

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

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	

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-jnb: 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

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>PORTLAND, 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>PORTLAND 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, PORTLAND 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, 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 9.5.1) 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)



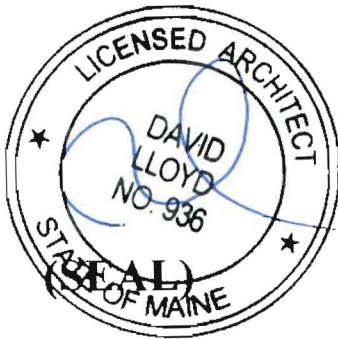
Accessibility Building Code Certificate

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



Certificate of Design

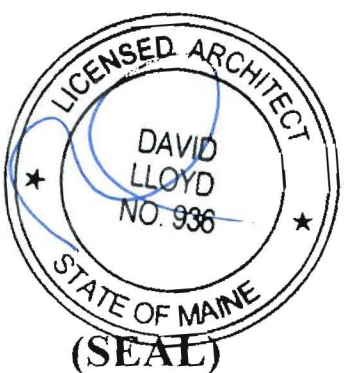
Date: November 16, 2010

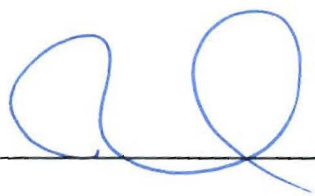
From: Archetype, PA

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



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 (I5) 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^h, 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:

(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.

12-16-10

OKoyal showway on Bradley Blvd
side. return handrails

MLA