

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

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

# PERMIT

Permit Number: 061432

PERMIT ISSUED

NOV - 1 2006

This is to certify that SEASIDE HEALTHCARE / Pochebit Company

has permission to Interior renovations

AT 850 BAXTER BLVD

166 AD10001

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.

Classification of inspection must be given and when permission procured before this building or part thereof is occupied or service closed-in. 4 OUR NOTES REQUIRED.

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

**OTHER REQUIRED APPROVALS**

Fire Dept. \_\_\_\_\_

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

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

Other \_\_\_\_\_

Department Name

*Jamie Bouke* 10/24/06  
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

Permit No: 06-1432	BL: 166 AC10001
Owner Address: 222 ST JOHN ST	Phone: 2077973369
Contractor Address: 171 Warren Avenue Portland	Phone: 2077973369
Permit Type: Alterations - Commercial	Zone: RS

Location of Construction: 850 BAXTER BLVD	Owner Name: SEASIDE HEALTHCARE LLC
Business Name:	Contractor Name: Pochebit Company
Lessee/Buyer's Name	Phone:

Past Use: Commercial / Nursing Home	Proposed Use: Commercial / Nursing Home interior renovations
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Permit Fee: \$370.00	Cost of Work: \$35,000.00	CEO District: 4
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group <i>E-2</i> Type: <i>3B</i> <i>IPX-2003</i>	
Signature: <i>Greg Cross</i>	Signature: <i>AMB 10/24/06</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Proposed Project Description: Interior renovations
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Permit Taken By: dmartin	Date Applied For: 10/02/2006	<b>Zoning Approval</b>	
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<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>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>call interior</i> <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"/> <i>OK w/ conditions</i> Date: <i>10/6/06</i> <i>ABN</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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 <i>ABN</i> Date:
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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 \_\_\_\_\_

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

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

<b>Permit No:</b> 06-1432	<b>Date Applied For:</b> 10/02/2006	<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> Pochebit Company	<b>Contractor Address:</b> 171 Warren Avenue Portland	<b>Phone:</b> (207) 797-3369
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial / Nursing Home interior renovations	<b>Proposed Project Description:</b> Interior renovations
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 10/06/2006

**Note:** **Ok to Issue:**

- 1) 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:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 10/24/2006

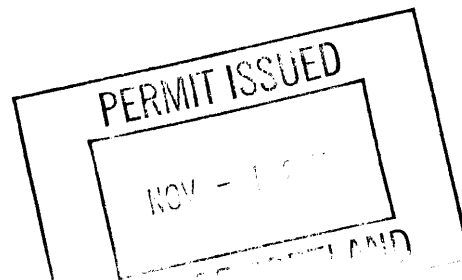
**Note:** **Ok to Issue:**

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 10/13/2006

**Note:** More information required **Ok to Issue:**

Called 10-10-06

- 1) No means of egress shall be obstructed during construction
- 2) State Fire Marshals approval required
- 3) Fire Alarm and Sprinkler system approval letters required at completion





# 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: <u>850 BAXTER BLVD</u>		
Total Square Footage of Proposed Structure <u>EXISTING 52,000</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>166      A. 10</u>	Owner: <u>SEASIDE NURSING HOME</u>	Telephone: <u>774-7878</u>
Lessee/Buyer's Name (If Applicable) <u>KRISTE HUBBARD CHESTNUT CARE</u> <u>222 ST. JAMES ST.</u> <u>PORTLAND, ME</u>	Applicant name, address & telephone:	Cost Of Work: \$ <u>35,000-</u> Fee: \$ <u>570.00</u> C of O Fee: \$ <u>Nil</u>
Current Specific use: <u>COMMERCIAL / NURSING HOME</u> If vacant, what was the previous use? Proposed Specific use:		
Project description: <u>INTERIOR RENOVATIONS</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>THE ROCKBETS CO, INC.</u> Mailing address: <u>171 WARREN AVE</u> Phone: <u>797-3369</u> ← <u>Mike White</u> <u>PORTLAND, ME 04103</u> (Called 10-10-06 call)		

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

OCT - 2 2006

**RECEIVED**

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: <u>[Signature]</u>	Date: <u>9/29/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

✓ # 27891