

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 090027

Please Read Application And Notes, If Any, Attached

This is to certify that J & S PROPERTIES LLC/Maintenance Homeowners LLC

has permission to Interior Alterations/Addition of Room

AT 154 ST JOHN ST CE 068-D007001

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 written permission procured before this building or part thereof is lathed or otherwise finished-in. 24 HOUR 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. CAPT. [Signature]

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature] 1/26/09
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: 09-0027 | Issue Date: | CBL: 068 D007001 |
|-----------------------|-------------|---------------------|

| | | | |
|---|--|--|------------------------|
| Location of Construction: 154 ST JOHN ST | Owner Name: J & S PROPERTIES LLC | Owner Address: PO BOX 1123 | Phone: 207-512-2408 |
| Business Name: | Contractor Name: Maine Homeowners Solutions LLC | Contractor Address: PO Box 62 Machester | Phone: 2075122408 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: I-M6 |

| | | | | |
|--|--|---|---|--------------------|
| Past Use: Commercial - Mixed Use | Proposed Use: Commercial - mixed use - Renovations to Professional Offices: Jacobs Chiropractic & Acupuncture PA - Interior Alterations/Addition of Two Rooms | Permit Fee: \$120.00 | Cost of Work: \$10,000.00 | CEO District: 2 |
| Proposed Project Description: Interior Alterations/Addition of Two Rooms | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions | INSPECTION: Use Group: B Type: DBL-2003 | |
| | | Signature: <i>(KG)</i> | Signature: <i>JMB 1/26/09</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: lmd | Date Applied For: 01/09/2009 | Zoning Approval | | |
|-------------------------|---------------------------------|------------------------|--|--|

| | | | |
|---|---|---|--|
| <ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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"/> <i>ok with conditions</i> Date: <i>4/15/09</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 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: _____ |
|---|---|---|--|

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: 09-0027 | Date Applied For: 01/09/2009 | CBL: 068 D007001 |
|------------------------------|--|----------------------------|

| | | | |
|--|---|---|--------------------------------|
| Location of Construction: 154 ST JOHN ST | Owner Name: J & S PROPERTIES LLC | Owner Address: PO BOX 1123 | Phone: 207-512-2408 |
| Business Name: | Contractor Name: Maine Homeowners Solutions LLC | Contractor Address: PO Box 62 Machester | Phone (207) 512-2408 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | |

| | |
|--|--|
| Proposed Use: Commercial - mixed use -Renovations to Professional Offices: Jacobs Chiropractic & Acupuncture PA - Interior Alterations/Addition of Two Rooms | Proposed Project Description: Interior Alterations/Addition of Two Rooms |
|--|--|

| | | | |
|---|---|----------------------------------|---|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Marge Schmuckal | Approval Date: 01/15/2009 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| <ol style="list-style-type: none"> 1) This area of the property shall remain professional offices. Any change of use shall require a separate permit application for review and approval. 2) Separate permits shall be required for any new signage. 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. | | | |

| | | | |
|---|---|---------------------------------|---|
| Dept: Building | Status: Approved with Conditions | Reviewer: Jeanine Bourke | Approval Date: 01/26/2009 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| <ol style="list-style-type: none"> 1) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process. 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. | | | |

| | | | |
|--|---|---------------------------------|---|
| Dept: Fire | Status: Approved with Conditions | Reviewer: Capt Greg Cass | Approval Date: 01/21/2009 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| <ol style="list-style-type: none"> 1) Fire extinguishers required. Installation per NFPA 10 2) Emergency lights and exit signs are required 3) All construction shall comply with NFPA 101 4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required. | | | |

| |
|---|
| Comments: |
| 1/14/2009-mes: I can find no record of doctors offices at this location. - I even went by the location to determine approx where it was located. I have left a message to the applicant, Bo Jespersen of ME Homeowners Solutions LLC to let him know that I could not find a change of use permit and if he pays the extra fee and does the change of use now, then I can pass on the permit. |
| 1/15/2009-mes: I first spoke with Bo Jespersen and thought that this would be a change of use. However, I also spoke to Brian Goldberg of Bramlie. Bramlie used to occupy the space where the Chiropractors are now. Bramlie consists of a lawyers office and real estate property management company which are considered to be a professional office. Therefore this is not a change of use and the original application for alterations is ok without the change of use. |



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.

| | | |
|--|--|---|
| Location/Address of Construction: <u>138 St. Johns St. Portland Maine 04102</u> | | |
| Total Square Footage of Proposed Structure/Area <u>1500 +/-</u> | | Square Footage of Lot <u>2.5 acres</u> |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# | Applicant * must be owner, Lessee or Buyer* Name <u>Bo Jespersen</u> Address <u>P.O. Box 62</u> City, State & Zip <u>Manchester, Maine 04352</u> | Telephone: <u>207-572-2408</u> |
| Lessee/DBA (If Applicable) <u>JAN 9 2009</u> | Owner (if different from Applicant) Name Address City, State & Zip | Cost Of Work: \$ <u>10,000 +/-</u> C of O Fee: \$ _____ Total Fee: \$ _____ |
| Current legal use (i.e. single family) <u>office space</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>office space</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>removing + adding non-bearing walls</u> | | |
| Contractor's name: <u>Maine Homeowner Solutions LLC</u> Address: <u>P.O. Box 62</u> City, State & Zip <u>Manchester, Maine 04352</u> Telephone: <u>207-572-2408</u> Who should we contact when the permit is ready: <u>Bo Jespersen</u> Telephone: <u>207-462-4663</u> Mailing address: <u>same as above</u> | | |

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 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.

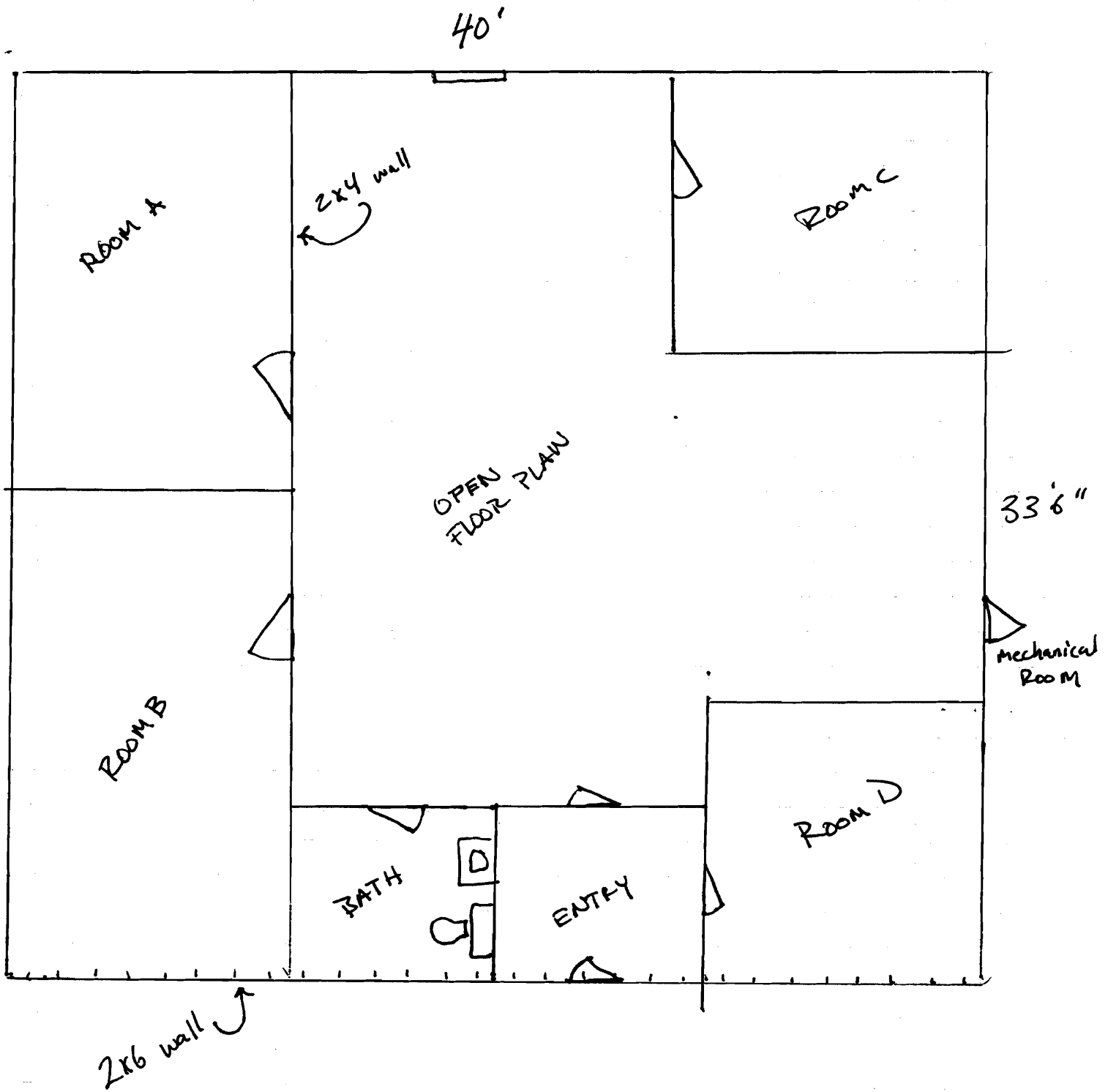
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: _____ Date: 1/9/08

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

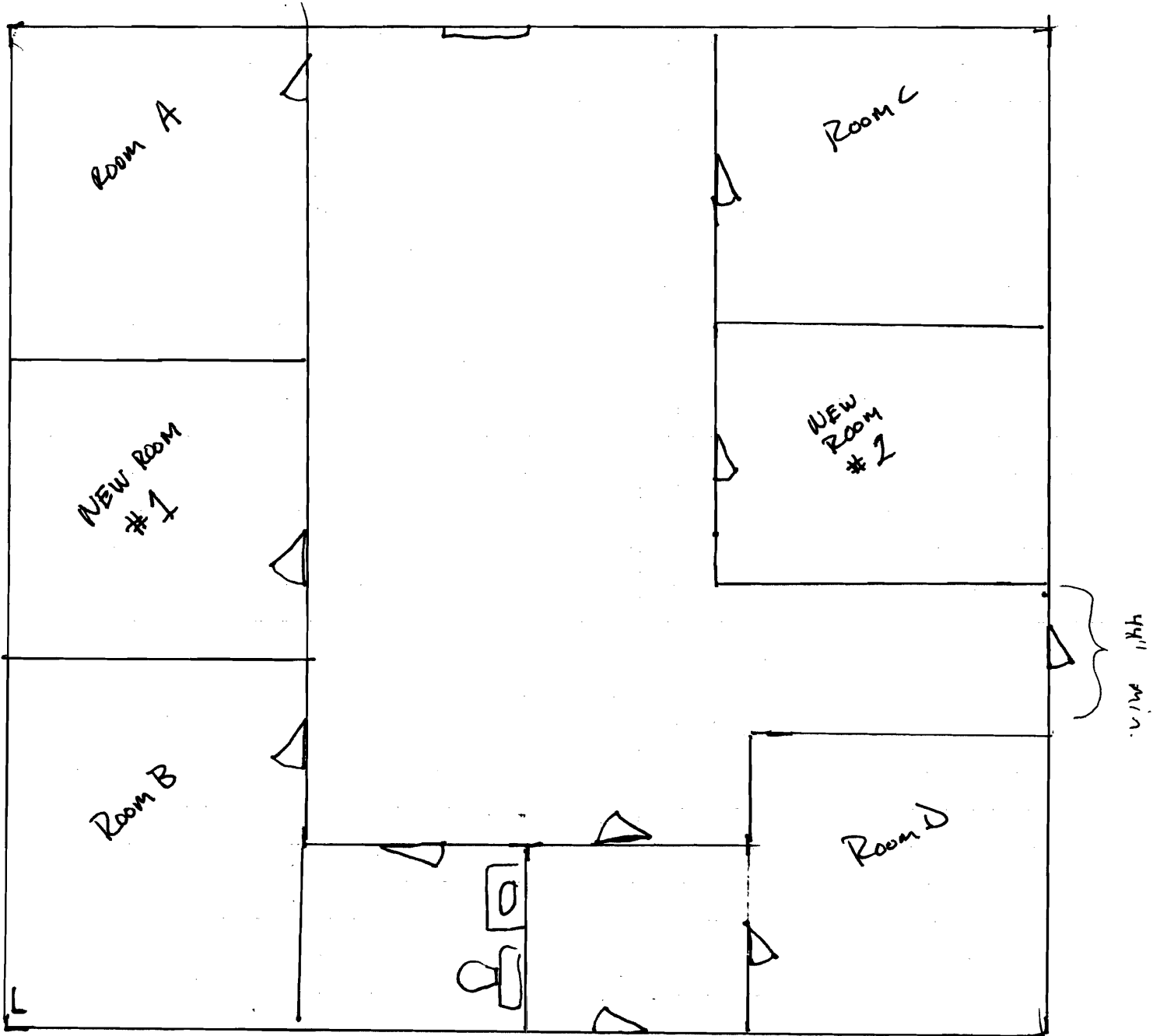
Existing Floor Plan 138 St. John St. Portland

No exterior work proposed

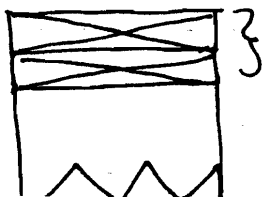


Proposed layout 138 St. John St. Portland.

no exterior work proposed



NEW NON-BEARING INT. WALL DETAIL:



} 2x4 double top plate



www.MaineHS.com

Bo@MaineHS.com

Attn: City Hall Code Enforcement

RE: 138 St. John Street Portland, Maine 04102

To whom it may concern,

My name is Bo Jespersen and I am the manager of Maine Homeowner Solutions LLC. I am writing to you to cover the basics of the work I have been contracted to do at 138 St. John Street.

The building is light commercial and its specific use is as a chiropractic office. As the drawings show it presently has 4 offices and we will add two more within the same space.

The structure seems very sound and is framed with 2x6 studs and 2x8 rafters and ceiling joists. The ceiling is clear span from one exterior wall to the other with a number of supporting trusses and a supporting girder. The walls we are removing and rebuilding are therefore non-structural.

We will not be disturbing any plumbing or heating and a sprinkler contractor is going to make sure we are in compliance as we have less than 20 sprinkler heads.

The drawings attached show the present layout as well as what will be moved and rebuilt. All walls will be built out of 2x4 studs and ½ "drywall.

We are scheduled to start on the 21st of this January. I realize this is a tight turn around for you but if there is any way we can make this happen I would surely appreciate it.

Sincerely,



J&S Properties, L.L.C
Fifty Foden Road, Suite 5
South Portland, ME 04106
P: 871-1812


January 9, 2009

Re: 138 St. John Street, Portland, Me - Jacobs Chiropractic Acupuncture, PA (tenant)

To whom it may concern,

I authorize Bo Jespersen, manager of Maine Home Owner Solutions, L.L.C. to apply and sign for a general building permit from the City of Portland for renovation work to be completed for our Tenant, Jacobs Chiropractic & Acupuncture, P.A.. The work is to be undertaken at our property located at 138 St. John Street, Portland. Do not hesitate to call me at 871-1812 if you have any questions.

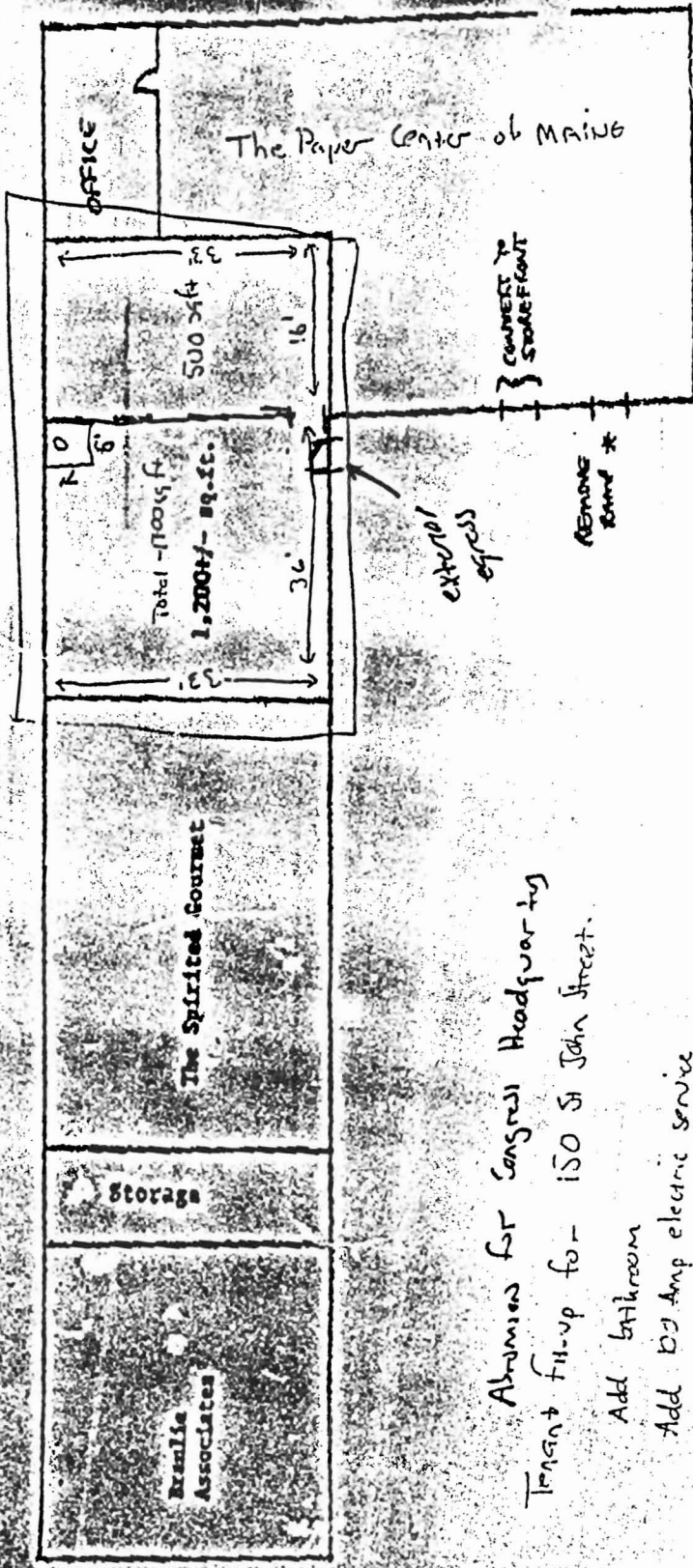
Regards,



Brian L. Goldberg
J&S Properties, LLC
Owner of 138 St. John Street

EXHIBIT C

138-154 ST. JOHN STREET
FLOOR PLAN



RECEIVED

9 5 1980

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Abandon for Congress Headquarters
Tenant fit-up for 150 St John Street.
Add bathroom
Add 100 Amp electric service

ST. JOHN STREET

building - sprinkled throughout

TOTAL P.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 140 St. John St.

Issued to Bramble Assoc.

Date of Issue 3/12/90

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. _____, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

right corner

office space

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

M. H. Hill

(Date)

Inspector

[Signature]

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

