

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION PERMIT

Permit Number DS1834  
**PERMIT ISSUED**  
JAN - 3 2006  
166 A010001  
CITY OF PORTLAND

This is to certify that SEASIDE HEALTHCARE INC /The Pochebit Co, Inc.  
has permission to Renovate existing kitchen dining room

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provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 procedure is complete before this building or part thereof is occupied or service is closed-in. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. GREG CASS 1-3-06

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*[Signature]* 1/3/06  
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

Issue Date: 05.1834	CBL: 166 A010001
<b>PERMIT ISSUED</b>	
JAN - 3 2006	
<b>CITY OF PORTLAND</b>	

Location of Construction: 850 BAXTER BLVD	Owner Name: SEASIDE HEALTHCARE LLC	Owner Address: 222 ST JOHN ST	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave, Portland	Phone: 2077973369
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: RS

Past Use: Commecial - Seaside Nursing Home	Proposed Use: Commecial - Seaside Nursing Home - renovate existing kitchen dishroom	Permit Fee: \$273.00	Cost of Work: \$28,000.00	CEO District: 4
Proposed Project Description: Renovate existng kitchen dishroom		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 101 Chapter 32	INSPECTION: Use Group: I-2 Type: 30 1/3/06 Signature: Greg Cass Signature: [Handwritten]	
		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: dmartin	Date Applied For: 12/23/2005	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	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: 12/28/05 [Handwritten]	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: [Handwritten]	

**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



# 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: <b>850 BAXTER BOULEVARD</b>		
Total Square Footage of Proposed Structure <del>1000</del> <b>RENOVATION</b>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <b>166</b> Block# <b>A</b> Lot# <b>010</b>		Owner: <b>FIRST ATLANTIC CORP</b> <b>222 ST JOHN ST.</b> <b>PORTLAND ME</b>
Lessee/Buyer's Name (If Applicable) <b>N/A</b>		Telephone: <b>874-2700</b>
Applicant name, address & telephone: <b>THE ROCKBURY CO</b> <b>171 WARREN AVE</b> <b>PORTLAND, ME</b>		Cost Of Work: \$ <b>28,000-</b> Fee: \$ <b>273</b> C of O Fee: \$
Current Specific use: <b>NURSING HOME KITCHEN</b>		
Proposed Specific use: <b>1 1 1</b>		
Project description: <b>RENOVATE EXISTING KITCHEN DIN ROOM</b> <b>RE-FRAME EXISTING WALL, DOOR OPENINGS</b> <b>ALL NON LOAD BEARING</b>		
Contractor's name, address & telephone: <b>THE ROCKBURY CO INC</b> <b>9973369</b> <b>171 WARREN AVE</b>		
Who should we contact when the permit is ready: <b>MIKE WAHLE</b>		
Mailing address: Phone: <b>776-463</b>		

Please submit all of the information outlined in the Commercial Application Checklist. 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 visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov) stop by the Building Inspections 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 of applicant:	Date: <b>12/23/05</b>
 <b>RECEIVED</b> This is not a permit; you may not commence ANY work until the permit is issued.	
<b>27006</b>	

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 05-1834	<b>Date Applied For:</b> 12/23/2005	<b>CBL:</b> 166 A010001
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<b>Location of Construction:</b> 850 BAXTER BLVD	<b>Owner Name:</b> SEASIDE HEALTHCARE LLC	<b>Owner Address:</b> 222 ST JOHN ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> The Pochebit Co, Inc.	<b>Contractor Address:</b> 171 Warren Ave. Portland	<b>Phone:</b> (207) 797-3369
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>		

<b>Proposed Use:</b> Commercial - Seaside Nursing Home - renovate existing kitchen dishroom	<b>Propose</b> Renovate existing kitchen dishroom
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 12/28/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>

<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 01/03/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
1) HVAC installation was not reviewed or approved as a part of this permit.			

<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 01/03/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All construction to comply with NFPA 101 Chapter 32			