

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number 000770

JUL 21 2010

Please Read Application And Notes, If Any, Attached

This is to certify that MMC REALTY CORP /Herbert Construction has permission to Dialysis Treatment Area Expansion AT 335 BRIGHTON AVE City of Portland 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 be given and written permission procured before this building or part thereof is lath or other enclosed-in. 2 HOUSING 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. CAG K. Johnson
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Handwritten 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: 10-0770	Issue Date:	CBL: 121 C009011
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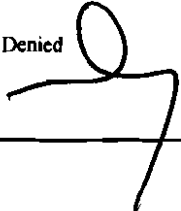
Location of Construction: 335 BRIGHTON AVE	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: Commercial "Brighton Medical"	Proposed Use: Commercial "Brighton Medical" - Dialysis Treatment Area Expansion	Permit Fee: \$420.00	Cost of Work: \$40,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1B	
		* See Conditions	IBC 2003	

Proposed Project Description: Dialysis Treatment Area Expansion	Signature: 	Signature: 
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: 06/29/2010	Zoning Approval	
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- 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 <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"/> Date:  7/1/10	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 Date:	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: 
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PERMIT ISSUED

JUL 21 2010

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

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0770	Date Applied For: 06/29/2010	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial "Brighton Medical" - Dialysis Treatment Area Expansion	Proposed Project Description: Dialysis Treatment Area Expansion
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 07/01/2010
Note: **Ok to Issue:** ✓

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 07/21/2010
Note: **Ok to Issue:** ✓

- 1) All penetrations in rated walls and floor/ceilings assemblies shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 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 with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 07/01/2010
Note: **Ok to Issue:** ✓

- 1) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
- 2) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 3) A single source supplier should be used for all through penetrations.
- 4) Any cutting or welding and hot work taking place in a commercial building requires a separate "Hot Work Permit" from the Fire Department.
- 5) All construction shall comply with NFPA 1 and 101.



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: 335 BRIGHTON AVE <u>335 BRIGHTON AVE</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>121</u> <u>C</u> <u>9</u>	Applicant *must be owner, Lessee or Buyer* Name <u>MADRE MEDICAL CENTER</u> Address <u>22 BRANNAH ST</u> City, State & Zip <u>PORTLAND OREGON</u>	Telephone: <u>602-3323</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>40,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>420.00</u>
Current legal use (i.e. single family) <u>MEDICAL</u> Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: _____		
Contractor's name: <u>HEBERT CONSTRUCTION</u>		
Address: _____		
City, State & Zip <u>LEWISTON, ME</u>		Telephone: <u>783-2091</u>
Who should we contact when the permit is ready: <u>DAVE MOORE</u>		Telephone: <u>212-2173</u>
Mailing address: _____		

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

RECEIVED

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.

2010
JUN 29 2010
Dept. of Building Inspections
City of Portland Maine

Signature: [Signature] Date: 6.29.2010

This is not a permit; you may not commence ANY work until the permit is issued