



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING

PERMIT

This is to certify that MEDICAL CENTER MAINE

Located At 12 REVERE

Job ID: 2010-12-132-ALTCOMM

CBL: 125 - - L - 003 - 001 - - - -

has permission to Add 3 Partition Walls

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

 1-18-11
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CAR

PERMIT ISSUED

JAN 18 2011

City of Portland

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

Job No: 2010-12-132- ALTCOMM	Applicatin Date: 12/21/2010	CBL: 125 - - L - 003 - 001 - - - - -
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Location of Construction: 12 REVERE	Owner Name: MEDICAL CENTER MAINE	Owner Address: 22 BRAMHALL ST PORTLAND, ME - MAINE 04102	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type:	Zone: B-2b
Past Use: 1 st floor - CPA accountants (Scott Assoc) & message therapy in rear	Proposed Use: Same use -no proposed change of use	Permit Fee:	Cost of Work:
CEO District:			
Proposed Project Description: Alterations to accountants office			
Permit Taken By:	Date Applied For:	12/21/10 12/28/10	



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>12 Revere Street Portland, ME</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>CBL# 125 L003001</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Michael G. Goulding</u> Address <u>1199 Shore Road</u> City, State & Zip <u>Cape Elizabeth, ME 04107</u>	Telephone: <u>1-207-775-6782</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost of Work: \$ <u>70,500</u> C of O Fee: \$ _____ Total Fee: \$ <u>50</u>
Current legal use (i.e. single family) <u>Business</u> <u>2004-0159-message then.</u> If vacant, what was the previous use? <u>Accountant office</u> → <u>CPA (Scott Associates)</u> Proposed Specific use: <u>Office space</u> <u>shown previously</u> Is property part of a subdivision? <u>No.</u> If yes, please name _____ Project description: <u>3 walls → partition walls.</u> <u>use OK</u>		
Contractor's name: <u>Michael G. Goulding</u>		
Address: <u>See Above</u>		
City, State & Zip _____		
Who should we contact when the permit is ready: _____		
Mailing address: _____		

RECEIVED
 DEC 17 2010
 Dept of Building Inspections
 City of Portland, Maine

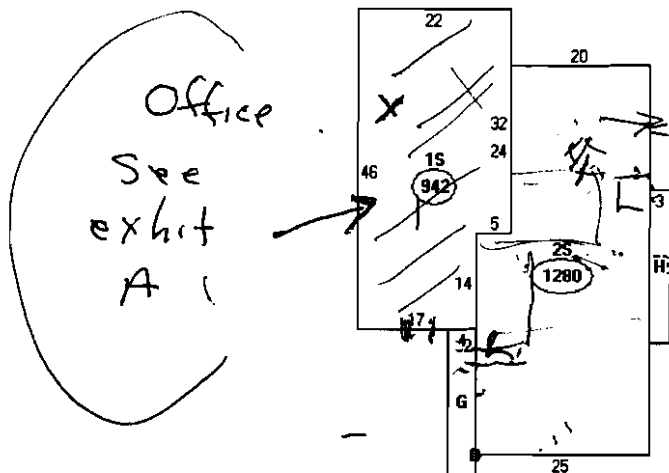
Please submit all of the information outlined on the applicable Check List. Failure to do so will result in the automatic denial of your permit.

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.

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: <u>Michael G. Goulding</u>	Date: <u>12-16-10</u>
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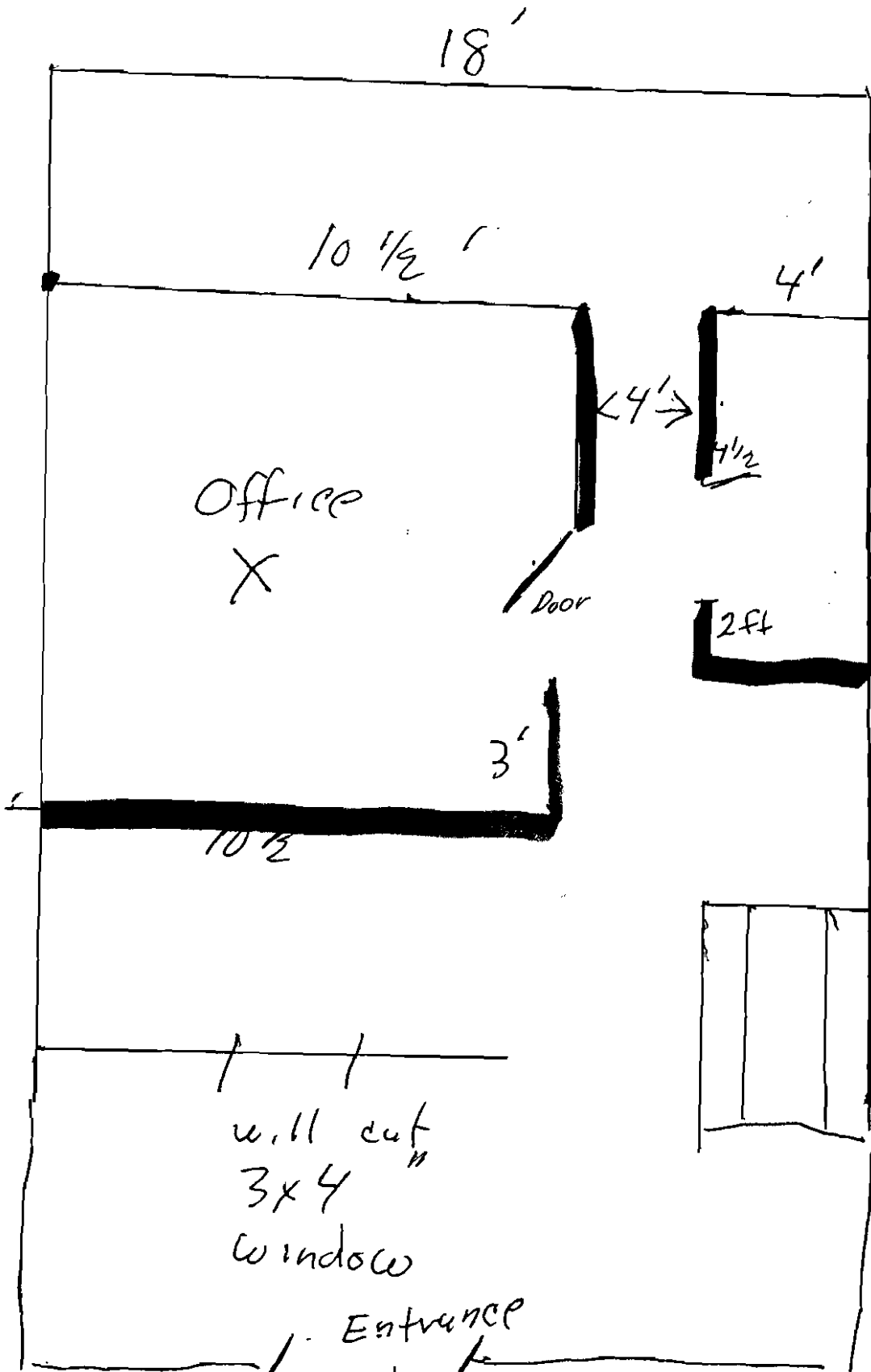
This is not a permit; you may not commence ANY work until the permit is issue



Description/Area	
A	086 1280 sqft
B	025 2288 sqft
C	025 1280 sqft
D	PORCH COVERED 84 sqft
E	25 1280 sqft
F	15 942 sqft
G	15 PORCH 84 sqft
H	15 66 sqft



Walgreen
parking lot



Office
X

Door

Exhibit
A

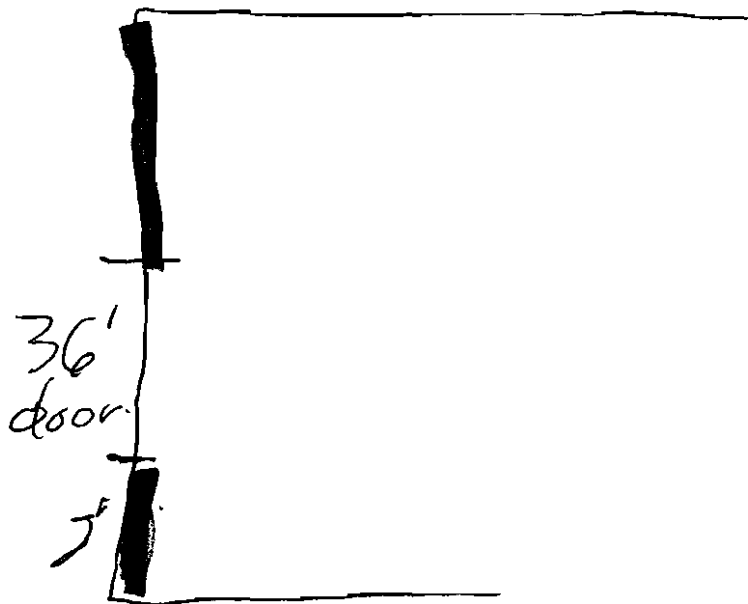
Stairs to
2nd
Floor -
Bathroom
3 Steps

Entrance

Walls to be added -
2x4 & Sheet rock

Front
Review St

12 Reverse SK



Expanded bathroom to add
new handicapped door.

2x4

& Sheet rock

Exhibit B

12 Revere St Zoning Conditions

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. This property shall remain an accountant's office and a message therapy office in the rear, both on the first floor. Any change of use shall require a separate permit application for review and approval.