

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

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 070161

This is to certify that OLYMPIA EQUITY INVESTORS II LLC / Monaghan Wood Works

has permission to Change of use from Vacant Commercial Space to Office Professional on 1/2 of 3rd floor w/fit-up

AT 50 SEWALL ST

189 A031001

**PERMIT ISSUED**

MAR 28 2007

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or 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. Craig Cross

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

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

Other \_\_\_\_\_

Department Name

*Jaime Burke* 3/16/07  
 Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

<input checked="" type="checkbox"/> <del>_____</del> Footing/Building Location Inspection:	Prior to pouring concrete
<input checked="" type="checkbox"/> <del>_____</del> Re-Bar Schedule Inspection:	Prior to pouring concrete
<input checked="" type="checkbox"/> <del>_____</del> Foundation Inspection:	Prior to placing ANY backfill
<input checked="" type="checkbox"/> <del>_____</del> Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
<input checked="" type="checkbox"/> <del>_____</del> Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.


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

\_\_\_\_\_  
Date 3-29-07

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

\_\_\_\_\_  
Date

CBL: 189 A 31

Building Permit #: 070161

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

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

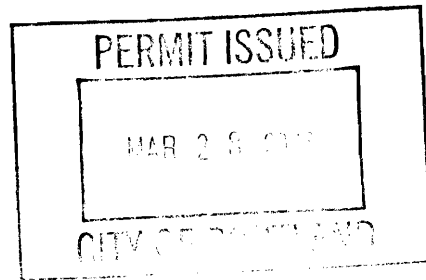
Permit No: 07-0161	Issue Date:	CBL: 189 A031001
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Location of Construction: 50 SEWALL ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone:
Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 100 Commercial St. Portland	Phone 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: C-39(B2)

Past Use: Commercial / vacant space	Proposed Use: Commercial / Professional Office. Change of use from Vacant Commercial Space to Office Professional on 1/2 of 3rd floor w/fit-up	Permit Fee: \$1,595.00	Cost of Work: \$149,870.00	CEO District: 3
Proposed Project Description: Change of use from Vacant Commercial Space to Office Professional on 1/2 of 3rd floor w/fit-up  "Bayside Employee Health Center" - testing & physicians		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B  IBC-2003 Signature: JMB 3/16/07	
		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: dmartin	Date Applied For: 02/13/2007	<b>Zoning Approval</b>		
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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..



<b>Special Zone or Reviews</b> <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"/> Date: 2/13/07 ASB	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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: ASB
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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

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

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

<b>Permit No:</b> 07-0161	<b>Date Applied For:</b> 02/13/2007	<b>CBL:</b> 189 A031001
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<b>Location of Construction:</b> 50 Sewall St	<b>Owner Name:</b> OLYMPIA EQUITY INVESTORS	<b>Owner Address:</b> 280 FORE ST STE 202	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Monaghan Woodworks Inc.	<b>Contractor Address:</b> 100 Commercial St. Portland	<b>Phone:</b> (207) 775-2683
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Commercial	

<b>Proposed Use:</b> Commercial / Professional Office. Change of use from Vacant Commercial Space to Professional Office on 1/2 of 3rd floor w/fit-up (Bayside Employee Health Center)	<b>Proposed Project Description:</b> Change of use from Vacant Commercial Space to Professional Office on 1/2 of 3rd floor w/fit-up
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 02/15/2007**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:** Jeanine Bourke      **Approval Date:** 03/16/2007**Note:****Ok to Issue:** 

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

- 2) The revised bathroom plan to show accessible bathrooms must be submitted for approval prior to the rough-in plumbing.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 02/15/2007**Note:****Ok to Issue:** 

- 1) Fire Alarm and sprinkler test reports are required.

**Comments:**

3/14/2007-jmb: Left voice msg for Peter A. And Mike R. To clarify bathrooms

3/16/2007-jmb: Spoke with Mike R., a consultant has been hired to revise the bathrooms to meet ADA requirements. This permit will be issued with conditions



# General Building Permit Application

If you or the property owner own real estate or personal property located in the City of Portland, Maine, any property within the City, payment arrangements must be made before permits of any kind are accepted.

# 07-0161

Location/Address of Construction: <u>50 SEWALL ST, PORTLAND, ME 041</u>		<u>C 39</u>
Total Square Footage of Proposed Structure <u>4600 COMMERCIAL INTERIOR</u>		Square Footage of Lot <u>N.A.</u>
Tax Assessor's Chart, Block & Lot Chart# <u>MAP 189</u> Block# <u>50 SEWALL ST</u> Lot# <u>A-031</u>	Owner: <u>Olympia Equity Investors II, LLC</u>	Telephone: <u>207-874-9990</u>
Lessee/Buyer's Name (If Applicable) <u>BAYBIO3 EMPLOYEE HEALTH CENTER</u>	Applicant name, address & telephone: <u>TOM CONNOLLY</u> <u>57 BLM ST</u> <u>TOPSHAM ME 04086</u> <u>(APPOSITE OWEN RD)</u> <u>775-4165</u>	Cost Of Work: \$ <u>149,870.00</u> Fee: \$ <u>1520.00</u> C of O Fee: \$ <u>75.00</u>
Current legal use (i.e. single family) <u>VACANT</u>	If vacant, what was the previous use? <u>NO PREVIOUS USE</u>	Testing + Physical
Proposed Specific use: <u>BUSINESS OCCUPANCY - EMPLOYEE HEALTH CENTER</u>	Is property part of a subdivision? <u>NO</u> If yes, please name _____	
Project description: <u>COMMERCIAL INTERIOR - PROFESSIONAL OFFICES / EMPLOYEE HEALTH</u> <u>1/2 THIRD FLOOR CENTER - TESTING / PHYSICAL THERAPY</u>		
Contractor's name, address & telephone: <u>MONAGHAN WOODWORKS, 100 COMMERCIAL ST., PORTLAND, ME 04101 775-2683</u>		
Who should we contact when the permit is ready: <u>MIKE RUSSO, MONAGHAN WOODWORKS, INC</u>		
Mailing address: _____ Phone: <u>775-2683</u>		

2/12/07 PD Check # 1595.00

Please submit all of the information outlined in the Commercial Application 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.

Signature of applicant <u>[Signature]</u>	Date: <u>2/18/07</u>
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**This is not a permit; you may not commence ANY work until the permit is issued.**

**Applicant:** Bayside Employee Health Center  
343 Marginal Way  
Portland, ME 04101

**Architect:** Anderson Architecture + Design  
2 Custom House Wharf  
Portland, ME 04101

**Area of space:** 4,600 sq. ft.

**Building:** Type II (000) NFPA  
Non-combustible, supervised



# Certificate of Design

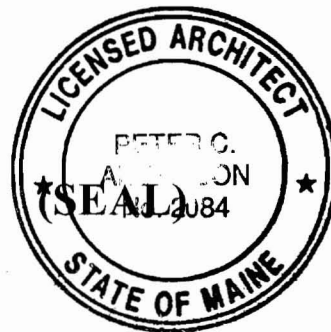
Date: FEBRUARY 5, 2007

From: ANDERSON ARCHITECTURE + DESIGN

These plans and / or specifications covering construction work on:

BAYSIDE EMPLOYEE HEALTH CENTER

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



Signature: 

Title: ARCHITECT

Firm: ANDERSON ARCHITECTURE + DESIGN

Address: 2 CUSTOM HOUSE WHARF

PORTLAND, ME 04101

Phone: 207-828-4567

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Accessibility Building Code Certificate


Designer: ANDERSON ARCHITECTURE + DESIGN

Address of Project: 50 SEWALL STREET, PORTLAND, ME

Nature of Project: COMMERCIAL INTERIOR - PROFESSIONAL OFFICES  
WITHIN EXISTING BUILDING

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: 

Title: ARCHITECT

Firm: ANDERSON ARCHITECTURE + DESIGN

Address: 2 COSTON HOUSE WHARF  
PORTLAND, ME 04101

Phone: 207-828-4567

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)





State of Maine  
Department of Public Safety  
Construction Permit



Reviewed  
for Barrier  
Free

# 16557

Sprinkled

**BAYSIDE EMPLOYEE HEALTH CENTER-FIT OUT**

Located at: 50 SEWELL ST.

**PORTLAND**

Occupancy/Use: BUSINESS

**Permission is hereby given to:**

**BAYSIDE EMPLOYEE HEALTH CENTER  
CONTACT: TOM CONNSLIO  
343 MARGINAL WAY  
PORTLAND, ME 04101**

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved.

No departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

*This permit will expire at midnight on the 13th of Septemb 2007*

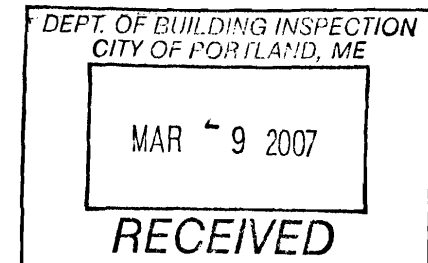
Dated the 14th day of March A.D. 2007

*Michael P. Cantore*

Commissioner

**Copy-1 Owner**

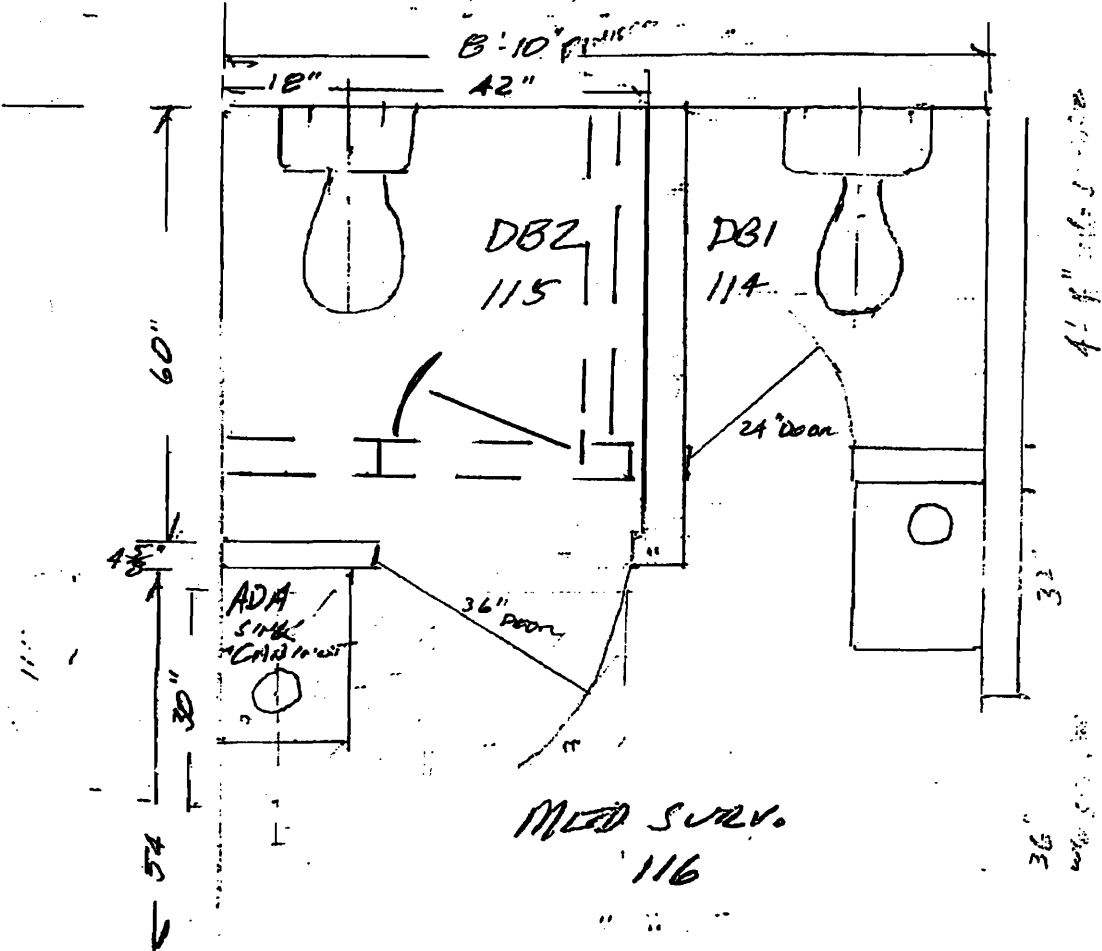
Comments:



**BAYSIDE EMPLOYEE HEALTH CENTER  
CONTACT: TOM CONNSLIO  
343 MARGINAL WAY  
PORTLAND, ME 04101**

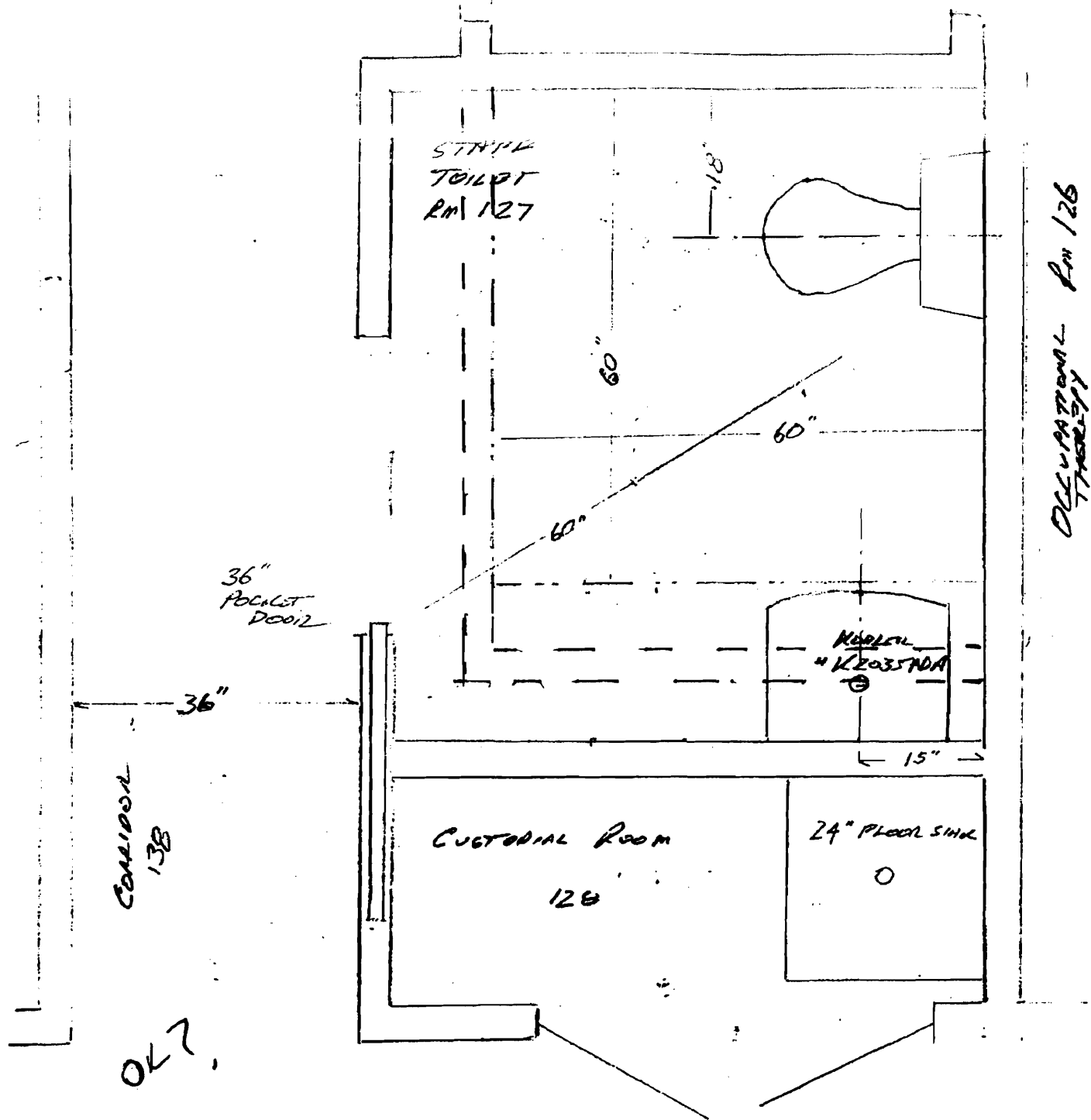
**RECEIVED**  
MAR 16 2007

BY:.....



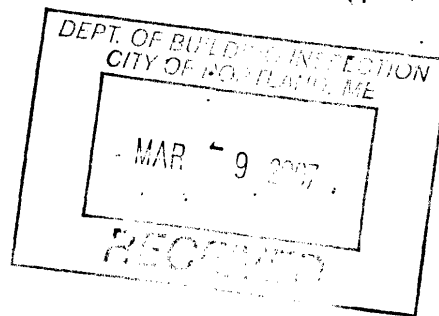
BAYSIDE EMERGENCY MEDICAL CTR  
 Rms 114, 115, 116  
 Proposed layout  
 SCALE 1/2" = 1'-0"  
 50 SEWALL STREET  
 THOMAS P CONNOLLY

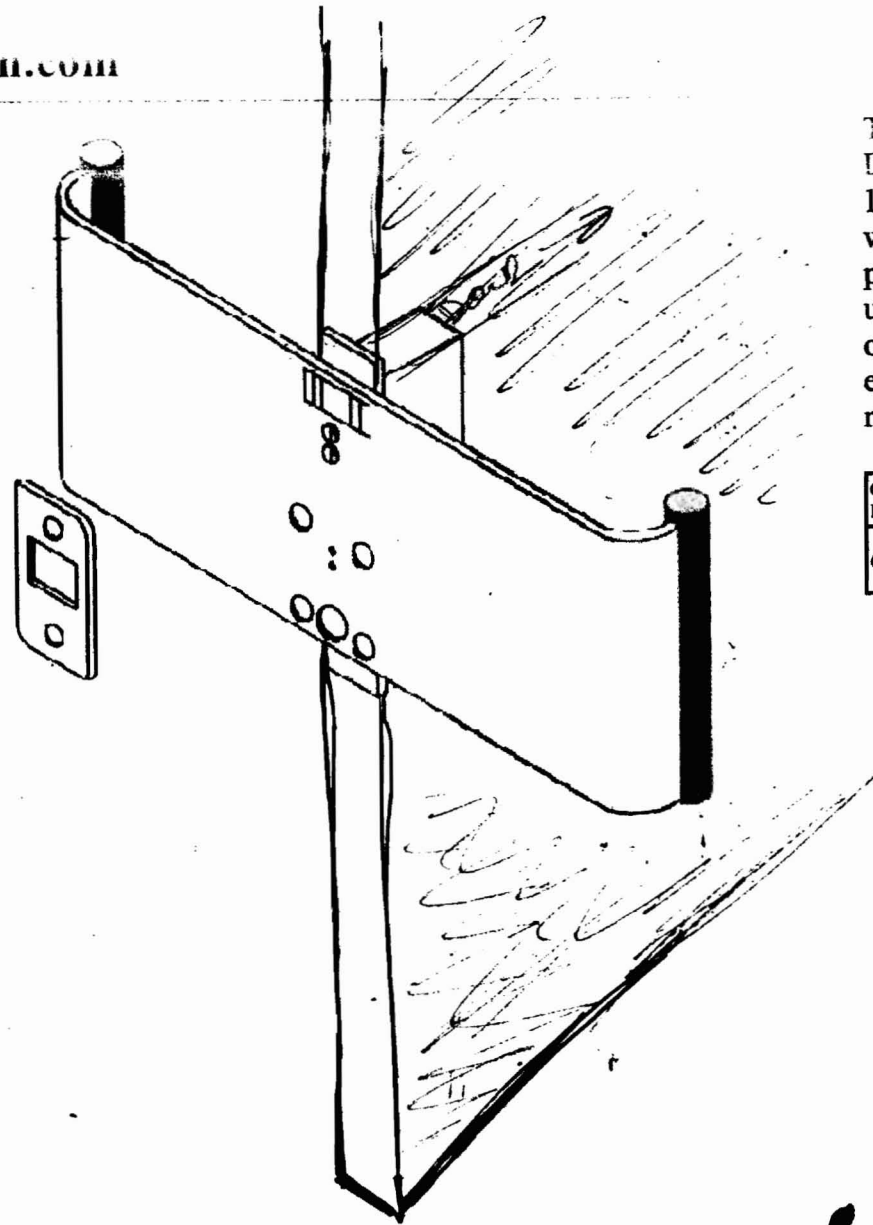
DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
 MAR 9 2007  
 RECEIVED



REVISIONS FOR  
ADA STAFF TOILET

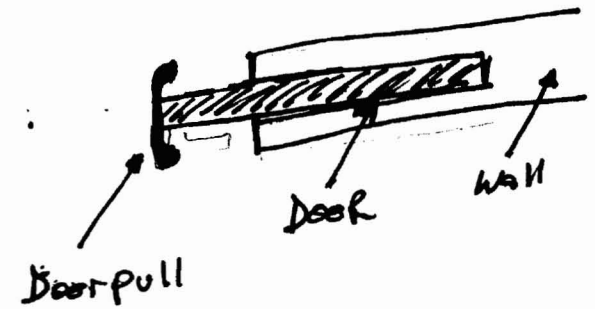
BRIAN EMERY ARCHITECT  
50 SEWALL ST, PORTLAND  
SCALE 3/4" = 1'-0"  
THOMAS CONNOR 3/27/07  
OWNER: RFP-SWTH-17-2





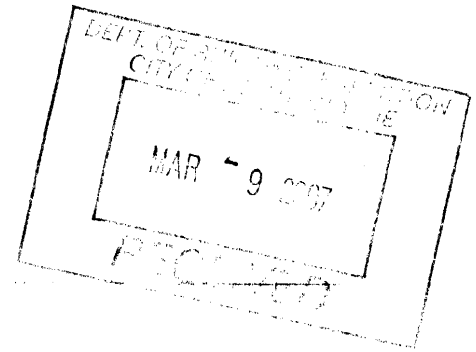
Trimco ADA Pocket Door Pull; Product No. 1069L-26D; for frame width up to 7"; privacy pull latches and unlatches from inside or outside; no emergency key required; satin chrome.

Chown No.	Description	Price	U/M
62814	1069L-26D	144.00	EA



DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
MAR 9 2007  
RECEIVED

BRISTOL ENGINEERING COMPANY  
 50 STEWART ST  
 STAMFORD, CT  
 06907  
 203/353-1111  
 10/23/01



**KOHLER®**

**PINOIR®**

**WALL-MOUNT LAVATORY  
 K-2035**

ADA

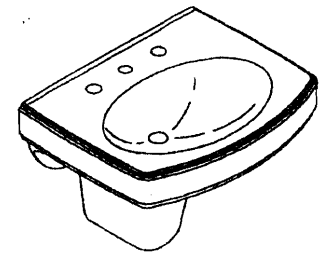
**Features**

- Vitreous china
- Wall-mount
- With overflow
- ADA compliant
- 8" (20.3 cm) centers (-8), 4" (10.2 cm) centers (-4), or single-hole (-1)
- 22" (55.9 cm) x 18" (45.7 cm) x 34" (86.4 cm)

**Codes/Standards Applicable**

Specified model meets or exceeds the following:

- ASME A112.19.2
- IAPMO/UPC
- ADA
- CSA B45



**Colors/Finishes**

- 0: White
- Other: Refer to Price Book for additional colors/finishes

**Accessories:**

- CP: Polished Chrome
- Other: Refer to Price Book for additional colors/finishes

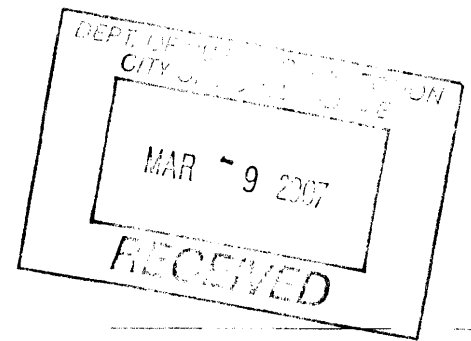
**Specified Model**

Model	Description	Colors/Finishes	
K-2035-1	Lavatory with single hole	<input type="checkbox"/> 0	<input type="checkbox"/> Other
K-2035-4	Lavatory with 4" (10.2 cm) centers	<input type="checkbox"/> 0	<input type="checkbox"/> Other
K-2035-8	Lavatory with 8" (20.3 cm) centers	<input type="checkbox"/> 0	<input type="checkbox"/> Other
Recommended Accessories			
K-7605-P	Lavatory supplies, 3/8" (pair)	<input type="checkbox"/> CP	<input type="checkbox"/> Other
K-8998	P-Trap	<input type="checkbox"/> CP	<input type="checkbox"/> Other

**Product Specification**

The wall-mount lavatory shall be 22" (55.9 cm) in length, 18" (45.7 cm) in width, and 34" (86.4 cm) in height. Lavatory shall be made of vitreous china. Lavatory shall have 8" (20.3 cm) centers (-8), 4" (10.2 cm) centers (-4), or single hole (-1). Lavatory shall have overflow. Lavatory shall be ADA compliant. Lavatory shall be Kohler Model K-2035.

D. T  
 R. COM 126  
 Lavatory  
 Kohler Pinoin  
 # K 2035 ADA  
 WALL MOUNT



**PINOIR®**

**Technical Information**

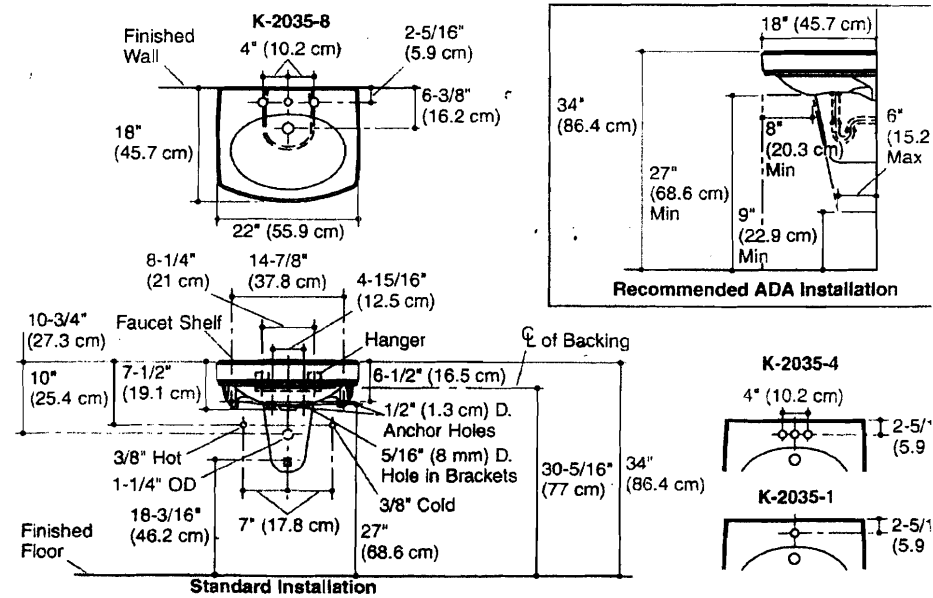
Lavatory is ADA compliant. <span style="float: right;"><b>ADA</b></span>			
Fixture*:			
Basin area	18" (45.7 cm) x 12" (30.5 cm)		
Water depth	4" (10.2 cm)		
Drain hole	1-3/4" (4.4 cm) D.		
*Approximate measurements for comparison only.			
Holes	<b>K-2035-8</b>	<b>K-2035-4</b>	<b>K-2035-1</b>
Spout	1-3/8" (3.5 cm) D.	1-1/4" (3.2 cm) D.	1-3/8" (3.5 cm) D.
Faucet	1-3/8" (3.5 cm) D.	1-1/4" (3.2 cm) D.	NA

included components:

Lavatory basin, 8" (20.3 cm) centers	K-2028-8
Lavatory basin, 4" (10.2 cm) centers	K-2028-4
Lavatory basin, single hole	K-2028-1
Shroud	K-2057
Rubber pads	63069
Hanger	64839
Shroud accessory pack	80265

**Installation Notes**

Install this product according to the installation guide.



**Product Diagram**

New Facility for :

# Bayside Employee Health Ce

Project Location: 50 Sewall Street, Suite 301  
Portland, ME 04102

Current Facility Address: Bayside Employee Health Center  
323 Marginal Way  
Portland, ME 04101  
207-780-6631

Building Owner: Olympia Development  
280 Fore Street, Suite 202  
Portland, ME 04101  
207-874-9990

Architect: AndersonArchitecture + Design LLC  
2 Custom House Wharf  
Portland, ME 04101  
207-828-4567

MEP Engineers: Allied Engineering  
160 Veranda Street  
Portland, ME 04103  
207-221-2260

Radiation Shielding: Maine Radiation Physics, inc.  
P.O. Box 664  
Portland, ME 04104  
207-797-7513