

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

Permit No: 08-1259	Issue Date:	CBL: 174 A013001
------------------------------	--------------------	----------------------------

Location of Construction: 618 OCEAN AVE	Owner Name: JEWISH HOME FOR THE AGED TH	Owner Address: 630 OCEAN AVE	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone:

Past Use: Cedars Nursing Care	Proposed Use: Cedars Nursing Care - 1420 sq ft Masonry addition along with 1133 sq ft associated renovations	Permit Fee: \$4,220.00	Cost of Work: \$420,000.00	CEO District: 4
Proposed Project Description: 1420 sq ft Masonry addition along with 1133 sq ft associated renovations		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: ldobson	Date Applied For: 10/07/2008	Zoning Approval		
------------------------------------	----------------------------------------	------------------------	--	--

- 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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 618 OCEAN AVE	Owner Name: JEWISH HOME FOR THE AGED TH	Owner Address: 630 OCEAN AVE	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone:

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/09/2008
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:** Chris Hanson **Approval Date:** 11/13/2008
Note: Needs DRC sign off prior to issuance----CSH 11/04/08 **Ok to Issue:**

- 1) All special inspection reports must be submitted to this office for review within 48 hours of the inspection. A final special inspection report must be submitted prior to issuance of a certificate of occupancy. This report must demonstrate any deficiencies and corrective measures that were taken.
- 2) An inspection of the installation of the steel and concrete and structural bracing shall be conducted by a licensed engineer and his/her certification shall be submitted to this office stating compliance with the approved plans.
- 3) 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.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 11/18/2008
Note: **Ok to Issue:**

- 1) Sprinkler protection shall be maintained.
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 2) Walls in structure are to be labeled according to fire resistance rating.
IE; 1 hr. / 2 hr. / smokeproof.
- 3) All means of egress to remain accessible at all times
- 4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
Compliance letters are required.
- 5) A single source supplier should be used for all through penetrations.
- 6) All construction shall comply with NFPA 101
- 7) Application requires State Fire Marshal approval.

Comments:

10/9/2008-mes: WAIT FOR SITE PLAN SIGN-OFF BY PLANNING BEFORE ISSUING PERMIT

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO