Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Please Read BU JON Application And Notes, If Any, DF Permit Number: 0901-1-7 Attached This is to certify that _____STONE COAST HOLDINGS I Bob V has permission to _____Commercial - Office Interior re s after f 2000 AT 509 OCEAN AVE 163 E001001 provided that the person or persons, fi or compared on according this permit shall comply with all of the provisions of the Statutes of Marie and of the <u>Optimus</u>ces of the City of Portland regulating the construction, maintenance and use buildings and structures, and of the application on file in this department. tion[,] of Noti spectio nust be Apply to Public Works for street line nd writte ermissid aive rocured A certificate of occupancy must be and grade if nature of work requires befo his bui g or pa hereof is procured by owner before this buildsuch information. éd-in. 24 lath or oth ing or part thereof is occupied. NOTICE IS REQUIRED. HOU OTHER REQUIRED APPROVALS Fire Dept. CAPT. R. Sautrean Health Dept. Appeal Board Other _____ Department Name PENALTY FOR REMOVING THIS CARD

Cit	y of Portland, Maine -	· Building or Use Pe	rmit Applicatio	n Permit No:	Issue Date:	CBL:				
-	-		(207) 874-8703, Fax: (207) 874-8716		3/4/09	163 E001001				
Location of Construction:		Owner Name:			74	Phone:				
509	OCEAN AVE	STONE COAST	STONE COAST HOLDINGS LLC		VE					
Business Name:		Contractor Name:	Contractor Name:			Phone				
		Bob Wilson	Bob Wilson		Road Dayton	2076156004				
Lessee/Buyer's Name		Phone:	Phone:		Permit Type:					
Ĺ				Alterations - Com	mercial					
Past		Proposed Use:	<u></u>	Permit Fee: Cost of Work: CEO District:						
Cor	nmercial - Office		Commercial - Office Interior repairs		\$5,000.00	4				
		after fire		FIRE DEPT:	Appioveu	ECTION:				
					Denied Use C	Group: B Type: 51) TBC - 2003				
					tions					
<u> </u>		l		4	1.	ي الم الم الم الم				
} -	osed Project Description: nmercial - Office Interior re	maine often fine				120				
	Innercial - Office Interior re	pails aller file		Signature: KG	Signa					
				Action: Approve	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved McConditions Conditions					
				Signature:	Date:					
Pern	nit Taken By:	Date Applied For:		7.ning	Annroval					
Ld	obson	02/17/2009		Chao out 1						
1.	This permit application do	es not preclude the	- thas	e close	<u>- 001 T</u>	Historic Preservation				
	Applicant(s) from meeting applicable State and Federal Rules.			la si fist	mit 1	Not in District or Landmark				
			ITTAC	Please Close-out Attached Fermit Need's C.C.						
 Building permits do not include plumbing, septic or electrical work. 		clude plumbing,	- Neco			Does Not Require Review				
		/0 -		11	Requires Review					
3. Building permits are void if work is not started within six (6) months of the date of issuance.			-	(') 7/4/09		la ga				
False information may invalidate a building			~ 7	1101	Approved					
	permit and stop all work		1 -	-						
			ector		Approved w/Conditions					
$\begin{bmatrix} F_{1}, F_{1}$			LA T							
						Denied				
			Eo/h/s							
							drr 1			
								K .		
I hereby certify that I am the owner of record of the nam					y the	e owner of record and that				
I have been authorized by the owner to make this applic						applicable laws of this				
jurisdiction. In addition, if a permit for work described in the application is an shall have the authority to enter all areas covered by such permit at any reason						authorized representative				
snan	have the authority to enter	an areas covered by such	permit at any reason	naule nour to eniorce	e une provision o	in the code(s) applicable to				

such permit.

ADDRESS

DATE

3/23/09 CLOSE-IN OLLAY Flectnich Froning reed to locate fier escope cent. will con be

City of Portland, Maine - Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel: (16 09-0117	02/17/2009	163 E001001			
Location of Construction:		Owner Address:		Phone:			
509 OCEAN AVE				111 HILLSIDE AVE			
Susiness Name: Contractor Name:			Contractor Address:	Phone			
Bob Wilson			183 Clarks Mills R	oad Dayton	(207) 615-6004		
Lessee/Buyer's Name Phone:			Permit Type:				
			Alterations - Com	mercial			
Proposed Use:		Prop	sed Project Description:				
Commercial - Office (Casco Medical	Group LLC) Interior rep	oairs Con	mercial - Office Inter	ior repairs after fire			
after fire							
		<u> </u>					
Dept: Zoning Status: A	pproved with Condition	s Reviewo	r: Marge Schmucka	l Approval Da	te: 02/18/2009		
Note:					Ok to Issue: 🗹		
 This property shall remain a profe and approval. 	essional office building.	Any change o	fuse shall require a se	eparate permit applica	tion for review		
2) Separate permits shall be required	l for any new signage.						
 This permit is being approved on work. 	the basis of plans submit	tted. Any dev	iations shall require a	separate approval be	fore starting that		
Dept: Building Status: A	pproved with Condition	s Review	r: Chris Hanson	Approval Da	te: 03/04/2009		
Note:	FF			• •	Ok to Issue:		
 Separate permits are required for approval as a part of this process. 	any electrical, plumbing,	, HVAC or ex	haust systems. Separa				
			- Andrei C		•		
 Application approval based upon and approrval prior to work. 	information provided by	applicant. Ai	y deviation from appl	roved plans requires s	separate review		
Dept: Fire Status: A	pproved with Condition	s Reviewe	r: Capt Keith Gautre	eau Approval Da	te: 02/24/2009		
Note:					Ok to Issue: 🗹		
1) All construction shall comply with	n NFPA 101						

Comments:

2/17/2009-mes: I spoke to Bob Wilson - The last use for this property was a residential Hospice. The proposed use is for offices. The applicant needs a change of use application first. This application is on hold until I get the change of use application to review

2/18/2009-mes: I pulled the old permit #02-0691- It does clearly state that there was a change of use with that permit from vacant to office uses for the Hospice organization.



General Building Permit Application

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.

Total Square Footage of Proposed Structu - 100 50		tage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# /63	Applicant * <u>must</u> be owne Name ChAUISS T Address 509 06620 City, State & Zip <i>for-t</i>	RHINVILLEIT	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Name Address City, State & Zip	We	st Of ork: \$ of O Fee: \$ tal Fee: \$
If vacant, what was the previous use? Proposed Specific use:Billing with	Fils CASED	milling Loop	UP LLC
Contractor's name: Boß will Se	ou	Ain AFten Fi	
Is property part of a subdivision? Project description: RGAIALS with hI Contractor's name: <u>Bob wills</u> Address: <u>183 Clarks</u> Mills 22 City, State & Zip <u>Dayton</u> <u>Me</u>	ou	NAIN AFTAN FI	,
Contractor's name: <u>REALACE with hi</u> Address: <u>183 Clarks Mills (2)</u> City, State & Zip <u>DAYton</u> <u>Me</u> . Who should we contact when the permit is	04005 ready:	Teleph	one: <u>615-6004</u>
Contractor's name: <u><u><u>Re</u>Alace</u> with ht Address: <u><u>183 Clarks</u> <u>Mills</u> <u>20</u> City, State & Zip <u>Dayton</u> <u>Me</u>. Who should we contact when the permit is Mailing address: <u><u>Please submit all of the informati</u></u></u></u>	04005 ready:	Teleph	one: <u>45-6004</u>
Contractor's name: <u><u><u>Re</u>Alace</u> with ht Address: <u><u>183 Clarks</u> <u>Mills</u> <u>20</u> City, State & Zip <u>Dayton</u> <u>Me</u>. Who should we contact when the permit is Mailing address: <u><u></u><u>Please submit all of the informati</u></u></u></u>	OYOUS ready: on outlined on the applic the automatic denial of y the full scope of the project, the issuance of a permit. For furth ections Division on-line at www.po	Teleph Teleph Teleph Cable Checklist. F our permit.	one: <u>45-6004</u> one: Pailure to

provisions of the codes applicable to this permit.

				_		
Signature:	Chile Remailute	Date:	2/1	4/09		2009
				1	· · · ·	

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

Revised 9-26-08

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) 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.

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

X Final inspection required at completion of work.

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.**

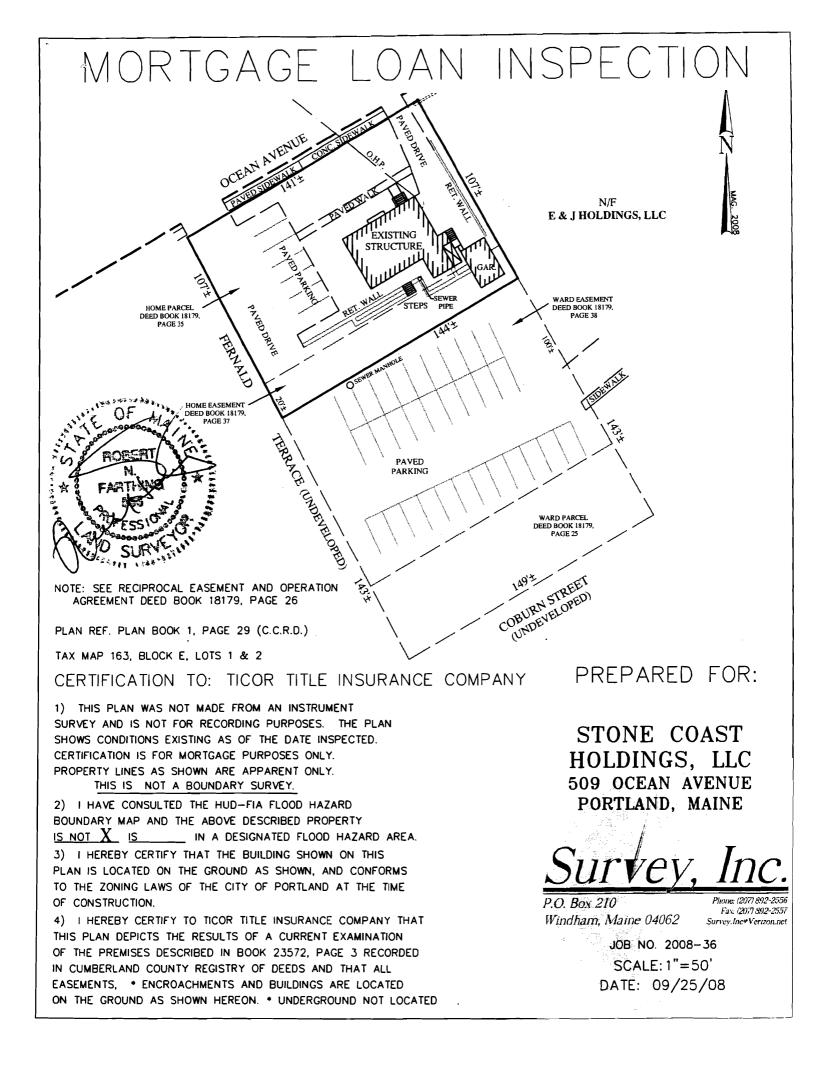
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

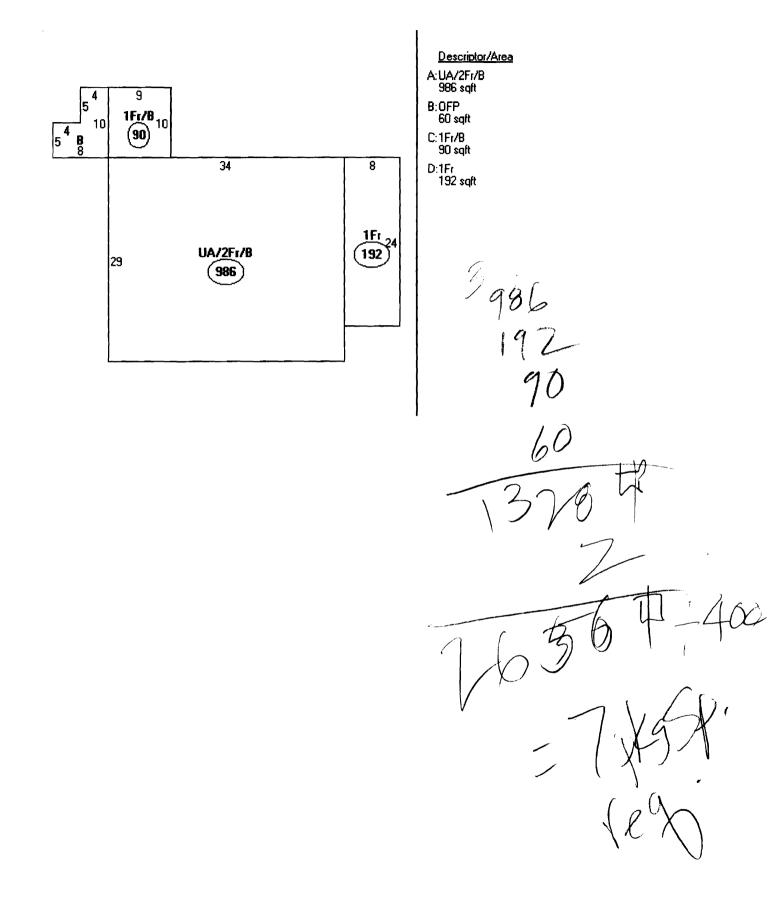
Signature of Inspections Official

 $\frac{5}{3} \cdot \frac{9}{7} \cdot \frac{09}{9}$ Date

Date

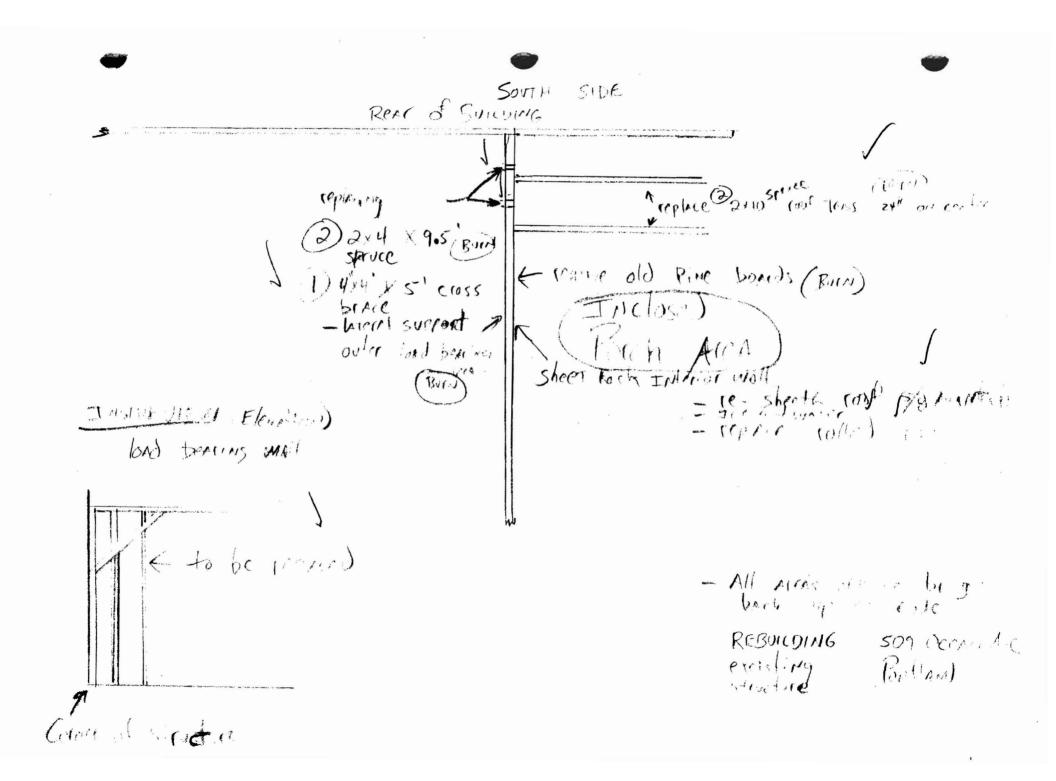


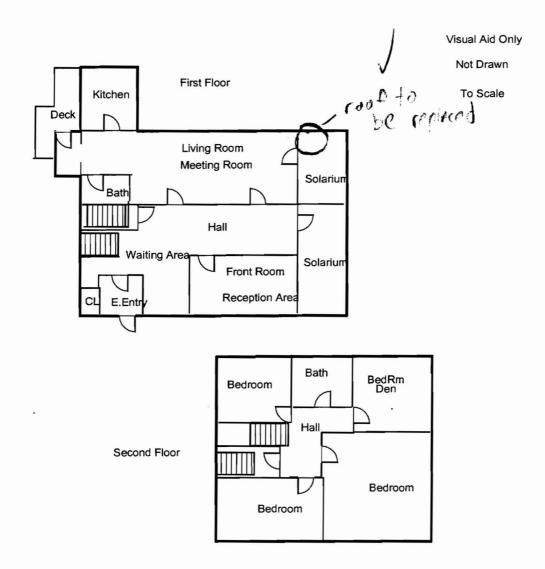




http://www.portlandassessor.com/images/Sketches/01488401.jpg

07/02/2002





SKETCH

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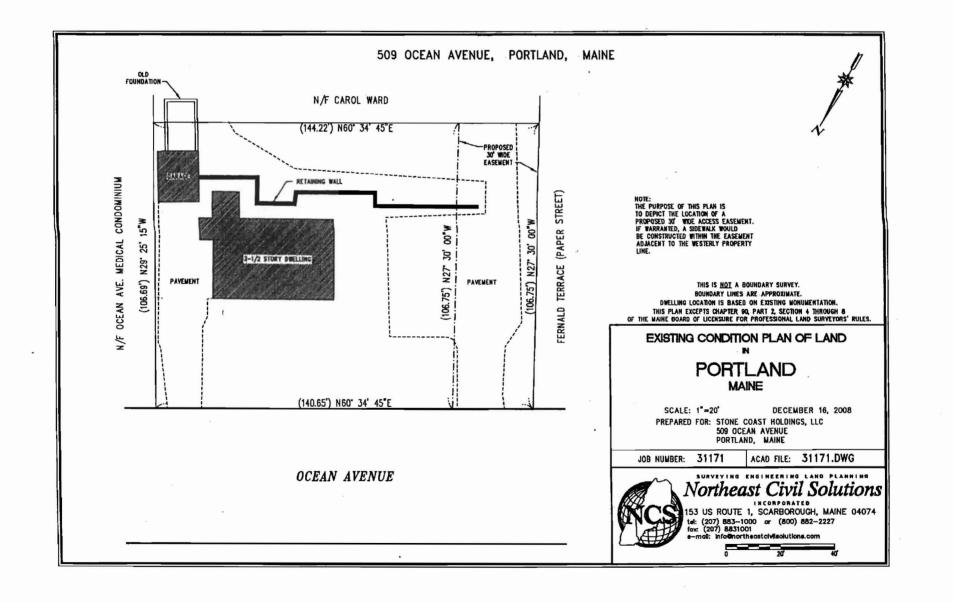
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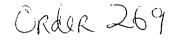
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KAREN A. GERAGHTY (MAYOR) (2) PETER E. O'DONNELL (1) NATHAN H. SMITH (3) CHERYL A. LEEMAN (4) JAY M. HIBBARD (5)

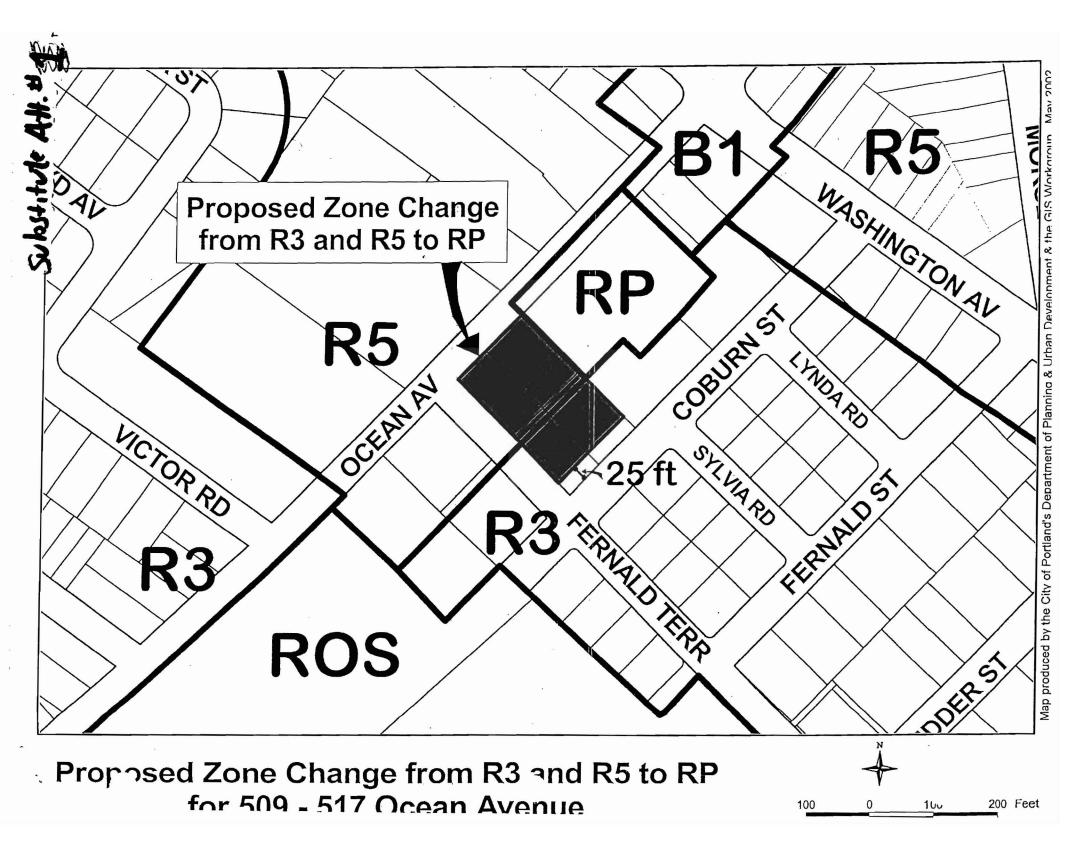
CITY OF PORTLAND IN THE CITY COUNCIL JAMES F. CLOUTIER (A/L) PHILIP J. DAWSON (A/L) JILL C. DUSON (A/L) NICHOLAS M. MAVODONES (A/L)

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ORDER AUTHORIZING AMENDMENT TO CITY CODE SEC. 14-49 (ZONING MAP AMENDMENT) RE: REZONING FOR 519 OCEAN AVENUE

ORDERED, that the Zoning Map of the City of Portland, dated December 2000 as amended and on file in the Department of Planning & Development, and incorporated by reference into the Zoning Ordinance by Sec. 14-49 of the Portland City Code, is hereby amended by rezoning 519 Ocean Avenue from R-5 and R-3 TO R-P, as shown on Substitute Attachment 3.

Count APProved 5/20/02 meet



Scope of work: Hospice of Maine 519 Ocean Ave. Portland

- 1 Repair Fire Escape, address code issues inc. egress window
- 2. Repair Slate roof and chimney flashing
- 3. Laminate damaged ceilings w/ ½ GWB and paint
- 4. Create H/C accessible toilet at 1st floor
- 5. Paint office walls and trim to freshen.
- 6. New carpet on 2^{nd} floor



Ordinance.

LEGAL BASIS OF APPEAL: Such permit may be granted only if the Board of Appeals finds that such use of the premises will not advantely affect property in the same zone or neighborhood and will not be contrary to the intent and purpose of the Ordinance.

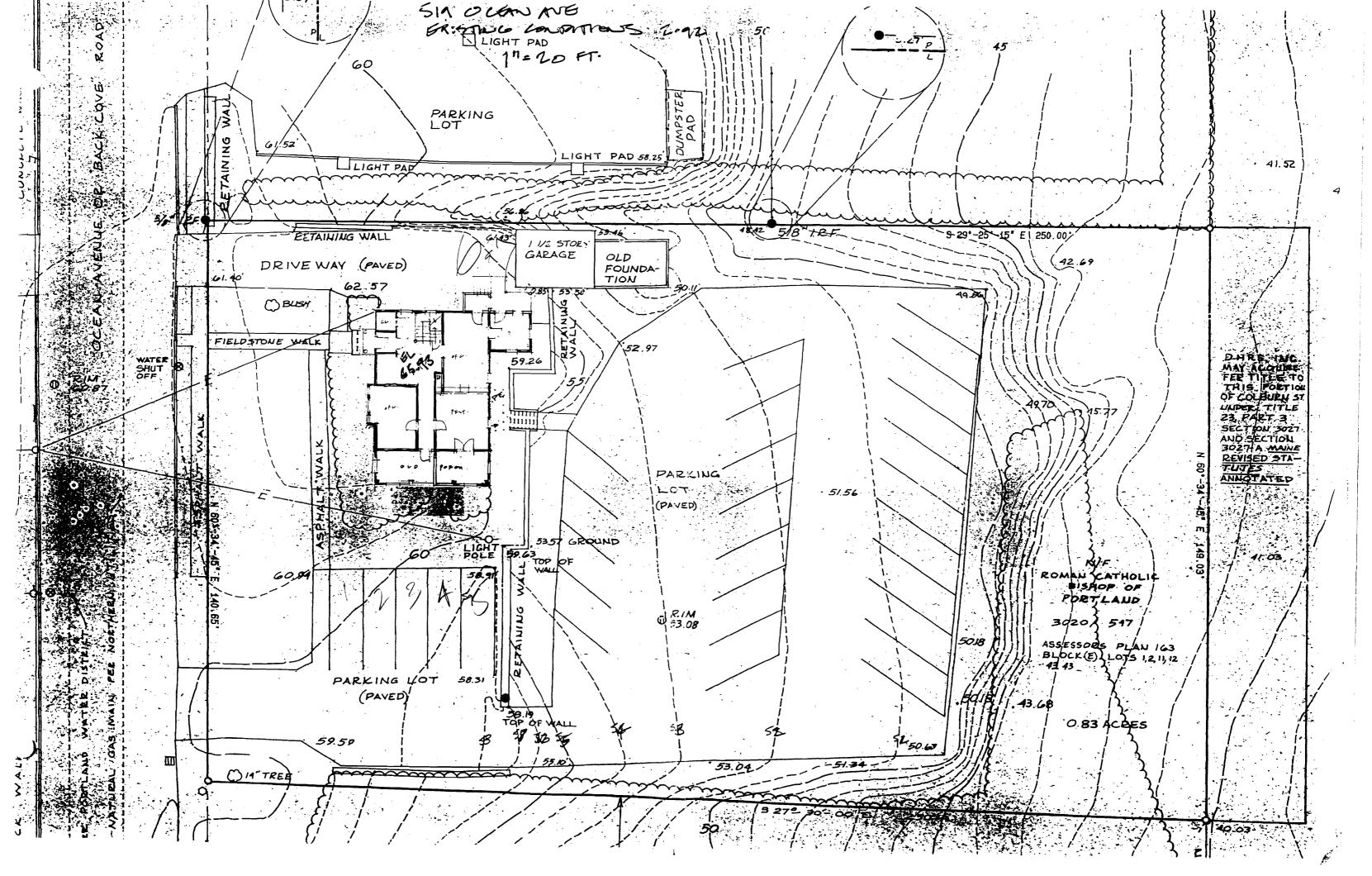
man Catholit Bishop of Portland DECISION

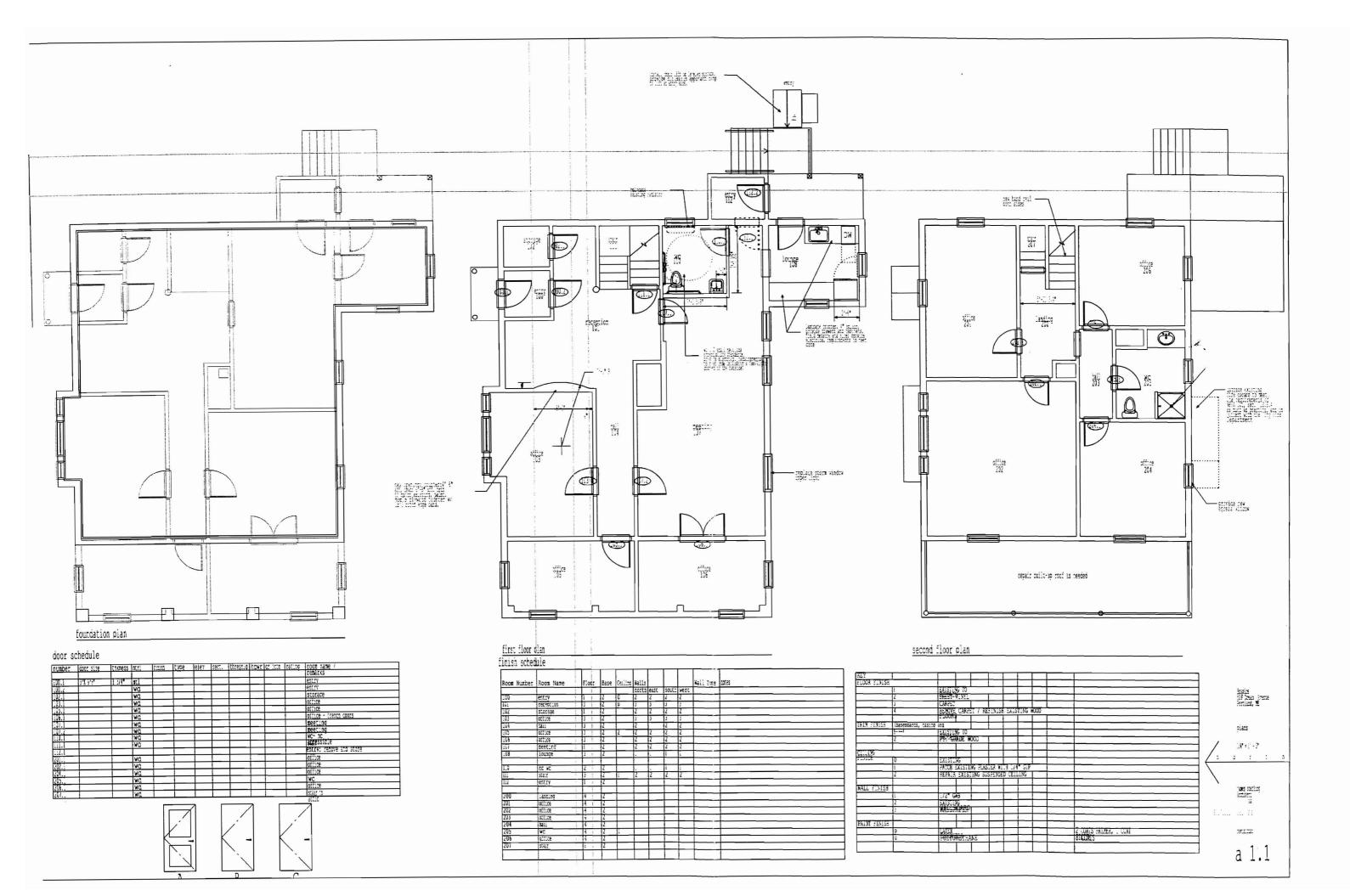
be contrary to the intent and purpose of the Ordinance. v111

It is, therefore, determined that permit should be issued in this case.

14.

A Contraction of the BOARD OF APPEALS





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CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Received from Casco Madica (6000).
Location of Work SO 9 Octo
Cost of Construction \$Building Fee:
Permit Fee \$ Site Fee:
Certificate of Occupancy Fee:
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other
CBL: 163- 2-001
Check #: Total Collected s

No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater) In order to receive a refund, you <u>MUST</u> present the Original Receipt.

Taken by: WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy