Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read	IIY OF PURILAN	
Application And	PLUL DING INSPECTION	
Notes, If Any, Attached	PERIM	Permit Number: 080962. Filt Shirt 130 (JED)
This is to certify thatOLYMPIA EQUITY I	NVE ORS III LP / Allied/Cook Cor	
has permission toNew Canopy at entrance	ce	7 1 7
AT 1200 CONGRESS ST	L 189	A013Q01
provided that the person or person of the provisions of the Statutes the construction, maintenance a this department.	of the and or the ances of	this permit shall comply with all of the City of Portland regulating s, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	If ificatio if insper on musice in and with en permittion proof dispressions in the second of the se	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept.		10/31/18
Health Dept.		
Appeal Board	 /,	A
Other Department Name		Director - Building & Inspestion Services

PENALTY FOR REMOVING THIS CARD

City of Portland, N		_				Issue Date	•	CBL:	
389 Congress Street,	04101 Tel: (207) 874-8703	3, Fax:	(207) 874-871	08-0962			189 A0	13001
Location of Construction: Owner Name: OLYMPIA EQUITY INVESTORS			Owner Address:			Phone:			
1200 CONGRESS ST				INVESTORS				<u> </u>	
		Contractor Name			Contractor Address			Phone	000
Allied/Cook		 	onstruc	tion	PO Box 1396 Po	ortland		2077722888	
Lessee/Buyer's Name Phone:					Permit Type: Additions - Commercial				Zone: B-2
D (V)		In		<u> </u>		Cost of Wo	lor	O District:	1 P ~
Past Use: Proposed Commercial - Purtland Comm			Now Co	nonvat to M	Permit Fee: \$420.00	\$40,0]	3	
Gastro entro by y Centri		Commercial - New Canopy at South entrance		DID D D DD	<u> </u>	INCOMO	-	<u> </u>	
					Approved Denied	Use Group	100.13 13 C ZOC	Type: 2C	
					Carea	CARS	I	30 200	? ?
Proposed Project Description	on:					-			/
New Canopy at entranc	ce						Signature:		
					PEDESTRIAN ACT	TIVITIES DIS	TRICT (P.A.	.DX	
					Action: Appro	oved Ap	proved w/Co	nditions	Denied
Permit Taken By:	Data Ar	oplied For:	1		Signature:			nte:	
ldobson		5/2008			Zonin	g Approva	ai		
			Spe	cial Zone or Review	vs Zon	ing Appeal	 -	Historic Pres	ervation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		•	☐ Shoreland		☐ Varian	ce		Not in Distric	t or Landmark
 Building permits do not include plumbing, septic or electrical work. 			☐ Wetland		Miscel	laneous		Does Not Rec	quire Review
 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 			☐ Flo	ood Zone	Conditional Use			Requires Review	
			Subdivision			☐ Interpretation		Approved	
30.00	GEILEST TO		Sit	te Plan	☐ Аррго	/ed		Approved w/0	Conditions
PERMIT ISSUED			Maj Minor MM Denied				Denied RV	\	
007	3 1 (1)		Date:		Date:		Date:	- ,	
							<u></u> -		
CITY	FRETUA	ND							
S and the second									
				ERTIFICATIO	N				
I hereby certify that I am	the owner of	record of the no				s authorized	by the one	ner of recor	d and that
I have been authorized b	y the owner to	make this appl	ication a	s his authorized	agent and I agree	to conform	to all appli	cable laws of	of this
jurisdiction. In addition	, if a permit fo	r work describe	d in the	application is is:	sued, I certify that	the code of	ficial's auth	orized repre	esentative
shall have the authority t such permit.	to enter all area	as covered by su	ich pern	nit at any reason	able hour to enfor	ce the provi	ision of the	code(s) app	olicable to
OLONATURE OF TRANSCO						· · · · · ·			
SIGNATURE OF APPLICAN	N I			ADDRESS		DATE		PHO	VE
RESPONSIBLE DED SON DE	I CHADGE OF W	OPV TITLE				ED A COLO		DITO	
RESPONSIBLE PERSON IN	CHANGE OF W	VIN, IIILE				DATE		PHO	NLC.

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-co	nstruction Meeting will take place upon receip	ot of your building permit.				
X	Footing/Building Location Inspection: Prior precast piers	to pouring concrete or setting				
X	Re-Bar Schedule Inspection: Prior to pouring concrete					
X	Framing/Rough Plumbing/Electrical: Prior to	o Any Insulating or drywalling				
X	Final inspection required at completion of wo	ork.				
your proje If any of REGARI	the of Occupancy is not required for certain project ect requires a Certificate of Occupancy. All project the inspections do not occur, the project cannot DLESS OF THE NOTICE OR CIRCUMSTAN	ects <u>DO</u> require a final inspection. ot go on to the next phase, NCES.				
	CATE OF OCCUPANICES MUST BE ISSUE! MAY BE OCCUPIED.	D AND PAID FOR, BEFORE THE				
	and the Cak	18-31-08				
Signature	of Applicant/Designee	Date				
2		$\frac{18-31-08}{10/31/08}$				
Signature	of Inspections Official	Date				
/\						

CBL: 189 A013001 **Building Permit #**: 08-0962

City of Portland, Mai	ne - Building or Use Permi	t	Permit No:	Date Applied For:	CBL:
•	01 Tel: (207) 874-8703, Fax: (08-0962	08/05/2008	189_A013001
Location of Construction:	Owner Name:	C	Owner Address:		Phone:
1200 CONGRESS ST	OLYMPIA EQUITY	INVESTORS 2	280 FORE ST STE 202		
Business Name:	Contractor Name:	(Contractor Address:		Phone
	Allied/Cook Construc	tion	PO Box 1396 Portl	and	(207) 772-2888
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Comm	nercial	
Proposed Use:		l	Project Description:		
Commercial - New Canopy	at south entrance	'	anopy at south enti	rance	
	Status: Approved with Condition	ns Reviewer:	Ann Machado	Approval D	
Note:					Ok to Issue:
1) This permit is being iss over the canopy.	sued with the condition that Neocra	aft Sign Company	y will apply for a s	ign permit for the si	gn that is going
This permit is being ap work.	proved on the basis of plans subm	itted. Any deviat	ions shall require a	a separate approval	before starting that
Dept: Building Note:	Status: Approved with Condition	ns Reviewer:	Tammy Munson	Approval D	Ok to Issue:
, 1	quired for any electrical, plumbinged to be submitted for approval as	•			·
Dept: Fire	Status: Approved with Condition	ns Reviewer:	Capt Greg Cass	Approval D	eate: 10/28/2008
Note:					Ok to Issue:
1) Canopy may require sp	rinkler protection.				

Comments:

8/15/2008-amachado: Left voicemail with Dave Cook. Need to know what setback is to the rear of the lot from the edge of the canopy. The sign on the canopy needs to be applied for under a sign permit. There is already an exisiting sign for Portland Gastroenterology on that facade.

8/19/2008-amachado: Dave Cook brought in partial plan that shows the rear setback. I told him that they could only have one sign at that entrance but not both. He said that he would get back to me.

9/5/2008-amachado: Left vcm for Dave Cook. Still waiting to hear which sign the client wants.

2) The sprinkler system shall be installed in accordance with NFPA 13.

10/28/2008-amachado: Dave Cook came in. Portland Gastroenterology Center has decided to remove the sign on the wall by the entrace and have the sign over the canopy instead. Neocraft Sign will apply for the sign permit separately.

General Building Permit Application

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

Location/Address of Construction: $ \lambda $	00 COLIGHES St. PORT	TWO. ME 04102-2129
Total Square Footage of Proposed Structur		Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buy	ver* Telephone:
Chart# Block# Lot#	Name PORTLAND GASTROUTEMEN	ie?
189 IT 13	Address 1200 Conserves ST.	773-7964
	City, State & Zip PONTEMIN, ME. 04	102
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of
	Name	Work: \$ 40,000
	Address	C of O Fee: \$
	City, State & Zip	Total Fee: \$ 420
		Total Fee: \$
Proposed Specific use: CAMOPY	AT ENTRACE (Southside)	
Proposed Specific use:	AT ENRANCE (SouthSide) If yes, please name	
Project description:	If yes, please name	
Project description: Contractor's name: ALLIER COOK	If yes, please name	
Project description: Contractor's name: ALLIER COOK Address: Por Box 1396	Coust. Conp.	
Project description: Contractor's name: Allies Cook Address: Por Box 1396 City, State & Zip Poutland, ME	Count. Coup.	Telephone: 777-288
Project description: Contractor's name: Allier Cook Address: Portano, ME Who should we contact when the permit is a	Count. Conp. - O4104 ready: DAVID H. Cook	Telephone: 777-2888 Telephone: 807-2468
Project description: Contractor's name: ALLIER COOK Address: Por Box 1394 City, State & Zip Pour Lamb, ME Who should we contact when the permit is a Mailing address: Por Box 139	Count. Comp. - OULOY ready: DAVID H. Cook 96 PORTLAND, ME 04106	Telephone: <u>777-2888</u> Telephone: <u>807-2468</u>
Project description: Contractor's name: Allies Cook Address: Por Box 1396 City, State & Zip Pout Lamb, ME Who should we contact when the permit is Mailing address: Por Box 139 Please submit all of the information	Count. Conp. - O4104 ready: DAVID H. Cook	Telephone: <u>777-2888</u> Telephone: <u>807-2468</u>
Project description: Contractor's name: Allies Cook Address: Por Box 1396 City, State & Zip Pour Lamb, ME Who should we contact when the permit is mailing address: Por Box 139 Please submit all of the information	Tready: DAVID H. Cook The Portand, ME 04106 The on outlined on the applicable Check	Telephone: <u>777-2888</u> Telephone: <u>807-2468</u>
Project description: Contractor's name: Allier Cook Address: Portano, ME Who should we contact when the permit is mailing address: Portano, ME Please submit all of the information do so will result in to order to be sure the City fully understands t	Tready: DAVID H. Cook The Portand, ME 04106 The on outlined on the applicable Check	Telephone: 777-2888 Telephone: 807-2468 H Hist. Failure to Development Department

Ir m th 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:	de	wil (1	Coli	Date:	7-28-08	

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

