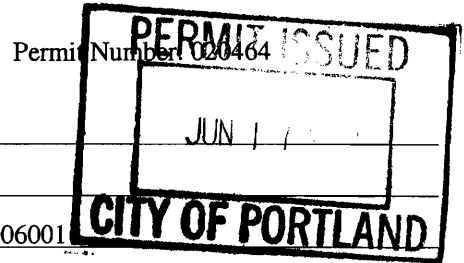


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT



This is to certify that St Joseph's Convent/Pochebri company
as permission to remodel & update 4 new classrooms & 4 restrooms
at 605 Stevens Ave Permit Number 020464

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 his 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 closed or enclosed-in. **HEAVY 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. APPROVED ON ATTACHED BY LFC
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 5/28/02
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: 0210464	Issue Date: PERMIT ISSUED MAY 29 2002	CBL: 136 E006001
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Location of Construction: 605 Stevens Ave	Owner Name: St Joseph's Convent	Owner Address: 605 Stevens Ave	Phone:
Business Name:	Contractor Name: Pochebit Company	Contractor Address: 171 Warren Avenue Portland	2077973369 ←
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: RS

Past Use: High School Autocad drawings submitted	Proposed Use: remodel & update existing space with 4 class rooms 25' x 25' and 4 new restroom 10' x 10'	Permit Fee: \$1,598.00	Cost of Work: \$225,000.00	CEO District: 3
Proposed Project Description: remodel & update 4 new classrooms & 4 restrooms		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: E/R2 Type: 3B 5/28/02 <i>[Signature]</i>	

Signature: *[Signature]*

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: jodinea	Date Applied For: 05/02/2002	Zoning Approval	
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<ol style="list-style-type: none"> 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: <i>OK 5/16/02</i>	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: <i>S</i>
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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

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 9/18/03
 Permit # 2003-4866
 CBL# 135 C019

LOCATION: 499 STEVENS Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Clampi Family Practice PHONE # 207-774-1222
9-10

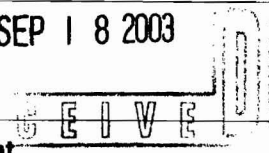
		TOTAL EACH FEE				
OUTLETS	Receptacles	Switches	Smoke Detector		.20	
FIXTURES	Incandescent	Fluorescent	Strips		.20	
SERVICES	Overhead	Underground	TTL AMPS	<800	15.00	
	Overhead	Underground		>800	25.00	
Temporary Service	Overhead	Underground	TTL AMPS		25.00	
					25.00	
METERS	(number of)				1.00	
MOTORS	(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	
	MISC. (number of)	Air Cond/win				3.00
		Air Cond/cent		Pools		10.00
		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 <u>45.00</u>				MINIMUM FEE	35.00	

CONTRACTORS NAME ADT Security
 ADDRESS 18 CLINTON Dr Halls, ME
 TELEPHONE 603-594-5928

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND
 MASTER LIC. # _____
 LIMITED LIC. # ME 6001 7614

SIGNATURE OF CONTRACTOR [Signature]

SEP 18 2003



605-671 Stevens

2002-8286

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland, Me.
Street Subdivision Lot #	63 STEVENS AVE.

PROPERTY OWNERS NAME

McAuley High School
Last: _____ First: _____

Applicant Name: THAN MECHANICAL INC
Mailing Address of Owner/Applicant (if Different):
PO BOX 3927
PORTLAND, MAINE 04104

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] 7/25/02
Signature of Owner/Applicant Date

PORTLAND 8159 TOWN COPY
Date Permit Issued: 7/25/02 \$ 111.10 If Double Fee Charged
L.P.I. # 06411
A. Rowe
Local Plumbing Inspector Signature

136 E 0006

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>School/Classroom</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>02300</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	8	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	10	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			18	Fixtures (Subtotal) Column 2
			18	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

114
13
124

7/30/02 - Checked plumbing test - OK - Venting OK
Mike Collins did electrical OK to close in.

Tom M