

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that MERCY HOSPITAL/TBD *professional office* **NOV 20 2009**
has permission to Office Building Renovate existing medical office building to and office building interior demo & interior renovati
AT 619 BRIGHTON AVE CBL 184 A001001 City of Portland

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. Loubreau
Health Dept. _____
Appeal Board _____
Other _____
Department Name

James Bonke 11/19/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PAID


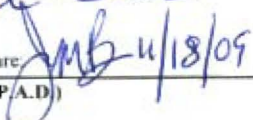
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1191	Issue Date:	CBL: 184 A001001
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Location of Construction: 619 BRIGHTON AVE	Owner Name: CREATIVE WORK SYSTEMS	Owner Address: 443 CONGRESS ST	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-f

Past Use: Vacant Medical Office Building	Proposed Use: Commercial - Professional Office Building Renovate existing medical office building to a professional office building for therapeutic services interior demo & renovations	Permit Fee: \$1,020.00	Cost of Work: \$100,000.00	CEO District: 5
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 3B	
		*See Conditions		

Proposed Project Description: Professional Office Building Renovate for Creative Work Systems a building interior demo & renovations	Signature: 	Signature: 
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: L.dobson	Date Applied For: 10/23/2009	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 <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM	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	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:  10/29/09	Date: _____	Date: 

PERMIT ISSUED

NOV 20 2009

City of Portland

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 _____

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Permit No: 09-1191	Date Applied For: 10/23/2009	CBL: 184 A001001
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Location of Construction: 619 BRIGHTON AVE	Owner Name: CREATIVE WORK SYSTEMS	Owner Address: 443 CONGRESS ST	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Professional Office Building Renovate existing medical office building to a professional office building for therapeutic services interior demo & renovations	Proposed Project Description: Professional Office Building Renovate for Creative Work Systems a building interior demo & renovations
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Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 10/29/2009

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.
- 2) Separate permits shall be required for any new signage.
- 3) This property shall remain a professional office use. Any change of use shall require a separate permit application for review and approval. This property is located within an R-P Residential Professional Zone which limits the type of offices allowed.

Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 11/19/2009

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) 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.
- 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: 11/03/2009

Note: Ok to Issue:

- 1) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance
- 2) All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP and keyed alike, labeled "FIRE ALARM RECORDS".
- 3) All construction shall comply with NFPA 101
- 4) Fire Alarm system shall be maintained.
If system is to be off line over 4 hours a fire watch shall be in place.
Dispatch notification required 874-8576.
- 5) The fire alarm system shall comply with NFPA 72 and Fire Department Technical Standard. A compliance letter is required.
- 6) Any cutting or welding operations require a separate permit from the Fire dept.
- 7) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
Compliance letters are required.
- 8) Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
- 9) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 10) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.

Location of Construction: 619 BRIGHTON AVE	Owner Name: CREATIVE WORK SYSTEMS	Owner Address: 443 CONGRESS ST	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

- 11 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.
- 12 System acceptance and commissioning **must be co-ordinated** with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

Comments:

10/28/2009-mes: this looks like a general office use now - general offices are **not permitted**, only professional offices - I left a message with the architect. - on hold

10/29/2009-mes: Received a description of the use - It is for professional offices which is allowed and a continued use. - passing permit on for further review.- Creative Works System has a P & S on the property

11/18/2009-jmb: Left vcmgs for Ann C. For details, stamped plans, closet under middle communicating stair A1.1, roof reference details for new RTU's, skylights and laundry shoot on A2.1, chases on A1.1 and A1.2

11/19/2009-jmb: Anne C. Clarified code questions and will come in to stamp the plans, ok to issue



General Building Permit Application

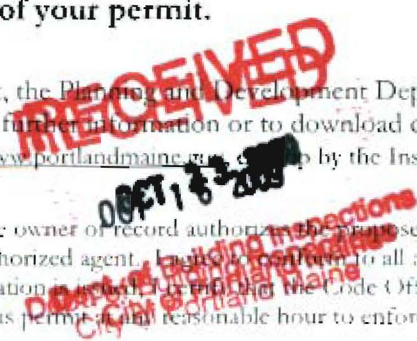
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>619 Brighton Ave</u>		
Total Square Footage of Proposed Structure/Area <u>15082 SF EXISTING</u>		Square Footage of Lot <u>.681 ACRES 29,666 SF</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>184 A 1</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Creative Work Systems</u> Address <u>443 Congress St</u> City, State & Zip <u>Portland ME 04101</u>	Telephone: <u>207.879.1140</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Mercy Hospital</u> Address <u>144 State St</u> City, State & Zip <u>Portland ME 04101</u>	Cost Of Work: \$ <u>100,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>VACANT</u> If vacant, what was the previous use? <u>MEDICAL OFFICE BUILDING</u> Proposed Specific use: <u>OFFICE - Therapeutic services</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>RENOVATION TO EXISTING MEDICAL OFFICE BUILDING FOR TO AN OFFICE BUILDING. REMOVAL OF CABINETRY & SINKS. SELECTIVE DEMO TO ENLARGE ROOMS, 2 NEW BATHROOMS & UP GRADE SOME FINISHES.</u>		
Contractor's name: <u>TBD</u> Address: _____ City, State & Zip: _____ Telephone: _____ Who should we contact when the permit is ready: <u>Anne Callender architect</u> Telephone: <u>775.2696x105</u> Mailing address: <u>19 Commercial 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 will be responsible to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I authorize the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at all reasonable hour to enforce the provisions of the codes applicable to this permit.



Signature: Anne Callender Date: 10-14-09

This is not a permit; you may not commence ANY work until the permit is issue