

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

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

<b>Permit No:</b> 10-0429	<b>Issue Date:</b>	<b>CBL:</b> 166 A010001
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<b>Location of Construction:</b> 850 Baxter Blvd	<b>Owner Name:</b> Dumont James E &	<b>Owner Address:</b> 37 Randall St	<b>Phone:</b>
<b>Business Name:</b> Seaside Nursing Facility	<b>Contractor Name:</b> On The Level Contruction	<b>Contractor Address:</b> 10 Mirror Lake Road W. Newfield	<b>Phone</b> 2077938899
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Institutional	<b>Zone:</b>

<b>Past Use:</b> Institutional / Seaside Nursing Facility	<b>Proposed Use:</b> Seaside Nursing Facility / Renovations to existing canopy, west facade. & Alterations to parking lot	<b>Permit Fee:</b> \$420.00	<b>Cost of Work:</b> \$40,000.00	<b>CEO District:</b> 4
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		<b>INSPECTION:</b> Use Group: Type: Signature:
<b>Proposed Project Description:</b> Renovations to existing canopy, west facade. & alterations to parking lot		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 04/28/2010	<b>Zoning Approval</b>		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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..	<b>Special Zone or Reviews</b> <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:	<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 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:	

**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

<b>Location of Construction:</b> 850 Baxter Blvd	<b>Owner Name:</b> Dumont James E &	<b>Owner Address:</b> 37 Randall St	<b>Phone:</b>
<b>Business Name:</b> Seaside Nursing Facility	<b>Contractor Name:</b> On The Level Contruction	<b>Contractor Address:</b> 10 Mirror Lake Road W. Newfield	<b>Phone</b> 2077938899
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Institutional	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 05/04/2010  
**Note:** **Ok to Issue:**

- 1) Separate permits shall be required for any new signage.
- 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:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 05/19/2010  
**Note:** **Ok to Issue:**

- 1) Prior to the final inspection a sealed letter shall be submitted to this office confirming that based on inspections performed for structural fill, concrete, structural steel bolted connections and field welded connections, all discrepancies have been corrected and the work is in substantial compliance with the approved plans.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 05/11/2010  
**Note:** **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) All means of egress to remain accessible at all times
- 3) All construction shall comply with NFPA 1 and 101.

**Comments:**

5/3/2010-gg: reduced plans were emailed. /gg

5/4/2010-mes: WAIT FOR PLANNING APPROVALS FROM PLANNING - applicant has submitted to planning changes to his originally approved site plan

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE