

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 030322

This is to certify that Mmc Realty Corp/North Shore Construction

has permission to Limited Interior Renovations Existing Medical Office Suite

AT 52 Gilman St 065 H005001

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 work in progress must be reported before this building or part thereof is occupied or otherwise closed-in.
HOURS NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 4/29/03
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: 03-0322	Issue Date:	CBL: 065 H005001
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Location of Construction: 52 Gilman St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St	Phone: 871-0111
Business Name:	Contractor Name: North Shore Construction	Contractor Address: P.O. Box 2564 South Portland	Phone: 2077742800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6/B2

Past Use: Medical Offices	Proposed Use: Medical Offices with limited interior renovations	Permit Fee: \$142.00	Cost of Work: \$17,000.00	CEO District: 3
Proposed Project Description: Limited Interior Renovations to Existing Medical Office Suites		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: NA 4/29/03	
		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: gad	Date Applied For: 04/15/2003	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"/> Date: <i>[Signature]</i> 4/19/03	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 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>[Signature]</i>
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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

03-0322

APR 15 2003

All Purpose 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.

Location/Address of Construction: <u>52 Gilman St.</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>0165 H 005</u>	Owner: <u>MAINE Medical</u>	Telephone: <u>877-0111</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>17,000.00</u> Fee: \$ <u>42.00</u>
Current use: <u>Medical office</u>		
If the location is currently vacant, what was prior use: <u>NA</u>		
Approximately how long has it been vacant: <u>N-A</u>		
Proposed use: <u>No CHANGE</u>		
Project description: <u>Exterior Renovations / medical office</u>		
Contractor's name, address & telephone: <u>North Shore Construction 207-774-2800</u> <u>P.O. Box 2564 So. Portland 04116</u>		
Who should we contact when the permit is ready: <u>HEUB ROBINSON 650-2547</u>		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 207-650-2547		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

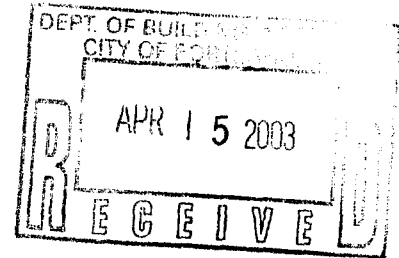
Signature of applicant: <u>[Signature]</u>	Date: <u>4/15/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

4/14/03

Ref.# 41403


Virology Treatment Center
52 Gilman St.
Portland, ME 04102



RE: Renovations to existing office

1. Install new carpet throughout with the exception of entry from stairway existing bathrooms and exam room.
2. Install VCT in entry from stairway and exam room.
3. Paint and patch all walls.
4. Cap plumbing @ removal of sinks and cabinets in offices.
5. Remove existing Dutch door (leave frame and trim) install 4' of new partition and a new Dutch door at entry and conference room.
6. Remove portion of wall and install new copier alcove.
7. Install new partition @ Kitchen and MD/Resident office.
8. Infill observation window @ Reception and conference room.
9. Remove cabinets and built ins @ Reception, and two offices.
10. Install 1 receptacle @ copier alcove.

City of Portland



Acoustic CEILING Existing

3 5/8 Steel Studs

1/2" GWB

MMC Virology Treatment Center

52 Gilman St

Section @ NEW Partitions

96" +-

BASE COVE

NTS

Note
 Hatched Walls Indicate
 NEW Partitions

MMC Virology Treatment Center
 52 Gilman St.
 Interior RENOVATION
 DRAWN BY HR NTS

