

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0961	Issue Date:	CBL: 114A A001001
------------------------------	--------------------	-----------------------------

Location of Construction: 96 FALMOUTH ST	Owner Name: UNIVERSITY OF MAINE	Owner Address: 107 MAINE AVE	Phone:
Business Name:	Contractor Name: Pizzagalli	Contractor Address: 100 Foden Road West, Suite300 So. Po	Phone 2078742323
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone:

Past Use: University of Southern Maine- Un-occupied Space	Proposed Use: USM- offices & labs- Tenant fit-up to the Bio Science building 2nd 5th & 4th floor	Permit Fee: \$15,081.00	Cost of Work: \$1,664,500.00	CEO District: 2
Proposed Project Description: USM- offices & labs- Tenant fit-up to the Bio Science building 2nd 5th & 4th floor		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

Permit Taken By: Idobson	Date Applied For: 06/30/2006	Zoning Approval		
------------------------------------	--	------------------------	--	--

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 type="checkbox"/> Not in District or Landma
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Revie
<input type="checkbox"/> Flood Zon	<input type="checkbox"/> Conditional Us	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretatio	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Condition
Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date:	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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 96 FALMOUTH ST	Owner Name: UNIVERSITY OF MAINE	Owner Address: 107 MAINE AVE	Phone:
Business Name:	Contractor Name: Pizzagalli	Contractor Address: 100 Foden Road West, Suite300 So. Po	Phone 2078742323
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/03/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 07/14/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Stamped plans must be submitted prior to commencement of construction.			
2) IMPORTANT** The sound level of the new Rooftop units either alone or in conjunction with the exiting units must be tested and certified to comply with the allowable Decibel levels in the zoning district.			
Dept: Fire	Status: Approved	Reviewer: Cptn Greg Cass	Approval Date: 07/07/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO