or Tues.

Ch PA.

3/15/07 Plumbing tests
C.K.

Ch PA.

Close-up complete
Ch

05/02/07 Ceiling close-in not ready) ~~MA~~

05/09/07

allow to
(close) ~~MA~~

05/07/07

Final allow to issue (10) ~~MA~~



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 321 VALLEY ST (106 Gilman) CBL 065 D018001

Issued to SHALOM HOUSE INC /The Thaxter Company

Date of Issue 05/16/2007

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1815 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Second Floor

APPROVED OCCUPANCY

Use Group B
Type 5B
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date _____
 Permit # 2606-4616
 CBL# 65D18

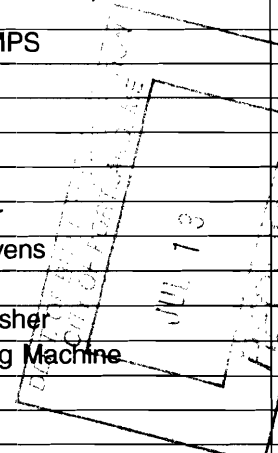
LOCATION: Gilman Streets METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Shalom House Inc
 TENANT _____ PHONE # _____

Valley Street Apartment

| | | | | | | TOTAL | EACH FEE |
|-------------------|---------------|------------------|-------------------------------------|------------------------|-------------------------|------------------------------|-------------------|
| OUTLETS | <u>300</u> | Receptacles | <u>200</u> | Switches | <u>45</u> | Smoke Detector | .20 <u>109</u> |
| FIXTURES | <u>150</u> | Incandescent | | Fluorescent | | Strips | .20 <u>30</u> |
| SERVICES | | Overhead | <input checked="" type="checkbox"/> | Underground | TTL AMPS <u>24</u> <800 | | 15.00 <u>15</u> |
| | | Overhead | | Underground | <u>24-100 AMP</u> >800 | | 25.00 |
| Temporary Service | | Overhead | | Underground | TTL AMPS | | 25.00 |
| | | | | | | | 25.00 |
| METERS | <u>25</u> | (number of) | | | | | 1.00 <u>25</u> |
| MOTORS | | (number of) | | | | | 2.00 |
| RESID/COM | | Electric units | | | | | 1.00 |
| HEATING | <u>1</u> | oil/gas units | | Interior | Exterior | | 5.00 <u>5</u> |
| APPLIANCES | <u>24</u> | Ranges | | Cook Tops | Wall Ovens | | 2.00 <u>48</u> |
| | | Insta-Hot | | Water heaters <u>2</u> | Fans | | 2.00 <u>4</u> |
| | <u>2</u> | Dryers | | Disposals <u>24</u> | Dishwasher | | 2.00 <u>52</u> |
| | | Compactors | | Spa | Washing Machine | | 2.00 |
| MISC. (number of) | | Others (denote) | | | | | 2.00 |
| | | Air Cond/win | | | | | 3.00 |
| | | Air Cond/cent | | | | Pools | 10.00 |
| | | HVAC | | EMS | | Thermostat | 5.00 |
| | | Signs | | | | | 10.00 |
| | | Alarms/res | | | | | 5.00 |
| | | Alarms/com | | | | | 15.00 |
| | | Heavy Duty(CRKT) | | | | | 2.00 |
| | | Circus/Carnv | | | | | 25.00 |
| | | Alterations | | | | | 5.00 |
| | Fire Repairs | | | | | 15.00 | |
| | <u>25</u> | E Lights | | | | 1.00 <u>25</u> | |
| | 25 | E Generators | | | | 20.00 | |
| PANELS | | Service | <u>25</u> | Remote | <u>2</u> | Main | 4.00 <u>108</u> |
| TRANSFORMER | | 0-25 Kva | | | | | 5.00 |
| | | 25-200 Kva | | | | | 8.00 |
| | | Over 200 Kva | | | | | 10.00 |
| | | | | | | TOTAL AMOUNT DUE | |
| | | | | | | MINIMUM FEE/COMMERCIAL 45.00 | MINIMUM FEE 35.00 |

CONTRACTORS NAME Cory Electric Inc MASTER LIC. # 3630
 ADDRESS 184 Pearl St Portland LIMITED LIC. # _____
 TELEPHONE 775-1380

SIGNATURE OF CONTRACTOR _____
 White Copy - Office • Yellow Copy - Applicant



Handwritten initials and numbers:
 CE# 02003

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date _____
 Permit # 2007-4159
 CBL# 65D18

LOCATION: 321 Valley St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Shelton Bureau
 TENANT _____ PHONE # _____

TOTAL EACH FEE

| Category | Quantity | Item | Unit | Rate | Total | |
|------------------------------|----------|------------------|---------------|------------------|-------|-------|
| OUTLETS | 100 | Receptacles | | | | |
| | | Switches | 60 | | | |
| | | Smoke Detector | | .20 | 32 | |
| FIXTURES | | Incandescent | | | | |
| | | Fluorescent | 60 | | | |
| | | Strips | | .20 | 12 | |
| SERVICES | | Overhead | Underground | TTL AMPS <800 | 15.00 | |
| | | Overhead | Underground | TTL AMPS >800 | 25.00 | |
| Temporary Service | | Overhead | Underground | TTL AMPS | 25.00 | |
| METERS | | (number of) | | | 1.00 | |
| MOTORS | | (number of) | | | 2.00 | |
| RESID/COM | | Electric units | | | 1.00 | |
| HEATING | | oil/gas units | Interior | Exterior | 5.00 | |
| APPLIANCES | | Ranges | Cook Tops | Wall Ovens | 2.00 | |
| | | Insta-Hot | Water heaters | Fans | 2.00 | |
| | | Dryers | Disposals | Dishwasher | 2.00 | |
| | | Compactors | Spa | Washing Machine | 2.00 | |
| | | Others (denote) | | | 2.00 | |
| MISC. (number of) | | Air Cond/win | | | 3.00 | |
| | | Air Cond/cent | | Pools | 10.00 | |
| | 1 | HVAC | EMS | Thermostat | 5.00 | |
| | | Signs | | | 10.00 | |
| | | Alarms/res | | | 5.00 | |
| | | Alarms/com | | | 15.00 | |
| | | Heavy Duty(CRKT) | | | 2.00 | |
| | | Circus/Carnv | | | 25.00 | |
| | | Alterations | | | 5.00 | |
| | | Fire Repairs | | | 15.00 | |
| | | E Lights | 10 | | 1.00 | |
| | | E Generators | | | 20.00 | |
| PANELS | | Service | 2 | Remote | Main | 4.00 |
| TRANSFORMER | | 0-25 Kva | | | | 5.00 |
| | | 25-200 Kva | | | | 8.00 |
| | | Over 200 Kva | | | | 10.00 |
| | | | | TOTAL AMOUNT DUE | | |
| MINIMUM FEE/COMMERCIAL 55.00 | | | | MINIMUM FEE | 45.00 | |
| | | | | | 67 | |

CONTRACTORS NAME Coley Electric Inc MASTER LIC. # 8630
 ADDRESS 609 MAIN ST WESTBORO LIMITED LIC. # _____
 TELEPHONE 591 8151

SIGNATURE OF CONTRACTOR _____

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

| | |
|--------------------------|------------|
| Town or Plantation | Portland |
| Street Subdivision Lot # | 106 Colman |

PROPERTY OWNERS NAME

| | |
|---|-------------------------------|
| Last: | Shalom House Inc. |
| Applicant Name: | Marilyn Pitt |
| Mailing Address of Owner/Applicant (If Different) | 674 Main St - Colman Me 04038 |

2007-067

| | | |
|--|----------------|--|
| PORTLAND | PERMIT # 10300 | TOWN COPY |
| Date Permit Issued: 3/5/07 | \$ 1184 | <input type="checkbox"/> If Double Fee Charged |
| Local Plumbing Inspector Signature: <i>[Signature]</i> | | L.P.I. # 0641 |

65 D18

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] 3/2/07
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] 05/16/07
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

| This Application is for | Type of Structure To Be Served: | Plumbing To Be Installed By: |
|---|--|--|
| 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Office</u> | 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>6990011586</u> |

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|----------|---|----------|------------------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 5 | Sink |
| | | Drinking Fountain | 2 | Wash Basin |
| OR TRANSFER FEE [\$6.00] | 1 | Indirect Waste | 2 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | 1 | Grease / Oil Separator <i>[Handwritten]</i> | | Dish Washer |
| | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | 1 | Other: <u>Floor Sink</u> | 1 | Water Heater |
| | 3 | Fixtures (Subtotal) Column 2 | 10 | Fixtures (Subtotal) Column 1 |
| | | | 2 | Fixtures (Subtotal) Column 2 |
| | | | 13 | Total Fixtures |
| | | | 84 | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | 84 | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

10 3000 Fee