

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 040660

This is to certify that Center For Community Dent Charles R
has permission to add walls and a 10'.5 x 4'.8 b room
AT 813 Washington Ave 62 163 B002001

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 when permission procured before this building or part thereof is laid or closed-in. THIS 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 _____
DepartmentName

[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: 04-0660	Issue Date:	CBL: 163 B002001
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Location of Construction: 813 Washington Ave	Owner Name: Center For Community Dental	Owner Address: 813 Washington Ave	Phone:
Business Name:	Contractor Name: Charles Reade	Contractor Address: Portland	Phone: 2078294355
Tenant/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: RP

Current Use: Commercial/ Dental	Proposed Use: Commercial/ Law office/ add walls and a 10'.5 x 4'.8 bathroom	Permit Fee: \$132.00	Cost of Work: \$4,000.00	CEODistrict: 4
Proposed Project Description: add walls and a 10'.5 x 4'.8 bathroom		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>SB</i> Type: <i>SB</i>	
		Signature: <i>[Signature]</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: 05/26/2004	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 checked="" 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"/> Denied Date: <i>5/27/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved 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: _____
	Signature: <i>[Signature]</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

6-11-04 checked New Wiring
& wall No Permit for Electrical
~~See~~ Mike Collins For OK
walls & Plumbing OK now

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0660	Date Applied For: 05/26/2004	CBL: 163 B002001
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Location of Construction: 813 Washington Ave	Owner Name: Center For Community Dental	Owner Address: 813 Washington Ave	Phone:
Business Name:	Contractor Name: Charles Reade	Contractor Address: Portland	Phone (207) 829-4355
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial/ Law office/ add walls and a 10'.5 x 4'.8 bathroom	Proposed Project Description: add walls and a 10'.5 x 4'.8 bathroom
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 05/27/2004
Note: **Ok to Issue:**

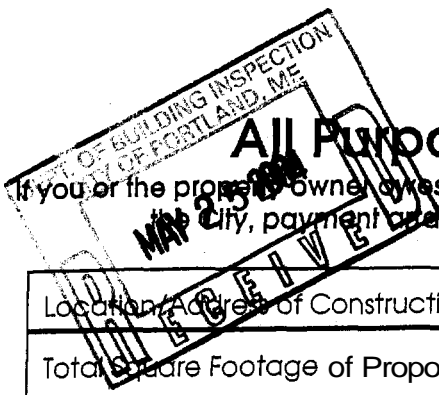
1) Separate permits shall be required for any new signage. Please note, the R-P zone in which this property is situated does not allow any building signs. It only allows limited free standing signs.

2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Pending **Reviewer:** Mike Nugent **Approval Date:**
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 05/27/2004
Note: **Ok to Issue:**

Comments:
05/28/2004-mjn: Have questions about floor ceiling assembly in Basement storage area and conference room in basement, left voicemail w/contractor.



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: <u>813 Washington Ave, Portland Me</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>163</u> Block# <u>B</u> Lot# <u>002</u>		Owner: <u>Charles + Patricia - Nelson Reade</u> Telephone: <u>829-4355</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Charles Reade</u> <u>32 DEERBROOK Farm</u> <u>N. YARMOUTH, ME 04097</u>	Cost Of Work: \$ <u>4,000</u> Fee: \$ <u>132.00</u>
Current use: <u>0</u>		
If the location is currently vacant, what was prior use: <u>DENTIST OFFICE (COMMUNITY DENTAL)</u>		
Approximately how long has it been vacant: <u>2 weeks</u>		
Proposed use: <u>LAW OFFICE</u>		
Project description: <u>add walls & Bathroom ~ 10'5 x 4'8</u>		

Contractor's name, address & telephone:

Who should we contact when the permit is ready: Charles Reade - 829-4355

Mailing address:

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: 529-4355**

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

Signature of applicant: <u>Charles Reade</u>	Date: <u>5-25-04</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 4th 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.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before **any** site work begins on any project other than single family additions or alterations.

_____ **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**

Patricia Nelson Lee
Signature of Applicant/Designee

Date
6/2/04

Signature of Inspections Official

Date

CBL: 163-B-2

Building Permit #: 04-0660

CITY OF PORTLAND, MAINE
 DEVELOPMENT REVIEW APPLICATION
 PLANNING DEPARTMENT PROCESSING FORM
 DRC Copy

2001-0052
 Application I, D. Number
 04/04/2001
 Application Date

Center For Community Dental
 Applicant
 813 Washington Ave, Portland, ME 04103
 Applicant's Mailing Address
 Eppich, John
 Consultant/Agent
 Agent Ph: (207)874-1191 Agent Fax:
 Applicant or Agent Daytime Telephone, Fax

Fill approximately 48 cubic yards
 Project Name/Description
 813 - 813 Washington Ave, Portland, Maine
 Address of Proposed Site
 163 B002001
 Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): New Building Building Addition Change Of Use Residential Office Retail
 Manufacturing Warehouse/Distribution Parking Lot Other (specify) Fill approximately 48 cy

Proposed Building square Feet or # of Units _____ Acreage of Site _____ Zoning _____

Check Review Required:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Site Plan
(major/minor) | <input type="checkbox"/> Subdivision
of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional
Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | | <input type="checkbox"/> Other _____ |

Fees Paid: Site Plan _____ Subdivision _____ Engineer Review _____ Date _____

DRC Approval Status:

Reviewer Jay Reynolds

- Approved Approved w/Conditions
See Attached

Denied 4-26-01

Approval Date _____ Approval Expiration _____ Extension to _____ Additional Sheets
Attached

Condition Compliance _____
signature _____ date _____

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____	_____	_____
	date	amount	expiration date
<input type="checkbox"/> Inspection Fee Paid	_____	_____	
	date	amount	
<input type="checkbox"/> Building Permit Issue	_____		
	date		
<input type="checkbox"/> Performance Guarantee Reduced	_____	_____	_____
	date	remaining balance	signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	<input type="checkbox"/> Conditions (See Attached)	_____
	date		expiration date
<input type="checkbox"/> Final Inspection	_____	_____	
	date	signature	
<input type="checkbox"/> Certificate Of Occupancy	_____		
	date		
<input type="checkbox"/> Performance Guarantee Released	_____	_____	
	date	signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____	_____	_____
	submitted date	amount	expiration date
<input type="checkbox"/> Defect Guarantee Released	_____	_____	
	date	signature	

CITY OF PORTLAND, MAINE
 DEVELOPMENT REVIEW APPLICATION
 PLANNING DEPARTMENT PROCESSING FORM
 DRC Copy

2001-0052
 Application I. D. Number
 04/04/2001
 Application Date
 Fill approximately 48 cubic yards
 Project Name/Description

Center For Community Dental
 Applicant
 813 Washington Ave, Portland, ME 04103
 Applicant's Mailing Address
 Eppich, John
 Consultant/Agent
 Agent Ph: (207)874-1191 Agent Fax:
 Applicant or Agent Daytime Telephone, Fax

813 - 813 Washington Ave, Portland, Maine
 Address of Proposed Site
 163 B002001
 Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): New Building Building Addition Change Of Use Residential Office Retail
 Manufacturing Warehouse/Distribution Parking Lot Other (specify) Fill approximately 48 cy

Proposed Building square Feet or # of Units _____ Acreage of Site _____ Zoning _____

Check Review Required:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | | <input type="checkbox"/> Other _____ |

Fees Paid: Site Plan _____ Subdivision _____ Engineer Review _____ Date _____

DRC Comments

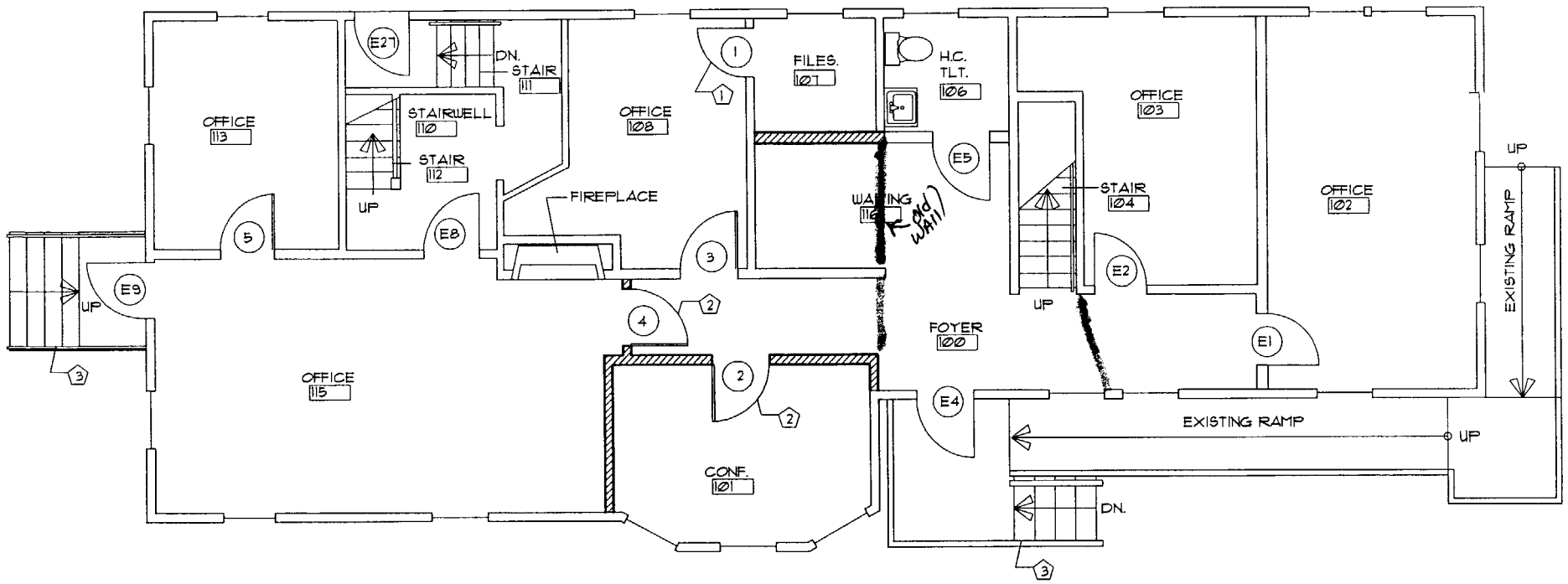
scope of work is above and beyond the limits of a fill permit application. Applicant was encouraged to make alternate changes to yard, or apply for a minor site plan application.

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____	_____	_____
	date	amount	expiration date
<input type="checkbox"/> Inspection Fee Paid	_____	_____	
	date	amount	
<input type="checkbox"/> Building Permit Issue	_____		
	date		
<input type="checkbox"/> Performance Guarantee Reduced	_____	_____	_____
	date	remaining balance	signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	<input type="checkbox"/> Conditions (See Attached)	_____
	date		expiration date
<input type="checkbox"/> Final Inspection	_____	_____	
	date	signature	
<input type="checkbox"/> Certificate Of Occupancy	_____		
	date		
<input type="checkbox"/> Performance Guarantee Released	_____	_____	
	date	signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____	_____	_____
	submitted date	amount	expiration date
<input type="checkbox"/> Defect Guarantee Released	_____	_____	
	date	signature	

*new
old door, remove*

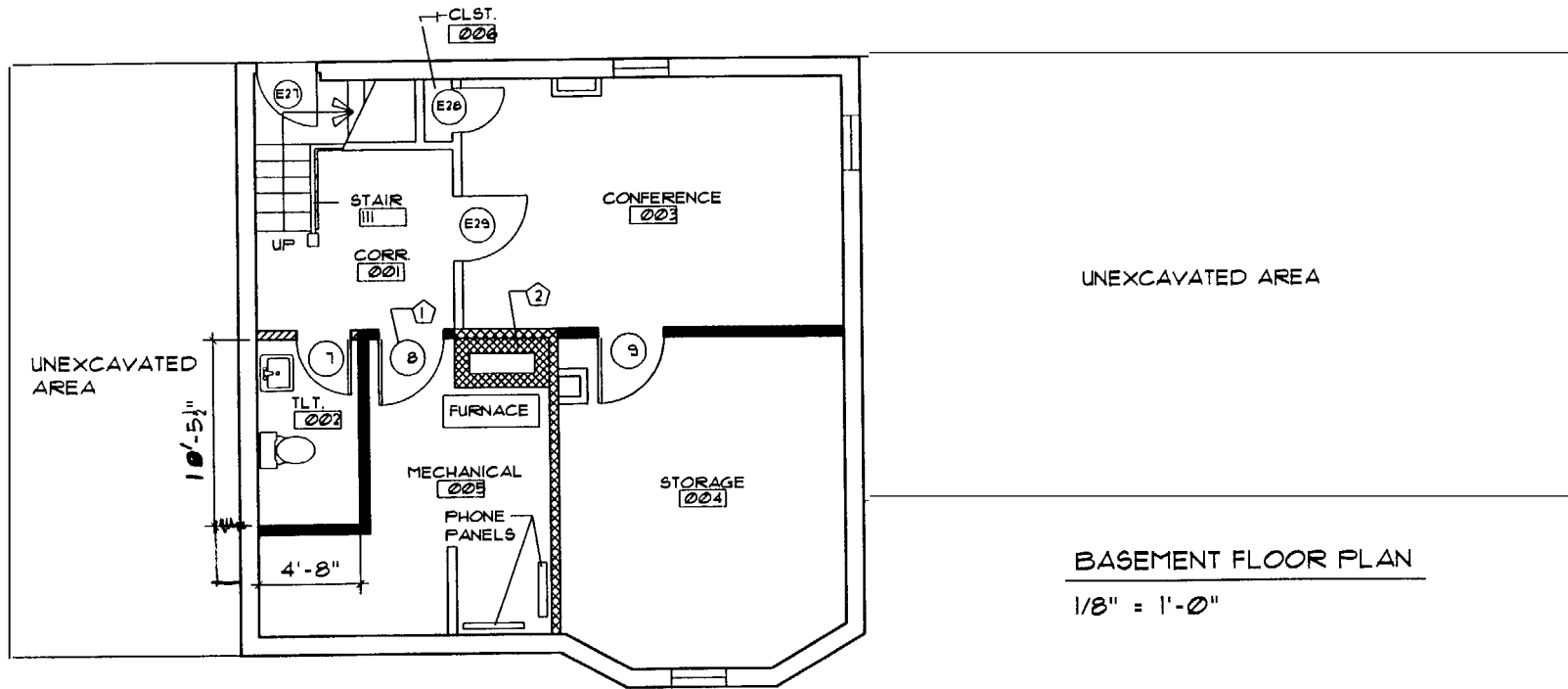


FIRST FLOOR PLAN
1/8" = 1'-0"

- LEGEND:
- EXISTING WALL OR ITEM.
 - NEW WALL.
 - EXISTING DOOR. E1
 - NEW DOOR. 1

(3) EXISTING STAIR

New



BASEMENT FLOOR PLAN
1/8" = 1'-0"

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
MAY 25 2000
163B 002

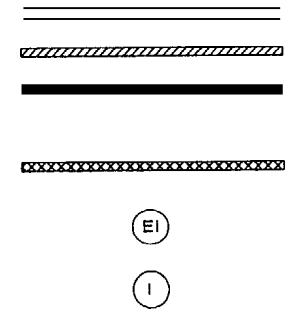
KEYED NOTES:

- ① 1 HOUR RATED DOOR/FRAME - 3'-0" x 6'-8".
- ② EXISTING CHIMNEY.
- ③ (1) HR RATED CEILING - (2) LAYERS 3/8" FIRECODE C GB SECURED TO UNDERSIDE OF FIRST FLOOR FRAMING.

NOTE: ALL WINDOWS ARE EXISTING.

LEGEND:

- EXISTING WALL OR ITEM.
- NEW WALL.
- NEW 1 HR RATED WALL - 2x4 @ 16" OC W/3/8" FIRECODE C GB EA SIDE.
- EXISTING 1 HR RATED WALL.
- EXISTING DOOR.
- NEW DOOR.





CITY OF PORTLAND, MAINE

Department of Building Inspections

_____ 500 20 04

Received from _____

Location of Work 113 _____

Cost of Construction \$ _____

57
75 cof 0

Permit Fee \$ 1200

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 113 B 002

Check #: 99

Total Collected \$ 1320

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

[Handwritten signature]