



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

1.19 2010

Received from \_\_\_\_\_

Location of Work 618 Ocean

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 470

Building (U2) \_\_\_\_\_  Plumbing (I5) \_\_\_\_\_  Electrical (I2) \_\_\_\_\_  Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 174-A-13

Check #: \_\_\_\_\_ Total Collected \$ 470

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: S. J. [Signature]

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

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

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION  
**PERMIT**

Permit Number: 100047

PERMIT ISSUED

This is to certify that JEWISH HOME FOR THE AGED THE  
 has permission to Remove 2 glass atriums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam w/  
at 618 OCEAN AVE CBL 174-A013001

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. R. Soutreau

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

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

Other \_\_\_\_\_

Department Name

*James Burke* 1/29/10  
 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:<br>10-0047 | Issue Date: | CBL:<br>174 A013001 |
|-----------------------|-------------|---------------------|

|  |   |  |              |
|--|---|--|--------------|
| Location of Construction:<br>618 OCEAN AVE | Owner Name:<br>JEWISH HOME FOR THE AGED | Owner Address:<br>630 OCEAN AVE          | Phone:       |
| Business Name:                             | Contractor Name:                        | Contractor Address:                      | Phone:       |
| Lessee/Buyer's Name                        | Phone:                                  | Permit Type:<br>Alterations - Commercial | Zone:<br>R-3 |

|   |  |  |                              |                    |
|---|--|--|------------------------------|--------------------|
| Past Use:<br>Cedars Nursing Care  | Proposed Use:<br>Cedars Nursing Care - Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen. | Permit Fee:<br>\$470.00                            | Cost of Work:<br>\$45,000.00 | CEO District:<br>4 |
| FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied<br>INSPECTION: Use Group <u>I-2</u> Type <u>2A</u><br><u>See Conditions</u> <u>IBC-2003</u> |  | Signature: <u>[Signature]</u> Date: <u>1/29/10</u> |                              |                    |

**Proposed Project Description:**  
Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen

|                             |                                 |                        |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By:<br>Ldobson | Date Applied For:<br>01/19/2010 | <b>Zoning Approval</b> |
|-----------------------------|---------------------------------|------------------------|

|  |   |   |   |
|--|---|---|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Denied<br>Date: <u>1/19/2010</u> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br>Date: <u>1/29/10</u> | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: <u>[Signature]</u> |
|  | <p style="font-size: 2em; color: red; opacity: 0.5;">PERMIT ISSUED</p> <p style="font-size: 1.5em; color: red; opacity: 0.5;">JAN 29 2010</p> <p style="color: red; opacity: 0.5;">City of Portland</p>   |   |   |

**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 |



2-10-00 needs collars on Pipes of size - check above ceiling section.

Check for Fine Calk on wall above prop ceiling  
permit work not complete AT first inspection - SMH  
wall construction only - close wall ok  
SMH

2:23.10

Wall Penetrations sealed up thru window per specs

Part 1 of permit completed SMH.

8/10 - Elect ok B-L  
Work complete close out

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

  X   Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

  X   Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, **REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee



\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

  1/29/10    
Date

**PERMIT ISSUED**

JAN 29 2010

City of Portland

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

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

|                       |                                 |                     |
|-----------------------|---------------------------------|---------------------|
| Permit No:<br>10-0047 | Date Applied For:<br>01/19/2010 | CBL:<br>174 A013001 |
|-----------------------|---------------------------------|---------------------|

|   |  |   |               |
|---|--|---|---------------|
| <b>Location of Construction:</b><br>618 OCEAN AVE | <b>Owner Name:</b><br>JEWISH HOME FOR THE AGED | <b>Owner Address:</b><br>630 OCEAN AVE          | <b>Phone:</b> |
| <b>Business Name:</b>                             | <b>Contractor Name:</b>                        | <b>Contractor Address:</b>                      | <b>Phone:</b> |
| <b>Lessee/Buyer's Name</b>                        | <b>Phone:</b>                                  | <b>Permit Type:</b><br>Alterations - Commercial |               |

|  |  |
|--|--|
| <b>Proposed Use:</b><br>Cedars Nursing Care - Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen | <b>Proposed Project Description:</b><br>Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen |
|--|--|

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 01/19/2010

**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. It is understood that the new work is within the existing footprint and existing shell of the building. If the proposal is different than that, please contact this office.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 01/29/2010

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

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) 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:** 01/29/2010

**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

**PERMIT ISSUED**

JAN 29 2010

City of Portland





# 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>Cedars 630 Ocean Ave, Portland, ME 04112</u>  |   |  |
| Total Square Footage of Proposed Structure/Area<br><u>new work approx 150 sq ft</u>  |   | Square Footage of Lot  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>174</u> Block# <u>A</u> Lot# <u>13</u>  | Applicant * <b>must be owner, Lessee or Buyer</b> *<br>Name <u>The Cedars Nursing Care Center Inc.</u><br>Address <u>630 Ocean Ave</u><br>City, State & Zip <u>Portland, ME 04112</u> | Telephone: <u>207-772-5458</u>   |
| Lessee/DBA (If Applicable)   | Owner (if different from Applicant)<br>Name<br>Address<br>City, State & Zip   | Cost Of Work: \$ <u>45,000</u><br>C of O Fee: \$ _____<br>Total Fee: \$ <u>490</u> |
| Current legal use (i.e. single family) <u>Nursing Home</u><br>If vacant, what was the previous use? _____<br>Proposed Specific use: <u>same</u><br>Is property part of a subdivision? _____ If yes, please name _____<br>Project description: <u>remove two glass atriums, replace 1 with glass atrium and standing seam roof and one with metal stud wall and standing seam roof. Add door and metal stud wall in kitchen</u> |   |  |
| Contractor's name: <u>PM Construction Co, Inc</u><br>Address: <u>19 Industrial Park Rd, Saco ME 04072</u><br>City, State & Zip _____ Telephone: <u>207-282-7697</u><br>Who should we contact when the permit is ready: <u>Laura Blanchette</u> Telephone: <u>207-433-3517</u><br>Mailing address: <u>Po Box 709 Saco ME 04072</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](http://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.

**RECEIVED**

|                                    |                      |
|------------------------------------|----------------------|
| Signature: <u>Sally Blanchette</u> | Date: <u>1/19/10</u> |
|------------------------------------|----------------------|

This is not a permit; you may not commence ANY work until the permit is issued JAN 19 2010