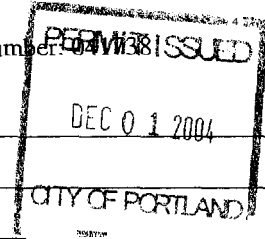


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Permit Number 041738



Please Read Application And Notes, If Any, Attached

This is to certify that Mmc /Hebert Construction L  
has permission to create a wall inside medical office  
AT 335 Brighton Ave 121 C009011

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 given and when permission procured before this building or part thereof leased or occupied. CLOSED-IN. 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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

[Signature]  
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: 04-1738	Issue Date: DEC 9 2004	CBL: 121 C009011
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Location of Construction: 335 Brighton Ave	Owner Name: Mmc	Owner Address: 22 Bramhall St	Phone: 879-8000
Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: <del>commercial</del> space Hospital	Proposed Use: <del>commercial</del> space whew wall medical	Permit Fee: \$39.00	Cost of Work: \$2,000.00	CEO District: 3
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create a wall inside medical office

FIRE DEPT:  Approved  Denied

INSPECTION Use Group: I-2 Type: 2

11/30/04

Signature: *[Handwritten Signature]*

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: jharris	Date Applied For: 11/23/2004
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Zoning Approval		
<b>Special Zone or Reviews</b> <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"/>	<b>Zoning Appeal</b> <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	<b>Historic Preservation</b> <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>ok</i> 11/23/04	Date: _____	Date: <i>S</i>

**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

12/03/04

Framing done  
OK to Close in  
morning

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 04-1738	<b>Date Applied For:</b> 11/23/2004	<b>CBL:</b> 121 C009011
<b>Location of Construction:</b> 335 Brighton Ave	<b>Owner Name:</b> Mmc	<b>Owner Address:</b> 22 Bramhall St
<b>Business Name:</b>	<b>Contractor Name:</b> Hebert Construction LLC	<b>Contractor Address:</b> 9 Gould Rd. Lewiston
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial
<b>Proposed Use:</b> medical space whew wall	<b>Proposed Project Description:</b> create a wall inside medical office	

<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 11/30/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Lt. MacDougal	<b>Approval Date:</b> 11/24/2004
<b>Note:</b>			<b>Ok to Issue:</b>
1) the sprinkler system shall be maintained to NFPA 13 standards			

# All Purpose 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: 335 Brighton Avenue, MMC Brighton Campus

Total Square Footage of Proposed Structure < 1,000 Square Footage of Lot 1

Tax Assessor's Chart, Block & Lot Chart# <u>121</u> Block# <u>C</u> Lot# <u>9</u>			Owner: <u>Maine Medical Center</u>	Telephone: <u>879-8000</u>
Lessee/Buyer's Name (if Applicable) <u>Chest Medicine Associates</u>		Applicant name, address & telephone: <u>Chest Medicine Assoc. Pamela Kane 335 Brighton Avenue</u>		Cost Of Work: <u>\$2,000.00</u> Fee: \$

Current use: Medical Practice

If the location is currently vacant, what was prior use: \_\_\_\_\_

Approximately how long has it been vacant: \_\_\_\_\_

Proposed use: same NOV 2 2004

Project description: Extend/create a wall inside an office

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Contractor's name, address & telephone: Hebert Construction LLC 9 Gould Rd  
783-2091 Lewiston, ME 04240

Who should we contact when the permit is ready: Timothy Hebert or Pamela Kane

Mailing address: Chest Medicine Assoc  
225 Brighton Avenue, Suite 200  
Portland, ME 04102

We will contact you by phone when the permit is ready, You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 875-1122 x111

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 time to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Pamela J Kane</u>	Date: <u>11-12-2004</u>
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This is NOT a permit, you may not commence ANY work until the permit is Issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- \_\_\_\_\_ Footing/Building Location Inspection: Prior to pouring concrete
- \_\_\_\_\_ Re-Bar Schedule Inspection: Prior to pouring concrete
- \_\_\_\_\_ Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- \_\_\_\_\_ Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

\_\_\_\_\_ If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

\_\_\_\_\_ CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

      
Signature of Applicant/Designee

12/2/04  
Date

      
Signature of Inspections Official

12/2/04  
Date

CBL: 121-C-009 Building Permit #: 091738

335 Brighton Ave

**From:** Suzan Collins  
**To:** Kane, Pamela  
**Date:** 11/15/04 9:00AM  
**Subject:** New Wall Materials

I spoke with Dave.

The new wall will be constructed of the following:

3 5/8 metal studs  
20 guage  
2 layers 5/8 sheet rock  
Sound insillation

inner office door

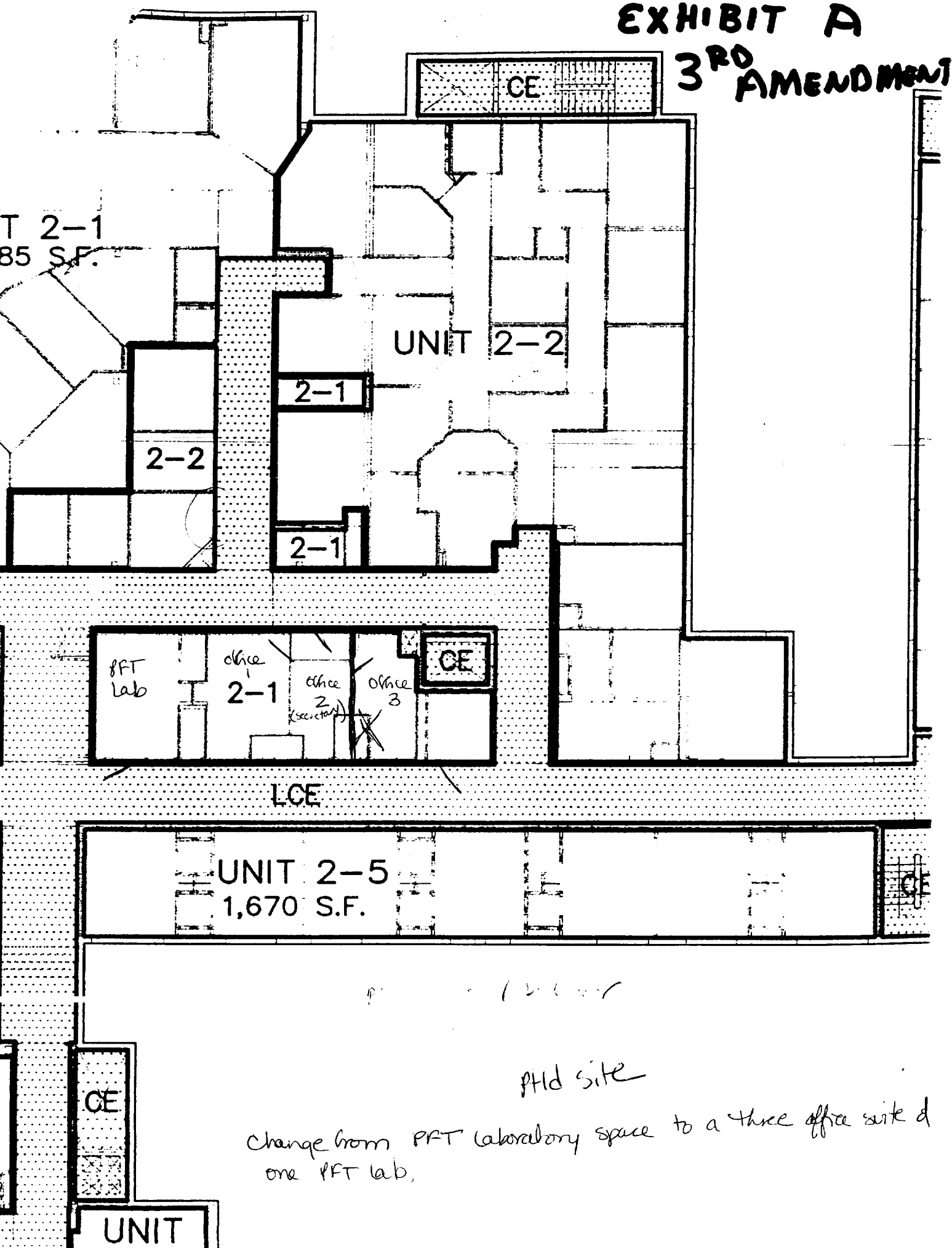
Dave indicated you would not need the cost of the wall for the permit. smc

Suzan Michelle Collins  
Administrative Coordinator  
Chest Medicine Associates  
335 Brighton Avenue, Suite 200  
Portland ME 04102-2354  
collis1@chestmedicineassociates.com  
T 207-828-1122 Ext. 113  
F 207-828-0188

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EXHIBIT A  
3<sup>RD</sup> AMENDMENT

T 2-1  
85 S.F.



PHD site

PHD site

Change from PFT laboratory space to a three office suite and one PFT lab.

UNIT





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

20

Received from \_\_\_\_\_

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ 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