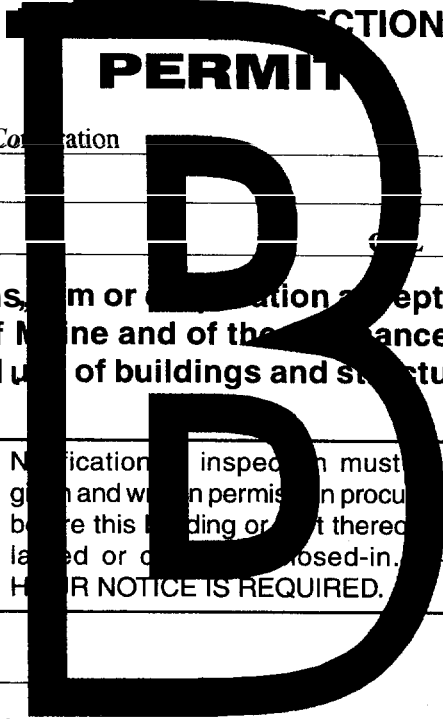


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached



Permit Number 04151
PERMIT ISSUED
AUG 30 2004
CITY OF PORTLAND

This is to certify that Pickus Owen B/Sheridan Corporation
has permission to Tenant fit-up
AT 978 Forest Ave

143 A065001

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 work on permit in progress before this building or part thereof is occupied 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. W.M.S.
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: 04-1151	Issue Date:	CBL: 143 A065001
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Location of Construction: 978 Forest Ave	Owner Name: Pickus Owen B	Owner Address: 2 Chabot St	Phone:
Business Name:	Contractor Name: Sheridan Corporation	Contractor Address: PO Box 359 Fairfield	Phone: 2074539311
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-7D
Past Use: Office	Proposed Use: Office / Tenant fit-up <i>1st floor</i>	Permit Fee: \$186.00	Cost of Work: \$10,000.00
Proposed Project Description: Tenant fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>8/30/04</i>
		Signature: <i>W. Young</i>	Signature: <i>[Signature]</i>
		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: 08/11/2004	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 checked="" type="checkbox"/> Minor <input type="checkbox"/> MMD <input type="checkbox"/> Date: <i>8/16/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" 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>[Signature]</i>
	<i>Separate permits are required for any new signage</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

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1151	Date Applied For: 08/11/2004	CBL: 143 A065001
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Location of Construction: 978 Forest Ave	Owner Name: Pickus Owen B	Owner Address: 2 Chabot St	Phone:
Business Name:	Contractor Name: Sheridan Corporation	Contractor Address: PO Box 359 Fairfield	Phone (207) 453-9311
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office / Tenant fit-up	Proposed Project Description: Tenant fit-up
---	---

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 08/16/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 08/30/2004
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 0813012004
Note: **Ok to Issue:**

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.

N/A Footing/Building Location Inspection: Prior to pouring concrete
N/A Re-Bar Schedule Inspection: Prior to pouring concrete
N/A Foundation Inspection: Prior to placing ANY backfill
rec Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
OK 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

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

N/A CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

[Signature]
Signature of Applicant/Designee

9/3/04
Date

[Signature]
Signature of Inspections Official

9/3/04
Date

CBL: 143 A065 Building Permit #:

041151



The Sheridan Corporation

PO Box 359, Fairfield, ME 04937
 Phone (207) 453-9311, Fax (207) 453-2820
 PO Box 689, Westbrook, ME 04098
 Phone (207) 774-6138, Fax (207) 774-2885
 www.sheridancorp.com

LETTER OF TRANSMITTAL

DATE	8-9-04	JOB NO.	M-04013
ATTENTION	Mr. Michael Nugent, B. I.		
RE	Building Permit Application for Room 107 Fit Up Maine Centers for Health Care 980 Forest Avenue Portland, Maine 04101		

TO City of Portland, Maine
City Hall, Room 315
389 Congress St. Portland, Me. 04101

GENTLEMEN:

WE ARE SENDING YOU Attached Under separate cover via Hand Carry the following items:
 Shop drawings Prints **Plans** Samples Specifications
 Copy of letter Changeorder _____

COPIES	DATE	NO.	DESCRIPTION
1	8-10-04	N. A.	Building Permit Application
1	8-9-04	N. A.	Check for the Permit
2	7-30-04	D1	Floor Plan Room 107

For review and comment _____
 FORBIDSDUE _____ 20 _____ PRINTS RETURNED AFTER LOAN TO US


REMARKS: We enclose our plan for the fit up of Room 107 on the first floor of the MCHC building located at 980 Forest Avenue for the purpose of acquiring a building permit for this work.

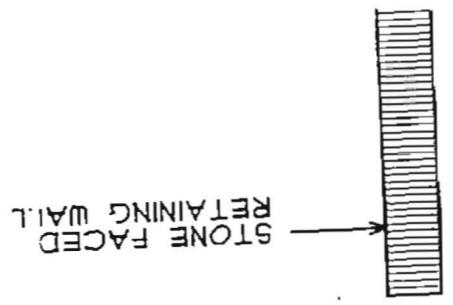
Thank you for your time to review this application
 Copy to : **Connie Nadeau, MCHC; Gary Owen, TSC**

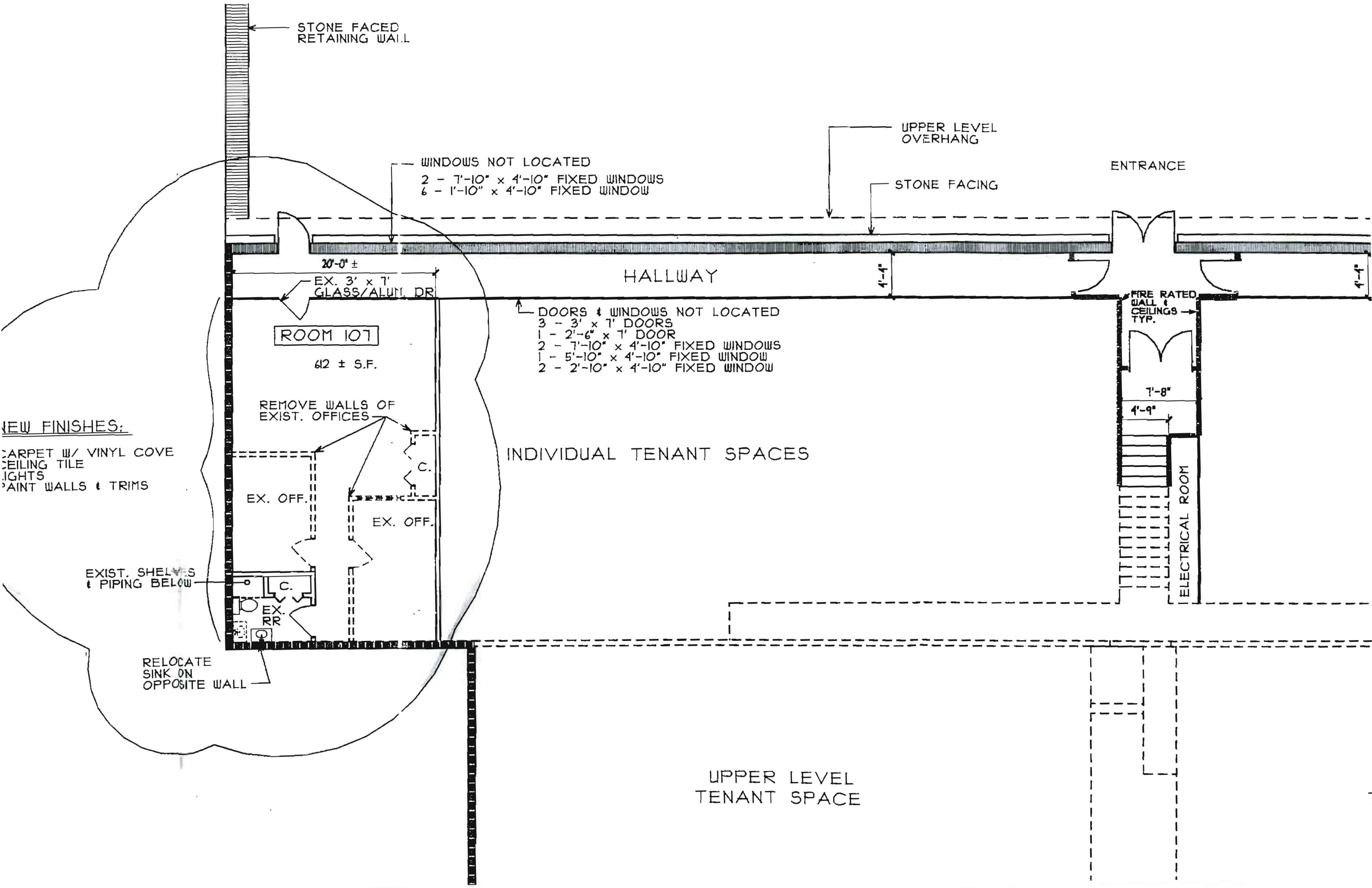
SIGNED: *Ilona L. Steen*
 8-9-04

143 A6 S

NOTE:
EXISTING BUILDING PLAN DEVELOPED FROM FIELD DIMENSIONS. WALL THICKNESSES VARY AND MAY NOT BE TRULY DEPICTED HERE.

<small>WARNING: THIS DRAWING IS THE PROPERTY AND INSTRUMENT OF SHERIDAN CORPORATION. ANY MODIFICATION, CHANGE OR USE OF THIS DRAWING WITHOUT THE EXPRESS WRITTEN PERMISSION OF SHERIDAN CORPORATION IS WRONGFUL AND IS AT THE USER'S RISK. SHERIDAN DISCLAIMS ANY AND ALL LIABILITY FOR SUCH USE.</small>		<small>FOR USE WITH THE PROJECT IDENTIFIED BELOW. NO MODIFICATIONS OR CHANGES MAY BE MADE TO THIS DRAWING AND NO USE MAY BE MADE OF THIS DRAWING WITHOUT THE EXPRESS WRITTEN PERMISSION OF SHERIDAN CORPORATION IS WRONGFUL AND IS AT THE USER'S RISK. SHERIDAN DISCLAIMS ANY AND ALL LIABILITY FOR SUCH USE.</small>	
DATE	REVISION	EST. NO	Engineering Designs For MAINE CENTERS for HEALTH CARE 980 FOREST AVENUE PORTLAND, MAINE
		SIZE	
		TYPE	Job NO. 041013
		DRAWN BY RS	
		APPROVED BY	ENGINEERING DWG. NO. DI OF
		SCALE 1/8" = 1'-0"	Title FIRST FLOOR RENOVATION PLAN SINGLE TENANTS
		DATE 1/30/04	
<small>4-D9.AEC DatoCAD® FILE NAME: G.T.V. NAME: DI</small>			





STONE FACED
RETAINING WALL

UPPER LEVEL
OVERHANG

WINDOWS NOT LOCATED
2 - 7'-10" x 4'-10" FIXED WINDOWS
6 - 1'-10" x 4'-10" FIXED WINDOW

ENTRANCE

STONE FACING

20'-0" ±

EX. 3' x 7'
GLASS/ALUM. DR.

HALLWAY

ROOM 101

612 ± S.F.

DOORS & WINDOWS NOT LOCATED
3 - 3' x 7' DOORS
1 - 2'-6" x 7' DOOR
2 - 7'-10" x 4'-10" FIXED WINDOWS
1 - 5'-10" x 4'-10" FIXED WINDOW
2 - 2'-10" x 4'-10" FIXED WINDOW

FIRE RATED
WALL &
CEILINGS
TYP.

7'-8"

4'-9"

ELECTRICAL ROOM

NEW FINISHES:

CARPET W/ VINYL COVE
CEILING TILE
LIGHTS
PAINT WALLS & TRIMS

REMOVE WALLS OF
EXIST. OFFICES

EX. OFF.

EX. OFF.

INDIVIDUAL TENANT SPACES

EXIST. SHELVES
& PIPING BELOW

EX. RR.

RELOCATE
SINK ON
OPPOSITE WALL

UPPER LEVEL
TENANT SPACE

R LEVEL
HANG

FACING

ENTRANCE

WINDOWS NOT LOCATED
2 - 7'-10" x 4'-10" FIXED WINDOWS
5 - 1'-10" x 4'-10" FIXED WINDOW

HALLWAY

DOORS & WINDOWS NOT LOCATED
3 - 3' x 7' DOORS
3 - 7'-10" x 4'-10" FIXED WINDOWS

FIRE RATED
WALL &
CEILINGS
TYP.

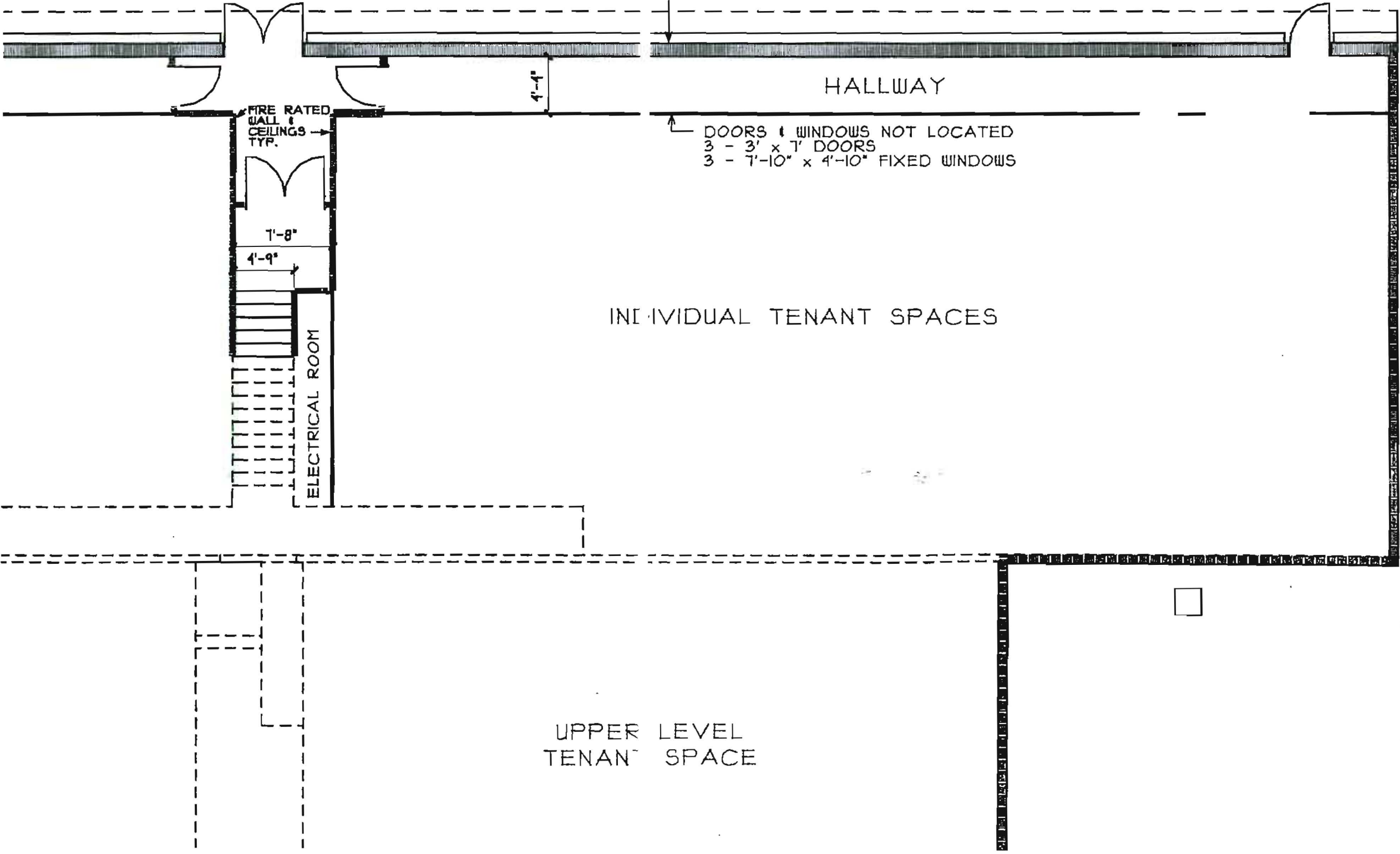
7'-8"

4'-9"

ELECTRICAL ROOM

INDIVIDUAL TENANT SPACES

UPPER LEVEL
TENANT SPACE





CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 8-11 _____ 20 21 _____

Received from The Sheridon Corp.

Location of Work 700 Forest Ave.

Cost of Construction \$ _____

Permit Fee \$ 111.00 *over for 1175*

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other _____

CBL: 113A 065

Check #: 119368

Total Collected \$ 111.00

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