

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that REALTYCORP MMC

Located At 52 GILMAN

Job ID: 2011-04-793-ALTCOMM

CBL: 065 - - H - 005 - 001 - - - -

has permission to interior partitions, new door units, upgrades interior 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 CAR**

[Handwritten signature in blue ink]
4-27-11

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.**
1. Close-in inspection required.
 2. 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: 2011-04-793-ALTCOMM

Located At: 52 GILMAN

CBL: 065 - - H - 005 - 001 - - - -

Conditions of Approval:

Fire

All construction shall comply with City Code Chapter 10.

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

A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads

Fire extinguishers are required. Installation per NFPA 10.

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.

All means of egress to remain accessible at all times.

Capt. Gautreau

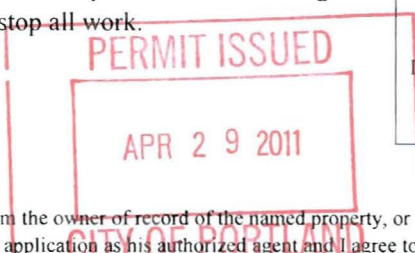
Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. All penetrations between rated assemblies shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-04-793-ALTCOMM	Date Applied: 4/12/2011	CBL: 065 - - H - 005 - 001 - - - - -	
Location of Construction: 52 GILMAN ST	Owner Name: REALTY CORP MMC	Owner Address: 22 BRAMHALL ST PORTLAND, ME - MAINE 04102	Phone: 662-6149
Business Name:	Contractor Name: Dave Moore - Herbert Construction, LLC	Contractor Address: 9 Gould LEWISTON ME 04240	Phone: (207) 783-2091
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: C-41
Past Use: Medical Offices	Proposed Use: Medical Offices - in law a kitchen	Cost of Work: 9000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: IBC Type: 2009
		Signature: <i>CAPT. R. Santorum</i>	Signature: <i>[Signature]</i>
Proposed Project Description: 52 Gilman St. - interior work		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	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 informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj ___ Min ___ MM Date: <i>OK</i> <i>4/13/11 ABM</i>	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 checked="" type="checkbox"/> Not in Dist 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>ABM</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	PHON

Job Summary Report
Job ID: 2011-04-793-ALTCOMM

Report generated on Apr 13, 2011 10:22:58 AM

Page 1

Job Type:	Adds/Alter Commercial	Job Description:	52 Gilman	Job Year:	2011
Building Job Status Code:	Initiate Plan Review	Pin Value:	1124	Tenant Name:	
Job Application Date:		Public Building Flag:	N	Tenant Number:	
Estimated Value:	9,000	Square Footage:			
Related Parties:		REALTY MMC		<i>Property Owner</i>	
		Herbert Construction Inc - Dave Moore		<i>GENERAL CONTRACTOR</i>	

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
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Location ID: 10740

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
907932	065 H 005 001		M				-70.278018	43.653352

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				52 GILMAN STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
BENEVOLENT & CHARITABLE		NOT APPLICABLE					DISTRICT 3	ST JOHN ST

Structure Details

Structure: Duplex

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Two Family Dwelling	0			52 GILMAN STREET WEST

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value
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Permit #: 20112671

Permit Data



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.

52 RECEIVED 208

Location/Address of Construction: 48 Gilman St.

Total Square Footage of Proposed Structure/Area _____ Square Footage of Lot _____

Tax Assessor's Chart, Block & Lot Chart# _____ Block# _____ Lot# _____	Applicant * must be owner, Lessee or Buyer * Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>207-662-6149</u>
Lessee/DBA (If Applicable) RECEIVED APR 12 2011 Dept. of Building Inspections City of Portland, Maine	Owner (if different from Applicant) Name _____ Address _____ City, State & Zip _____	Cost Of Work: \$ <u>4,633.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>110.00</u>

Current legal use (i.e. single family): MEDICAL OFFICE SPACE
 If vacant, what was the previous use? _____
 Proposed Specific use: RENOVATED MEDICAL OFFICE SPACE
 Is property part of a subdivision? _____ If yes, please name _____
 Project description:
~~Fit up of office space into flower shop.~~
NEW INTERIOR PARTITION, NEW DOOR UNITS, MINOR MECHANICAL AND ELECTRICAL WORK, PAINTING.

Contractor's name: Hebert Construction, LLC
 Address: 9 Gould Road
 City, State & Zip Lewiston, ME 04240 Telephone: 207-783-2091
 Who should we contact when the permit is ready: Dave Moore Telephone: 207-783-2091
 Mailing address: 9 Gould Road, Lewiston, ME 04240 212 2193

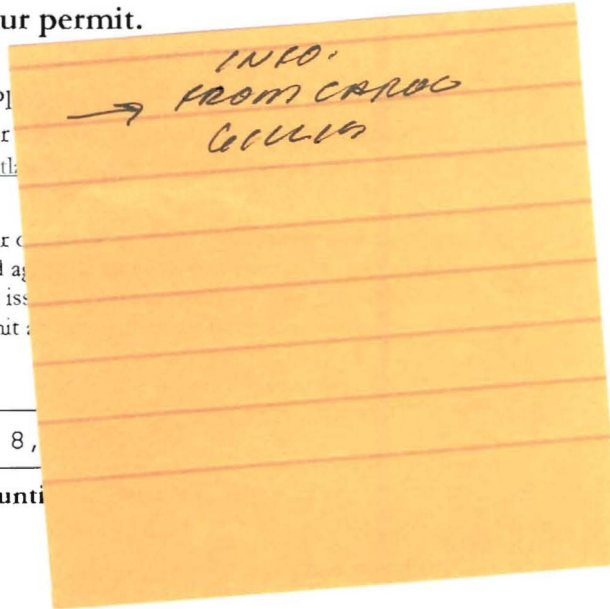
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the PL may request additional information prior to the issuance of a permit. For further this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov 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 has authorized me to make this application as his/her authorized agent under the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, the authorized representative shall have the authority to enter all areas covered by this permit and to comply with the provisions of the codes applicable to this permit.

Signature: Michael R. Hebert/Vice President Date: February 8, 2011

This is not a permit; you may not commence ANY work until the permit is issued.



CITY OF PORTLAND, ME
INSPECTION DIVISION
389 CONGRESS ST
ROOM 315
PORTLAND, ME 04101
(207)874-8701



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Merchant ID: 161000146545
Term ID: 001 Ref #: 001

Sale

XXXXXXXXXXXX7489

VISA

Entry Method: Swiped

04/12/11

13:06:49

Inv #: 000001

Appr Code: 548811

Apprvd: Online

Batch#: 000217

Total: \$ 110.00

I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

David R Moore

MOORE, DAVID R

Merchant Copy
THANK YOU!

April 12 2011

Received from

Herbas Construction

Location of Work

52 Helman St

Cost of Construction \$ _____

Building Fee: _____

Permit Fee \$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 110.00

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

Other _____

CBL: 065 H 005

Check #: Visa

Total Collected \$ 110.00

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

Taken by: *Gray*

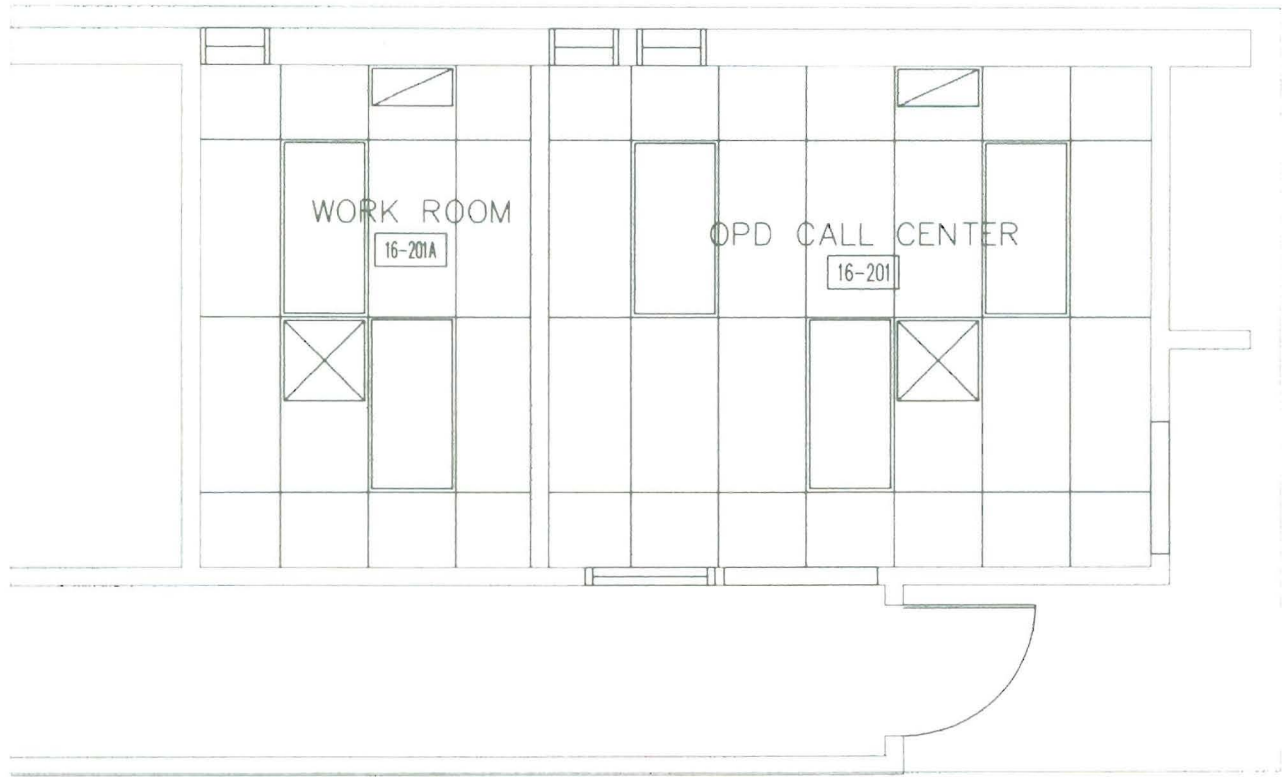
WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Revised Room layout

RECEIVED

APR 29 2011

Dept. of Building Inspections
City of Portland Maine



REVISED CEILING PLAN

**MAINE MEDICAL CENTER
OPD CALL CENTER
RENOVATIONS**

PROJECT

**REVISED FLOOR PLAN
REVISED PLAN NOTES**

SHEET TITLE

DESIGN GROUP
COLLABORATIVE



DGC
ARCHITECTURE
DESIGN-PLANNING

5 FREE STREET
PORTLAND, MAINE 04101
TEL: 603.774.1111

DATE	4/29/11
SCALE	1/4" = 1'-0"
PROJECT NO	11-2002
DRAWN BY	CFG
SI No	SI-03
SKETCH No.	A-3

*Revised Room
Layout*

RECEIVED

APR 29 2011

Dept. of Building Inspections
City of Portland Maine

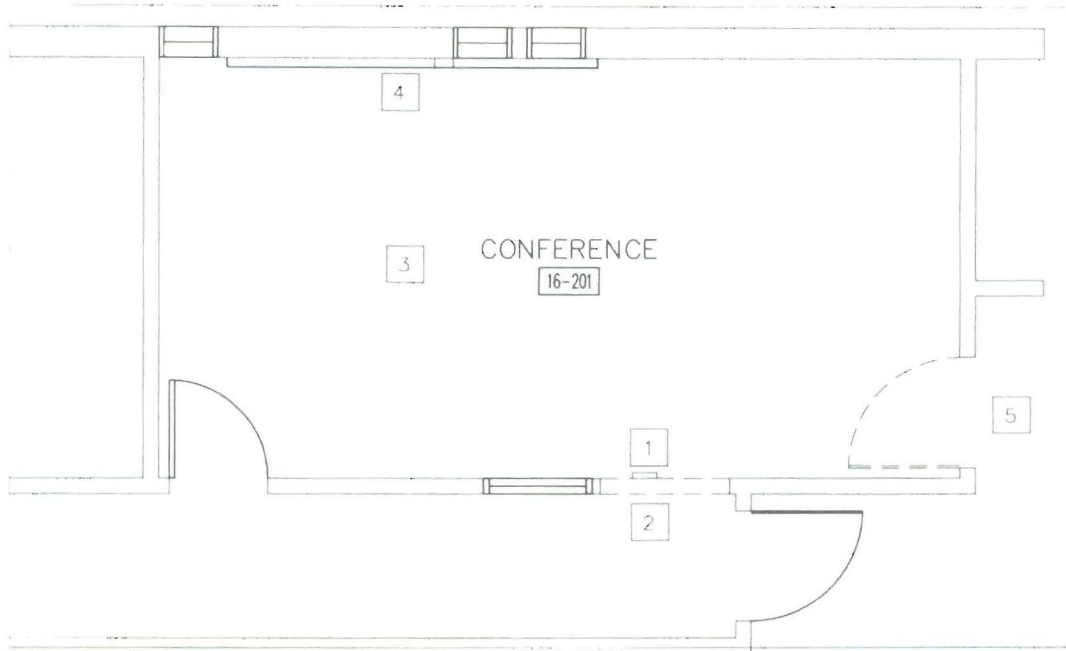
REMOVALS NOTES

1. ALL BUILDING STRUCTURAL ELEMENTS SHALL REMAIN
2. PROTECT ALL EXISTING MATERIALS AND FINISHES. ANY MATERIALS OR FINISHES DISTURBED OR DAMAGED DURING DEMOLITION AND NEW WORK SHALL BE REPAIRED OR REPLACED AND FINISHED TO MATCH ADJACENT CONSTRUCTION CONTINUOUSLY TO NEAREST CORNER
3. DURING DEMOLITION AND NEW WORK WHERE EXISTING CONDITIONS ARE FOUND TO BE DEFECTIVE, NOTIFY OWNER AND ARCHITECT AND PROVIDE CHANGE PROPOSAL FOR CORRECTION OF THESE CONDITIONS


REMOVALS KEY NOTES

1. REMOVE, PROTECT AND RE-LOCATE EXISTING FIRE ALARM ANNUNCIATOR
2. REMOVE PORTION OF EXISTING WALL FOR NEW DOOR INSTALLATION
3. REMOVE AND REPLACE EXISTING CEILING GRID AND TILE AS NECESSARY FOR CONSTRUCTION OF NEW WALL
4. REMOVE PORTION OF EXISTING FIN TUBE COVER AS NECESSARY TO BUILD NEW PARTITION
5. REMOVE EXISTING DOOR, FRAME AND HARDWARE

REVISED REMOVALS NOTES



REVISED REMOVALS PLAN

PROJECT	MAINE MEDICAL CENTER OPD CALL CENTER RENOVATIONS	DESIGN GROUP COLLABORATIVE  ARCHITECTURE 1000 S. GARDEN ST. PORTLAND, MAINE 04101 TEL: 708.4444	DATE	4/29/11
	SHEET TITLE		REVISED REMOVALS PLAN REVISED REMOVALS NOTES	SCALE
		PROJECT No.	112002	
		DRAWN BY	CFG	
		SI No.	SI-01	
		SKETCH No.	A-1	

1 RELOCATED FIRE ALARM ANNUNCIATOR.

2 INFILL EXISTING WALL. MATCH EXISTING WALL THICKNESS AND MATERIALS.

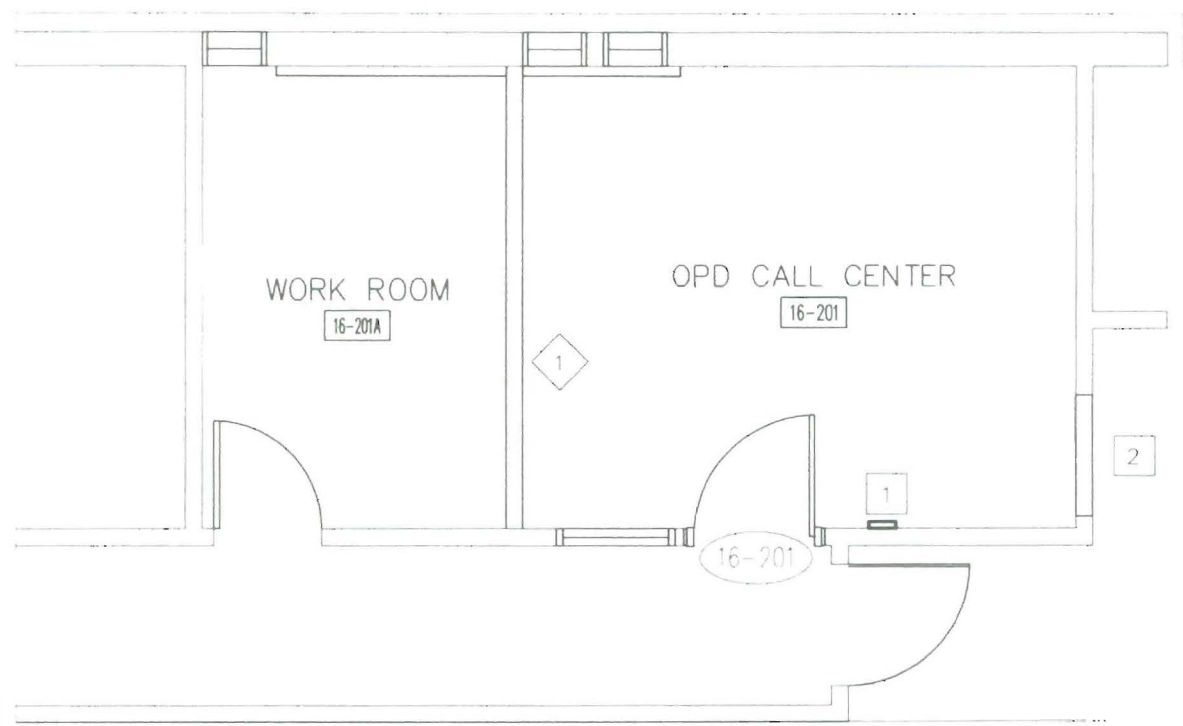
PARTITION TYPES:

1 3 5/8" METAL STUDS AT 24" O.C WITH 5/8" GYP. BD. BOTH SIDES FULL HEIGHT TO STRUCTURE. PROVIDE FIBERGLASS BATT INSULATION FOR FULL DEPTH AND HEIGHT OF PARTITION.


Revised Room Layout
RECEIVED

APR 29 2011
Dept. of Building Inspections
City of Portland Maine

REVISED FLOOR PLAN NOTES



REVISED FLOOR PLAN

PROJECT	MAINE MEDICAL CENTER OPD CALL CENTER RENOVATIONS		 DESIGN GROUP COLLABORATIVE ARCHITECTURE DESIGN PLANNING 1000 TRENT AVENUE, PORTLAND, ME 04106	DATE	4/29/11
	SHEET TITLE	REVISED FLOOR PLAN REVISED PLAN NOTES		SCALE	1/4" = 1'-0"
		PROJECT NO.	112002		
		DRAWN BY:	CFC		
			SI No.	SI-02	
			SKETCH No.	A-2	