

**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 /p/ahas permission to Change of Use Office to Medical practiceAT 470 FOREST AVE

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 the State 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 is procured before this building or part thereof is altered or 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. Greg, Carr 11-29-06

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

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

Other \_\_\_\_\_

Department Name

*Thomas M. Mabley* 12/11/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

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		Issued Date: DEC 11 2006		City: A001001	
Location of Construction: 470 FOREST AVE		Owner Name: 470 FOREST AVENUE ASSOCIA		Owner Address: 477 CONGRESS ST	
Business Name:		Contractor Name: n/ a		Contractor Address: Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Change of Use - Commercial	
Past Use: Commercial		Proposed Use: Commercial Change of Use Office to Medical practice Suite 206-208		Permit Fee: \$105.00	
Proposed Project Description: Change of Use Office to Medical practice Suite 206-208		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Cost of Work: \$105.00	
		INSPECTION: Use Group: Commercial Type: IF IBC 2003		CEO District: 2	
		Signature: Greg Cass		Signature: Jm 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.  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	
		Shoreland Wetland Flood Zone Subdivision Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>		Variance Miscellaneous Conditional Use Interpretation Approved Denied	
		Date: 11/30/06		Date: _____	
		Historic Preservation		Not in District or Landmark Does Not Require Review Requires Review Approved Approved w/Conditions Denied	
		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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

object from survey to issue of ~~the~~



# Certificate of Occupancy

LOCATION 470 FOREST AVE

CBL 116 A001001

Issued to 470 FOREST AVENUE ASSOCIATES /n/ a

Date of Issue 01/24/2007

**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. 06-1706, 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  
Suite 206/208

APPROVED OCCUPANCY  
Medical Office Space  
Use Group B  
Type 2B  
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.

ELECTRICAL PERMIT  
City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
The undersigned hereby applies for a permit to make electrical installations  
in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
National Electrical Code and the following specifications:

Date 12-20-06  
Permit # 66-5146  
CBL# 116 H 001

LOCATION: 470 Forewell Ave Rm 208 METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
TENANT David Glaser PHONE # \_\_\_\_\_

						TOTAL EACH FEE
OUTLETS		Receptacles		Switches		Smoke Detector .20
FIXTURES		Incandescent		Fluorescent		Strips .20
SERVICES		Overhead		Underground		TTL AMPS <800 15.00
		Overhead		Underground		>800 25.00
Temporary Service		Overhead		Underground		TTL AMPS 25.00
						25.00
METERS		(number of)				1.00
MOTORS		(number of)				2.00
RESID/COM		Electric units				1.00
HEATING		oil/gas units		Interior		Exterior 5.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens 2.00
		Insta-Hot		Water heaters		Fans 2.00
		Dryers		Disposals		Dishwasher 2.00
		Compactors		Spa		Washing Machine 2.00
		Others (denote)				2.00
		Air Cond/win				3.00
		Air Cond/cent				Pools 10.00
MISC. (number of)		HVAC		EMS		Thermostat 5.00
		Signs				10.00
		Alarms/res				5.00
		Alarms/com				15.00
		Heavy Duty(CRKT)				2.00
		Circus/Carnv				25.00
		Alterations				5.00
		Fire Repairs				15.00
		E Lights				1.00
		E Generators				20.00
PANELS		Service		Remote		Main 4.00
TRANSFORMER		0-25 Kva				5.00
		25-200 Kva				8.00
		Over 200 Kva				10.00
TOTAL AMOUNT DUE						
MINIMUM FEE/COMMERCIAL 55.00						MINIMUM FEE 45.00

CONTRACTORS NAME Demers Electric MASTER LIC. # 111560016536  
ADDRESS 26 Forewell Ave Portland LIMITED LIC. # \_\_\_\_\_  
TELEPHONE 207-233-7905

SIGNATURE OF CONTRACTOR Nana Demers  
White Copy - Office • Yellow Copy - Applicant