

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 0650554 2005
JAN 24 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Mmc Realty Corp/Hebert Construction Inc
has permission to Reconfigure interior space, removing one wall.
AT 52 Gilman St City of Portland, Oregon 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 Oregon 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 altered or closed-in. 48 HOURS 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. Handwritten Signature
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

Handwritten Signature
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 ISSUED

Permit No: 05-0055	Issue Date: JAN 24 2005	CBL 065 H005001
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Location of Construction: 52 Gilman St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St	Phone: 207-662-3823
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Business Name: n/a	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
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Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B2/R6
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Past Use: Medical Office	Proposed Use: Medical Office / Reconfigure interior space, removing one wall.	Permit Fee: \$30.00	Cost of Work: \$975.00	CEO District: 2
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copy on file for medical offices

Proposed Project Description: Reconfigure interior space, removing one wall.	Signature: <i>[Signature]</i> Type: B Signature: <i>[Signature]</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 01/13/2005	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>OK 1/21/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not District or L d <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

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0055	Date Applied For: 01/13/2005	CBL: 065 H005001
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Location of Construction: 52 Gilman St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St	Phone: 207-662-3323
Business Name: n/a	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: (207) 783-2091
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Commercial	

Proposed Use: Medical Office / Reconfigure interior space, removing one wall.	Proposed Project Description: Reconfigure interior space, removing one wall.
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 01/21/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date: 01/21/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 01/19/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
-gg:



30/26

Commercial 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: 48-52 Gilman St.		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>CE5</u> Block# <u>11</u> Lot# <u>1</u>	Owner: Maine Medical Center	Telephone: 207-662-3323
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Hebert Construction, LLC 9 Gould Road Lewiston, ME 04240	Cost Of Work: <u>\$975.00</u> Fee: \$30.00
Current Specific use: <u>Medical Office</u>		
Proposed Specific use: <u>Medical Office</u>		
Project description: Reconfigure interior space. New acoustical ceilings, carpet, painting and minor electrical. Remove Pt. of walls as per plan. DRM.		
Contractor's name, address & telephone: Hebert Construction, LLC, 9 Gould Road, Lewiston		
Who should we contact when the permit is ready: <u>Daniel R. Hebert</u>		
Mailing address:		
Phone: 207-783-2091 <i>++ call</i>		

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

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 574-8703.

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>Daniel R Hebert</u>	Date: <u>1/12/05</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00

This is not a Permit; you may not commence any work until the Permit is issued.

