

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061706

PERMIT ISSUED

DEC 11 2006

This is to certify that 470 FOREST AVENUE ASSOCIATES /n/ahas permission to Change of Use Office to Medical practiceAT 470 FOREST AVE

CITY OF PORTLAND 116 A001001

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 when permission procured before this building or part thereof is altered or closed-in.
FOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALSFire Dept. Greg, Carr 11-29-06

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Thomas M. Mahoney 12/11/06
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: 06-1706		Issue Date: DEC 11 2006		Permit Type: Change of Use - Commercial		Zone: B2b	
Location of Construction: 470 FOREST AVE		Owner Name: 470 FOREST AVENUE ASSOCIA		Owner Address: 477 CONGRESS ST FL 5		Phone: 	
Business Name:		Contractor Name: n/a		Contractor Address: Portland		Phone:	
Lessee/Buyer's Name		Phone:		Permit Fee: \$105.00		Cost of Work: \$105.00	
Past Use: Commercial		Proposed Use: Commercial Change of Use Office to Medical practice Suite 206-208		CEO District: 2		INSPECTION: Use Group: Commercial Type: IF IBC 2003	
Proposed Project Description: Change of Use Office to Medical practice Suite 206-208				FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: Greg Cass 	
				Signature: Jim 12/11/06		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: dmartin		Date Applied For: 11/22/2006		Zoning Approval			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		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"/>		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	
2. Building permits do not include plumbing, septic or electrical work.		Date: 11/30/06 ASU		Date:		Date:	
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..							

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:	Date Applied For:	CBL:
06-1706	11/22/2006	116 A001001

Location of Construction: 470 FOREST AVE	Owner Name: 470 FOREST AVENUE ASSOCIA	Owner Address: 477 CONGRESS ST FL 5	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	

Proposed Use: Commercial Change of Use Office to Medical practice (suite 206/208)	Proposed Project Description: Change of Use Office to Medical practice
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Dept: Zoning Status: Approved Reviewer: Ann Machado Approval Date: 11/30/2006
Note: Ok to Issue: ☒

Dept: Building Status: Approved with Conditions Reviewer: Approval Date: Ok to Issue: ☐

- 1) Separate Permits shall be required for any new signage.
- 2) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.
- 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 Reviewer: Cptn Greg Cass Approval Date: 11/29/2006

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

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (1L) _____ Plumbing (1S) _____ Electrical (1Z) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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



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>470 Forest Ave. Suite 206/208</u>		
Total Square Footage of Proposed Structure <u>X</u>		Square Footage of Lot <u>X</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>X</u> <u>116</u> <u>A</u> <u>001</u>	Owner: <u>First Maine Investment Properties</u> <u>470 Forest Ave. Associates</u>	Telephone: <u>207-</u> <u>773-1998</u>
Lessee/Buyer's Name (If Applicable) <u>Abba, A Women's Resource Center</u> <u>470 Forest Ave. Suite 211</u> <u>Portland, ME 04101</u>	Applicant name, address & telephone: <u>Abba, A Women's Resource Ctr</u> <u>470 Forest Ave, Suite 211</u> <u>Portland, ME 04101</u> <u>207-253-5555</u>	Cost Of Work: \$ <u>30</u> Fee: \$ <u>105.00</u> C of O Fee: \$ <u>75</u>
Current Specific use: <u>office space floor suite 206</u> If vacant, what was the previous use? Proposed Specific use: <u>medical exam room</u>		
Project description: <u>Chg of Use - office to Medical</u> <u>NO CONSTRUCTION</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Harold Cushing</u> Mailing address: Phone: <u>207-776 4673</u> <u>HC</u>		

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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 of applicant: <u>Harold W Cushing</u>	Date: <u>11/21/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Forest Ave

85

$102" \times 139" =$
 $14178\cancel{0} = 98.5\cancel{0}$

parking
1 space
required.

Suite 206/208

8'6"
x
11'7"

490
Forest Ave

Dartmouth St

72' x 23'
Reserved
Reparking

Public
Parking
5 regular
1 handicapped

Parking
Lot
Entrances