

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 080807

Please Read Application And Notes, If Any, Attached

This is to certify that TUNDRA ASSOCIATES C MAINE EYE CENTER/Herb Gen

has permission to Maine Eye Center-Reconfig waiting room, cre of new office, Larger File Storage area

AT 15 LOWELL ST 067 J00101A

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 when permission procured before this building or part thereof is altered or closed-in. FOUR NOTICES IS REQUIRED.

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

OTHER REQUIRED APPROVALS

PERMIT ISSUED

JUL 25 2008

CITY OF PORTLAND

Fire Dept. Cree, Quess

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*[Signature]* 7/24/08

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: 08-0807	Issue Date:	CBL: 067 J00101A
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Location of Construction: 15 LOWELL ST	Owner Name: TUNDRA ASSOCIATES C/O MAI	Owner Address: 15 LOWELL ST	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2

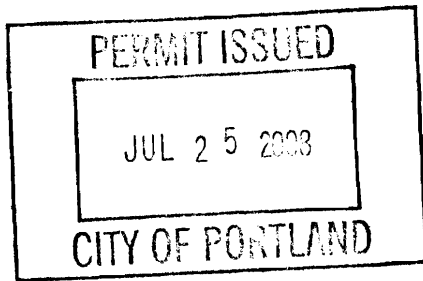
Past Use: Commercial - Office - Maine Eye Center	Proposed Use: Commercial - Office - Maine Eye Center- Reconfigure waiting room, create 1 new office, Larger File Storage area	Permit Fee: \$530.00	Cost of Work: \$51,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 3B IBC 2003	

Proposed Project Description: Maine Eye Center- Reconfigure waiting room, create 1 new office, Larger File Storage area	Signature: <i>Greg Carr</i>	Signature: <i>[Handwritten 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: Idobson	Date Applied For: 07/02/2008	<b>Zoning Approval</b>
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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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>7/3/08</i>	Date:	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

8/13/08 - checked Framing / Electrical w/  
Mike Collins. all OK to close-in. Mike  
will return to check wires in ceiling.

JMM

03/3-109 C. 1004  
K. 1004. 1004 } JMM