

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Permit Number: 101431

Please Read Application And Notes, If Any, Attached

This is to certify that CHABOT STREET LLC / WRIGHT RYAN CONSTRUCTION

has permission to Tenant fit-up for medical office

AT 43 BAXTER BLVD CBL 112 F022001

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 closed-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. R. Santora

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

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

Other \_\_\_\_\_

Department Name

*James Burke* 12/6/10  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

SCANNED

PERMIT ISSUED

DEC - 6

City of Portland

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 10-1431	Date Applied For: 11/16/2010	CBL: 112 F022001
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Location of Construction: 43 BAXTER BLVD	Owner Name: CHABOT STREET LLC	Owner Address: 100 SILVER ST	Phone:
Business Name:	Contractor Name: WRIGHT RYAN CONSTRUCTIO	Contractor Address: 10 DANFORTH STREET Portland	Phone (207) 773-3625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Medical Office - Tenant fit-up for medical office	Proposed Project Description: Tenant fit-up for medical office
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/17/2010  
**Note:** **Ok to Issue:**   
 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that all work is within the existing shell of the building.  
 2) Separate permits shall be required for any new signage.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 12/06/2010  
**Note:** **Ok to Issue:**   
 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.  
 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial kitchen exhaust hood systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.  
 3) 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 Keith Gautreau      **Approval Date:** 12/02/2010  
**Note:** **Ok to Issue:**   
 1) 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.  
 2) As-built documents shall be submitted in pdf to the Building Inspections Office upon completion of job.  
 3) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require ammendments and approval.  
 4) Application requires State Fire Marshal approval.  
 5) All construction shall comply with City Code Chapter 10.  
 6) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance  
 7) The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.  
 8) All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP labeled "FIRE ALARM RECORDS". Records cabinete, FACP, annunciator(s), and pull stations shall be keyed alike.  
 9) Fire extinguishers required. Installation per NFPA 10  
 10 A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model .  
 11 A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.

**PERMIT ISSUED**  
 DEC - 6 2010  
 City of Portland

<b>Location of Construction:</b> 43 BAXTER BLVD	<b>Owner Name:</b> CHABOT STREET LLC	<b>Owner Address:</b> 100 SILVER ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> WRIGHT RYAN CONSTRUCTIO	<b>Contractor Address:</b> 10 DANFORTH STREET Portland	<b>Phone:</b> (207) 773-3625
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

12 The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.

**Comments:**

12/6/2010-jinb: Spoke with Peter H., he confirmed both stair enclosures exit directly to the outside or through a lobby and out.

PERMIT ISSUED

DEC - 6 2010

City of Portland

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY )  
or email: [buildinginspections@portlandmaine.gov](mailto: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 Inspection 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 with construction.

Framing/Rough Plumbing/Electrical: Prior to Any Insulating, drywalling or covering.

Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR 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.

PERMIT ISSUED

DEC - 6 2000

City of Portland





# 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>43 BAXTER BOULEVARD</u>			
Total Square Footage of Proposed Structure/Area <u>6230 s/f FIT UP (INTERIOR)</u>		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>112      F      22</u>		Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>CHABOT STREET, LLC</u> Address <u>100 SILVER ST.</u> City, State & Zip <u>PORTRAND, ME 04101</u>	Telephone: <u>774-1885</u>
Lessee/DBA (If Applicable)		Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>350,000</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>3,595.00</u>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>TENANT FIT UP, MEDICAL OFFICE.</u>			
Contractor's name: <u>WRIGHT-RYAN CONSTRUCTION, INC</u>			
Address: <u>10 DANFORTH ST</u>			
City, State & Zip <u>PORTRAND ME 04101</u>		Telephone: <u>774-3625</u>	
Who should we contact when the permit is ready: <u>PETER HAGEN</u>		Telephone: <u>756-2520</u>	
Mailing address: <u>10 DANFORTH STREET, PORTRAND ME 04101</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](http://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: [Signature] Date: 11/15/10

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



# Certificate of Design Application

From Designer: Archetype, PA  
 Date: 11/16/2010  
 Job Name: 43 Baxter Blvd. Tenant Fit Up Medical Office  
 Address of Construction: 43 Baxter Blvd.

## 2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2003 Use Group Classification (s) Business

Type of Construction 5B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC No

Is the Structure mixed use? No If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_

Supervisory alarm System? No Geotechnical/Soils report required? (See Section 1802.2) N/A

### Structural Design Calculations

\_\_\_\_\_ Submitted for all structural members (106.1 - 106.11)

### Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Wind loads (1603.1.4, 1609)

- \_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)
- \_\_\_\_\_ Basic wind speed (1809.3)
- \_\_\_\_\_ Building category and wind importance Factor,  $I_w$  table 1604.5, 1609.5)
- \_\_\_\_\_ Wind exposure category (1609.4)
- \_\_\_\_\_ Internal pressure coefficient (ASCE 7)
- \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623)

- \_\_\_\_\_ Design option utilized (1614.1)
- \_\_\_\_\_ Seismic use group ("Category")
- \_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_1$  (1615.1)
- \_\_\_\_\_ Site class (1615.1.5)

N/A

- \_\_\_\_\_ Live load reduction
- \_\_\_\_\_ Roof *live* loads (1603.1.2, 1607.11)
- \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)
- \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)
- \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$
- \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)
- \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)
- \_\_\_\_\_ Seismic design category (1616.3)
- \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)
- \_\_\_\_\_ Response modification coefficient,  $R$ , and deflection amplification factor,  $C_d$  (1617.6.2)

- \_\_\_\_\_ Simplified analysis (ASCE 9.5.4) analysis procedure (1616.6, 1617.5)
- \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

- \_\_\_\_\_ Flood Hazard area (1612.3)
- \_\_\_\_\_ Elevation of structure

### Other loads

- \_\_\_\_\_ Concentrated loads (1607.4)
- \_\_\_\_\_ Partition loads (1607.5)
- \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



# Accessibility Building Code Certificate

Designer: Archetype, PA

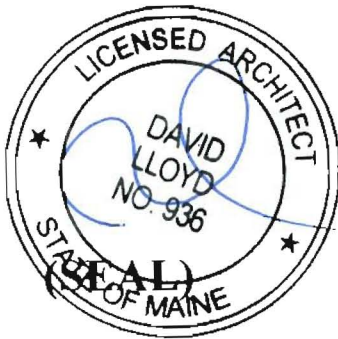
Address of Project: 43 Baxter Blvd.

Nature of Project: Tenant Fit Up, Medical Office

\_\_\_\_\_

\_\_\_\_\_

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: 

Title: Architect

Firm: Archetype, PA

Address: 48 Union Wharf  
Portland, ME 04101

Phone: (207) 772-6022

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)





# Certificate of Design

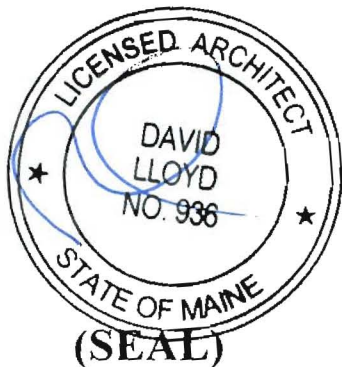
Date: November 16, 2010

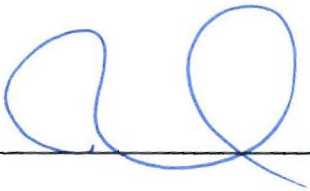
From: Archetype, PA

These plans and / or specifications covering construction work on:

43 Baxter Blvd.  
Tenant Fit Up,  
Medical Office

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



Signature: 

Title: Architect

Firm: Archetype, PA

Address: 48 Union Wharf  
Portland, ME 04101

Phone: (207) 772-6022

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)





**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

11.16 20 10

Received from

Wright-Ryan Const.

Location of Work

43 Baxter Blvd.

Cost of Construction \$ \_\_\_\_\_

Building Fee: \$6,200

Permit Fee \$ \_\_\_\_\_

Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \$75

Total: \$3,595

Building (IL)  Plumbing (IS)  Electrical (I2)  Site Plan (U2)

Other \_\_\_\_\_

CBL: 112-F-22

Check #: \_\_\_\_\_

Total Collected \$3,595

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

Taken by: [Signature]

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



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 43 BAXTER BLVD CBL 112 F022001

Issued to Chabot Street Llc /WRIGHT RYAN CONSTRUCTION Date of Issue 02/24/2011

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. 10-143<sup>h</sup>, 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

1st Floor Elevator Lobby & 2nd Floor North Wing

APPROVED OCCUPANCY

Medical Offices  
Use Group B  
Type 5B  
IBC-2003

Limiting Conditions: None

This certificate supersedes  
certificate issued

Approved:

2/24/11  
M.B.W.  
.....  
(Date)

.....  
Inspector

.....  
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.

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 10-1431	Issue Date:	CBL: 112 F022001
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Location of Construction: 43 BAXTER BLVD	Owner Name: CHABOT STREET LLC	Owner Address: 100 SILVER ST	Phone:
Business Name:	Contractor Name: WRIGHT RYAN CONSTRUCTIO	Contractor Address: 10 DANFORTH STREET Portland	Phone: 2077733625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Commercial - Office	Proposed Use: Commercial - Medical Office - Tenant fit-up for medical office	Permit Fee: \$3,595.00	Cost of Work: \$350,000.00	CEO District: 1
Proposed Project Description: Tenant fit-up for medical office		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>DBL-2003</i> Signature: <i>(KG)</i> Signature: <i>AMB 12/6/10</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: 11/10/2010	<b>Zoning Approval</b>	
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- 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..

<p><b>Special Zone or Reviews</b></p> <input type="checkbox"/> Shoreland <i>N/A</i> <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>11/17/10</i>	<p><b>Zoning Appeal</b></p> <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: _____	<p><b>Historic Preservation</b></p> <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: _____
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**PERMIT ISSUED**

DEC - 6

City of Portland

**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

12-16-10

OKoyal showway on Bradley Blvd  
side. return handrails

MLA