

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that

Job ID: 2011-10-2411-ALTCOMM

Located At 932 CONGRESS ST

CBL: 065-H-001-001

has permission to Complete Interior Demo of building

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final inspection required upon completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-10-2411-ALTCOMM

Located At: 932 CONGRESS ST

CBL: 065- H-001-001

Conditions of Approval:

Fire

All construction shall comply with City Code Chapter 10. Permit is for demolition only. Any construction will require a separate permit.

This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.

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.

Any automatic suppression systems shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

Fire extinguishers are required per NFPA 10.

No means of egress shall be affected by this renovation.

Any cutting and welding done will require a Hot Work Permit from Fire Department.

A single source supplier should be used for all through penetrations.

Building

This authorizes removal of non-bearing walls only. Any structural walls require further review and permitting.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-10-2411-ALTCOMM	Date Applied: 10/5/2011	CBL: 065- H-001-001	
Location of Construction: 932-934 CONGRESS ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone:
Business Name:	Contractor Name: LANGFORD, & LOW INC	Contractor Address: PO BOX 662 PORTLAND MAINE 04104	Phone: (207) 797-5141
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG DEMO	Zone: C-41
Past Use: Professional offices in conjunction with ME MED	Proposed Use: Same: Professional Offices – to do interior demolition of walls	Cost of Work: \$13,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I/B Type: IBC 09
		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i>
Proposed Project Description: Complete Interior Demo of building		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		Zoning Approval	

<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 informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK</i> 10/12/11</p>	<p>Zoning Appeal</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>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist 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: <i>[Signature]</i></p>
	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 appication 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



Demolition of a Structure Permit Application

X Y ✓

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>934 CONGRESS ST.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot: <u>C-41</u>
Tax Assessor's Chart, Block & Lot: Chart# <u>65</u> Block# <u>H</u> Lot# <u>001</u>	Owner: <u>MAINE MEDICAL CENTER</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>LANGFORD AND LOW INC</u> <u>240 WARREN AVE</u> <u>PORTLAND, ME 04103</u> <u>207-7975141</u>	Cost Of Work: \$ <u>12300</u> Fee: \$ <u>150</u>
Current legal use: (i.e. garage, warehouse) <u>OFFICES</u> If vacant, what was the previous use? How long has it been vacant?		
Project description: <u>Gut out of Building</u>		
Contractor's name, address & telephone: <u>LANGFORD AND LOW INC P.O. Box 662 Portland</u> <u>MAINE 04104 207-7975141</u>		
Who should we contact when the permit is ready: <u>Gus Doughty</u>		
Mailing address: <u>P.O. Box 662</u> Telephone: <u>207-7975141</u> <u>PORTLAND, ME 04103</u>		

11.10.11

Electronic files in pdf format are also required

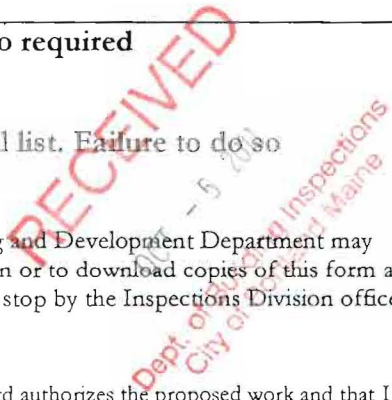
Please submit all of the information outlined in the Demolition call list. Failure to do so will result in the automatic denial of your permit.

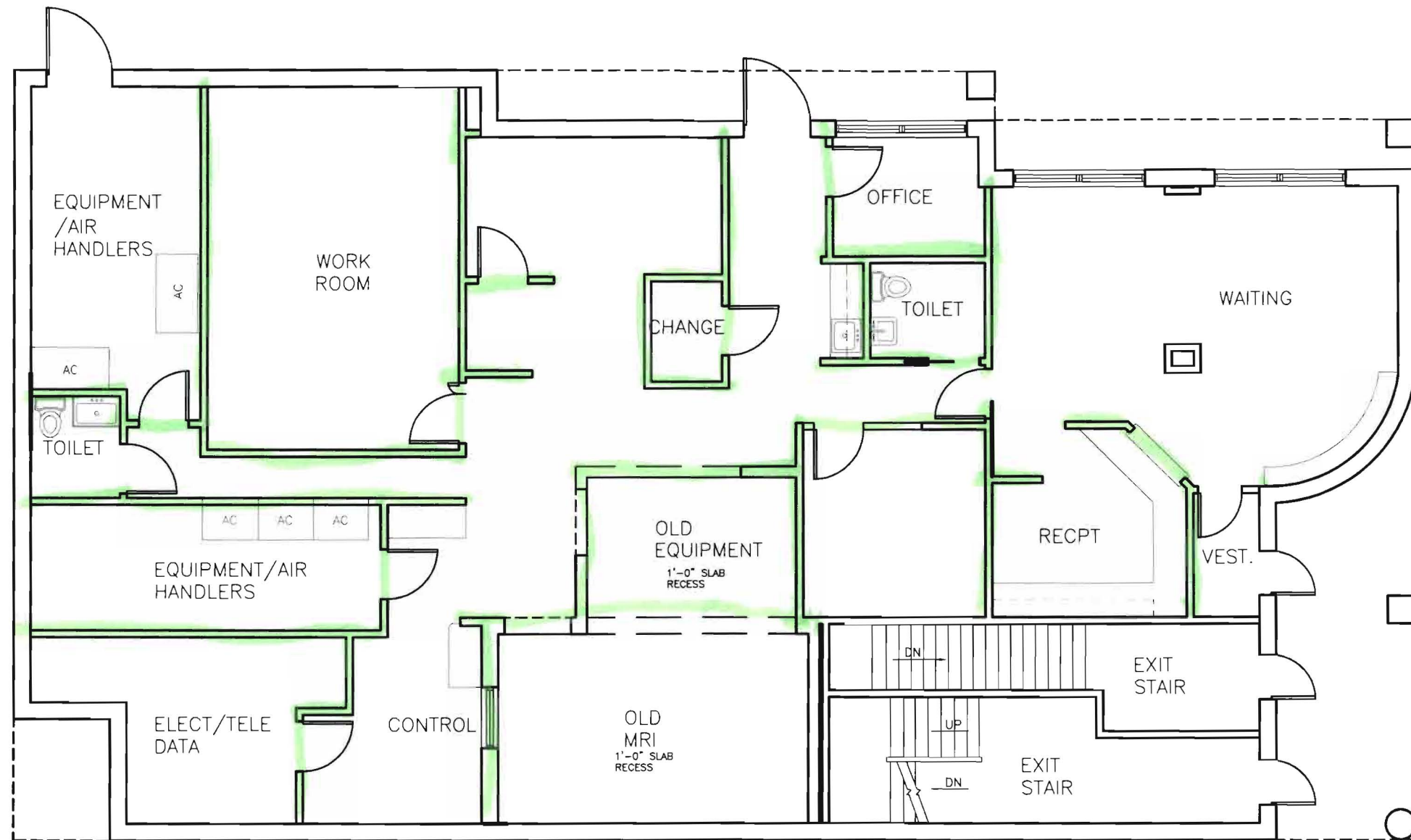
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division 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 of applicant: <u>Jamie Ellsworth</u>	Date: <u>Oct 5, 2011</u>
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This is not a permit; you may not commence ANY work until the permit is issued.





Demo: Interior Gut of all walls

Maine Medical Center
 GROUND/FIRST FLOOR
 934 CONGRESS ST.
 1/8" = 1'-0"