

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 060871

This is to certify that BROWN J.B. & SONS/Tim Garner

has permission to Office Call Ctr- Tenant Fit-

AT 201 WASHINGTON AVE

PERMIT ISSUED
JUL 24 2006
CITY OF PORTLAND

170 F001
171 A005061

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of this State and of the Ordinances of the City of Portland relating to the construction, maintenance and use of buildings and structures, and the rules and regulations of 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 is procured before this building or part thereof is used or occupied. Closed-in areas. YOUR 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Carl Cuy 7/24/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned



CITY OF PORTLAND, MAINE
Department of Building Inspections

6-15 20 06

Received from Tommy W. Cable

Location of Work 701 Washington Ave

Cost of Construction \$ _____

Permit Fee \$ 2622

Building (1L) _____ Plumbing (1S) _____ Electrical (12) _____ Site Plan (U2) _____

Other _____

CBL: 171 A 5

Check #: 1296332

Total Collected \$ 2622

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

CUNNINGHAM

Security Systems

10 Princes Point Road • Yarmouth, Maine 04096
(207) 846-3350 • Fax (207) 846-6080 • (800) 210-0257

August 12, 2008

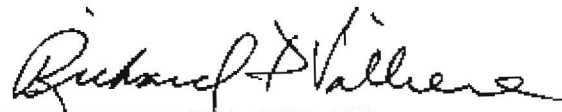
Attn: Captain Cass
City of Portland Building Inspections
389 Congress Street, Room #315
Portland, ME 04101
Fax#: (207) 874-8716

Dear Captain Cass,

This letter is to inform you that the Fire Alarm System located at Martin's Point Healthcare Center, 901 Washington Avenue, Portland, ME. has been tested and is fully functional at this time. Test signals have been received at our Central Monitoring Station.

Should you have any questions or comments regarding this matter, please feel free to contact me at (207) 846-3350.

Sincerely,



Richard P. Valliere, Office Manager

Cc: Acct. File

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0871	Issue Date:	CBL: <u>170-F</u> 171-1005001
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Location of Construction: 901 WASHINGTON AVE	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone: PERMIT ISSUED
Business Name:	Contractor Name: Time Warner	Contractor Address: 118 Johnson Road Portland	Phone: 207 253 2237
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Commercial/ Office Call Ctr	Proposed Use: Commercial/ Office Call Ctr- Tenant Fit-up	Permit Fee: \$2,622.00	Cost of Work: \$289,000.00	CEO District: 4
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Proposed Project Description: Office Call Ctr- Tenant Fit-up	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <u>B</u> Type: <u>2B</u> <u>7/21/06</u> <i>[Signature]</i>
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Permit Taken By: Idobson	Date Applied For: 06/15/2006	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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"/> <i>ok 7/6/06</i> Date	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:
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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