



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

901 WASHINGTON AVE

CBL 170 F001001

Issued to

Brown J B & Sons/Wright Ryan Construction, Inc

Date of Issue

04/23/2009

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 09-0140 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Medical Office Space
Use Group B
Type 5B
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

.....
(Date)

.....
Inspector

.....
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Car. R. Santos
4/23/09

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090140

Please Read
Application And
Notes, If Any
Attached

This is to certify that BROWN J B & SONS /Wright Ryan Construction, Inc
has permission to Change of use from Andover College to Medical Administration w/tenant fit-up
AT 901 WASHINGTON AVE CBL 170 F00100



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.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR 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. Capt. K. Gauthier
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Photo S/M 3/9/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0140	Issue Date: 3/9/09	CBL: 170 F001001
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Location of Construction: 901 WASHINGTON AVE	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone: 2077733625
Lessee/Buyer's Name	Phone:	Permit Type: Alteration Change of Use - Commercial	Zone: B-2/R-3

Past Use: Commercial - Andover College	Proposed Use: Commercial - Medical Administration- Change of use from Andover College to Medical Administration w/ tenant fit-up	Permit Fee: \$815.00	Cost of Work: \$71,450.00	CEO District: 4
Proposed Project Description: Change of use from Andover College to Medical Administration w/ tenant fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: 5B IBC-2003	
		Signature: <i>KG</i>	Signature: <i>CE</i> 3/9/09	
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: Ldobson	Date Applied For: 02/20/2009	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

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 w/ conditions</i> Date: 3/3/09 <i>Jan</i>	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 <i>ABM</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

3/24/09 Above ceiling close-in spray

~~MMA~~

04/03/09 need to re-inspect.
also verify

- Fire exting. (3)

- Replace E-light BOST ROOM

- Fire alarm test report

~~MMA~~

04/23/09

energy to issue C/O

~~MMA~~



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>901 Washington Ave</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>120</u> <u>F</u> <u>1</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Martins Point HealthCare</u> Address <u>331 Veranda St</u> City, State & Zip <u>Portland ME 04103</u>	Telephone: <u>791-3722</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>71,450⁰⁰</u> C of O Fee: \$ <u>75⁰⁰</u> Total Fee: \$ <u>805⁰⁰</u>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? <u>Andover College - administration office</u> Proposed Specific use: <u>Admin - Martins Point HealthCare</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>RENOVATE Old Andover College space FOR MEDICAL ADMINISTRATION</u>		
Contractor's name: <u>Wright-Ryan Construction</u> Address: <u>10 DANFORTH STREET</u> City, State & Zip <u>Portland ME 04101</u> Telephone: <u>713-3625</u> Who should we contact when the permit is ready: <u>SCOTT CRISTINA</u> Telephone: <u>713-3625 x15</u> Mailing address: <u>10 DANFORTH ST Portland ME 04101</u>		

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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: <u>[Signature]</u>	Date: <u>2-18-09</u>
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This is not a permit; you may not commence ANY work until the permit is issue



City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0140	Date Applied For: 02/20/2009	CBL: 170 F001001
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Location of Construction: 901 WASHINGTON AVE	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone: (207) 773-3625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Medical Administration Office- Change of use from Andover College to Medical Administration Office w/ tenant fit-up	Proposed Project Description: Change of use from Andover College to Medical Administration Office w/ tenant fit-up
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 03/03/2009
Note: This is not a change of use. The area that is being renovated was the area that held the administrative offices for Andover College, so the use remains as an office. **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:** Chris Hanson **Approval Date:** 03/09/2009
Note: **Ok to Issue:**
 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
 2) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
 3) Separate Permits shall be required for any new signage.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 03/05/2009
Note: **Ok to Issue:**
 1) Emergency lights and exit signs are required
 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
 3) The fire alarm system shall comply with NFPA 72
 4) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance
 5) The sprinkler system shall be installed in accordance with NFPA 13.
 6) All construction shall comply with NFPA 101



Comments:
 2/23/2009-amachado: Left vcm for Scott Cristina at Wright-Ryan. This is change of use application. Did permit #08-0638 have any overlap in this area? Need to know square footage of area that is being changed. Will have to do at least siteplan exemption. Need siteplan with parking and parking analysis detailing all the uses on the site and required number of parking spaces.
 3/3/2009-amachado: Received email from Todd Kilborn from PDT Architects that showed that the existing space was the administrative offices for Andover College.

