



Planning & Urban Development Department

Jeff Levine, AICP, Director
Marge Schmuckal, Zoning Administrator

July 17, 2014

J. Casey McCormack, Esq.
c/o Jensen-Baird Gardner-Henry
Ten Free Street
P.O. Box 4510
Portland, Maine 04112-4510

RE: 43 Baxter Boulevard – 112-F-022 (the "Property") – B-2 Zone

Dear Attorney J. Casey McCormack,

I am in receipt of your request for a determination letter concerning the Property. The Property is located entirely within the B-2 Community Business Zone which allows professional offices (i.e. medical offices) by right along with other permitted uses.

A search of the Inspection Services files shows that all permits have been acquired for establishing the current use. A copy of the building permit and certificates of occupancy have been enclosed with this letter.

To the best of my knowledge, there are no outstanding violations, complaints or pending legal action against the Property.

If you have any questions regarding this matter, please do not hesitate to contact me at (207) 874-8695.

Very truly yours,

A handwritten signature in black ink that reads "Marge Schmuckal". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Marge Schmuckal
Zoning Administrator
City of Portland, Maine

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 * See Conditions	INSPECTION: Use Group: B Type: SB IBC-2003	
		Signature: (Signature)	Signature: AMB 12/6/10	
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: 11/16/2010	Zoning Approval		
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<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 <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"/>	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	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: <i>11/17/10</i>	Date: _____	Date: _____

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



Certificate of Occupancy



CITY OF PORTLAND, MAINE
Department of Planning and Urban Development
Building Inspections Division

Issued to CHABOT STREET LLC
Date Issued 3-22-2011

Location 43 Baxter Blvd.
CBL 112 F022001

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. 2011-02-400, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st & 2nd Floor South Side

APPROVED OCCUPANCY

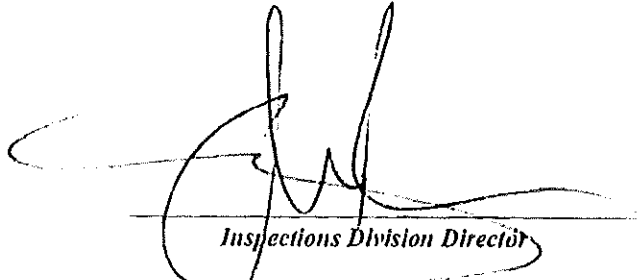
Commercial Medical Offices
Use Group B, Type 5B
IBC-2009

Limiting Conditions: NONE

Approved:

3/22/11 

CAPT *N. Gauthier* Inspector 3-22-11


Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner at the sale of the property.



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, 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:

02/24/11

(Date)

Bl

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.



Administrative Authorization Application
 Portland, Maine
 Planning and Urban Development Department, Planning Division

2011-167

PROJECT NAME: 43 BAXTER

PROJECT ADDRESS: 43 BAXTER Boulevard CHART/BLOCK/LOT: 112-F-022

APPLICATION FEE: _____ (\$50.00)

PROJECT DESCRIPTION: (Please Attach Sketch/Plan of the Proposal/Development)

ADDING PARKING LOT LIGHTS

CONTACT INFORMATION:

OWNER/APPLICANT

CONSULTANT/AGENT

Name: WRIGHT-PYAM Construction

Name: WLS LIGHTING SYSTEMS

Address: 10 DANFORTH ST.

Address: PO Box 100519

PORTLAND, ME 04101

FORT WORTH, TX 76185

Work #: 207-773-3625

Work #: 1-800-633-8711

Cell #: 756-2520 PETER HABER

Cell #: _____

Fax #: 207-773-5115

Fax #: 817-485-4824

Home #: _____

Home #: _____

E-mail: phaber@wright-pyam.com

E-mail: wls@wlsLighting.com

*Closed out
02/28/11*

SCANNED

Criteria for an Administrative Authorizations:
 (see section 14-523(4) on pg. 2 of this appl.)

Applicant's Assessment Planning Division
 Y(yes), N(no), N/A

	Y(yes), N(no), N/A	Y(yes), N(no), N/A
a) Is the proposal within existing structures?	<u>N</u>	<u>N/A</u>
b) Are there any new buildings, additions, or demolitions?	<u>N</u>	<u>N</u>
c) Is the footprint increase less than 500 sq. ft.?	<u>N</u>	<u>N/A</u>
d) Are there any new curb cuts, driveways or parking areas?	<u>N</u>	<u>N</u>
e) Are the curbs and sidewalks in sound condition?	<u>Y</u>	<u>Y</u>
f) Do the curbs and sidewalks comply with ADA?	<u>Y</u>	<u>Y</u>
g) Is there any additional parking?	<u>N</u>	<u>N</u>
h) Is there an increase in traffic?	<u>N</u>	<u>N</u>
i) Are there any known stormwater problems?	<u>N</u>	<u>N</u>
j) Does sufficient property screening exist?	<u>Y</u>	<u>Y</u>
k) Are there adequate utilities?	<u>Y</u>	<u>Y</u>
l) Are there any zoning violations?	<u>N</u>	<u>N</u>
m) Is an emergency generator located to minimize noise?	<u>N/A</u>	<u>N/A</u>
n) Are there any noise, vibration, glare, fumes or other impacts?	<u>N</u>	<u>N</u>

Signature of Applicant: P. Haber Date: 1/18/11