

PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

**BUILDING DEPARTMENT**

**PERMIT**

Permit Number: 090586

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that OLYMPIA EQUITY INVESTORS II LLC and Keith Car...  
has permission to "Office Dermatology Associates convert existing space into Office Lab  
AT 50 SEWALL ST CE 189 A031001

provided that the person or persons, firm or corporation accounting 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 red-in. 24 HOURS 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. Gauthier  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

James Burke 6/10/09  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# 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>50 SEWALL ST.</u>   |   |   |
| Total Square Footage of Proposed Structure/Area<br><u>RENOVATION OF 435SF EXISTING AREA</u>  |   | Square Footage of Lot<br><u>N/A</u>   |
| Tax Assessor's Chart, Block & Lot<br>Chart#      Block#      Lot#<br><u>189          A            31</u>   | Applicant * <u>must</u> be owner, Lessee or Buyer*<br>Name <u>Dermatology Associates</u><br>Address <u>50 Sewall St</u><br>City, State & Zip <u>Portland ME 04102</u> | Telephone:<br><u>775.3526</u><br><u>Steve Douglas</u>                           |
| Lessee/DBA (If Applicable)<br><u>Dermatology Associates</u>  | Owner (if different from Applicant)<br>Name <u>Olympia Equity Investors</u><br>Address <u>280 Fore St Suite 202</u><br>City, State & Zip <u>Portland ME 04101</u>     | Cost Of Work: \$ <u>6090</u><br>C of O Fee: \$ _____<br>Total Fee: \$ <u>90</u> |
| Current legal use (i.e. single family) <u>OFFICE BUILDING</u><br>If vacant, what was the previous use? <u>N/A</u><br>Proposed Specific use: <u>SAME - MEDICAL OFFICE</u><br>Is property part of a subdivision? <u>N/A</u> If yes, please name _____<br>Project description:<br><u>CONVERTING EXISTING SPACE INTO OFFICE LAB. JUN - 9 2009</u>              |   |   |
| Contractor's name: <u>RAY KEITH</u><br>Address: <u>1 BOWDOIN ST</u><br>City, State & Zip <u>PORTLAND ME 04102</u> Telephone: <u>329.2308</u><br>Who should we contact when the permit is ready: <u>RAY KEITH OR</u> Telephone: <u>329.2308</u><br>Mailing address: <u>1 BOWDOIN ST PORTLAND ME 04102</u> → <u>ANNE CALLENDER</u><br><u>@ 775.2696 X106</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.

Signature: Anne Calender Date: 6.9.09

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



# Certificate of Design Application

From Designer: ANNE CALLENDER, WHIPPLE · CALLENDER ARCH.  
 Date: 0.9.09  
 Job Name: DERMATOLOGY ASSOCIATES LAB RENOVATION  
 Address of Construction: 50 SEWALL ST PORTLAND O9102

## 2003 International Building Code

Construction project was designed to the building code criteria listed below:

NO CHANGE TO STRUCTURE BUILT IN 2005/2006

Building Code & Year \_\_\_\_\_ Use Group Classification (s) \_\_\_\_\_

Type of Construction \_\_\_\_\_

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC EXISTING.

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) \_\_\_\_\_

### Structural Design Calculations

\_\_\_\_\_ Submitted for all structural members (106.1 – 106.11)

### Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

| Floor Area Use | Loads Shown |
|----------------|-------------|
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |

### Wind loads (1603.1.4, 1609)

\_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)  
 \_\_\_\_\_ Basic wind speed (1809.3)  
 \_\_\_\_\_ Building category and wind importance Factor,  $I_w$   
 table 1604.5, 1609.5)  
 \_\_\_\_\_ Wind exposure category (1609.4)  
 \_\_\_\_\_ Internal pressure coefficient (ASCE 7)  
 \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)  
 \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623)

\_\_\_\_\_ Design option utilized (1614.1)  
 \_\_\_\_\_ Seismic use group ("Category")  
 \_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)  
 \_\_\_\_\_ Site class (1615.1.5)

\_\_\_\_\_ Live load reduction  
 \_\_\_\_\_ Roof *live* loads (1603.1.2, 1607.11)  
 \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)  
 \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)  
 \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$   
 \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)  
 \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)  
 \_\_\_\_\_ Seismic design category (1616.3)  
 \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R_d$  and  
 deflection amplification factor  $C_d$  (1617.6.2)  
 \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
 \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

\_\_\_\_\_ Flood Hazard area (1612.3)  
 \_\_\_\_\_ Elevation of structure

### Other loads

\_\_\_\_\_ Concentrated loads (1607.4)  
 \_\_\_\_\_ Partition loads (1607.5)  
 \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7,  
 1607.12, 1607.13, 1610, 1611, 2404)



# Accessibility Building Code Certificate

Designer: ANNE CALLENDER, WHIPPLE · CALLENDER ARCH

Address of Project: 50 SEWALL ST

Nature of Project: CHANGE FILE ROOM INTO LAB SPACE

NO BATHROOMS AFFECTED

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: *Anne Cal*

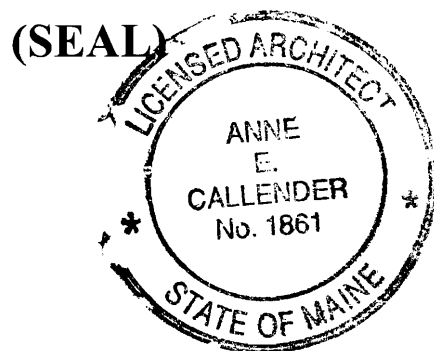
Title: ARCHITECT

Firm: WHIPPLE · CALLENDER ARCHITECTS

Address: 19 COMMERCIAL ST

PORTLAND ME 04101

Phone: 775-2696 X 105



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)



# Certificate of Design

Date: 6-9-09

From: ANNE CALLENDER, WHIPPLE CALLENDER ARCHITECTS

These plans and / or specifications covering construction work on:

RENOVATE FILE ROOM INTO NEW LAB ROOM

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: Anne Cald

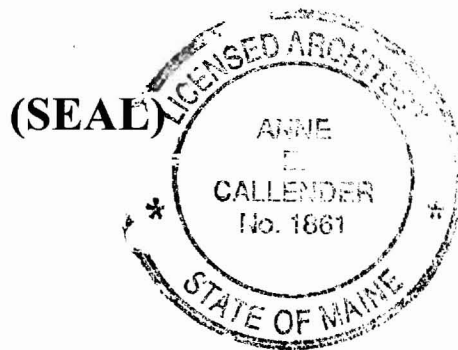
Title: ARCHITECT

Firm: WHIPPLE CALLENDER ARCHITECTS

Address: 19 COMMERCIAL ST

PORTLAND ME 04101

Phone: 775-2696



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)

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

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

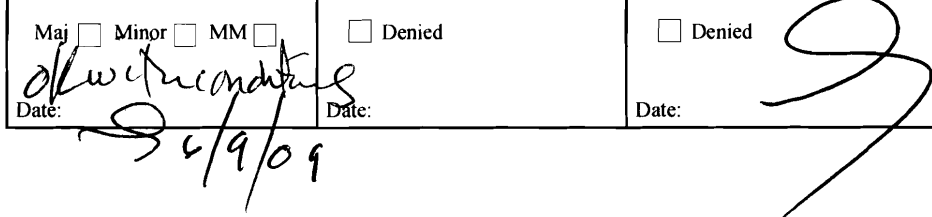
|                       |             |                     |
|-----------------------|-------------|---------------------|
| Permit No:<br>09-0586 | Issue Date: | CBL:<br>189 A031001 |
|-----------------------|-------------|---------------------|

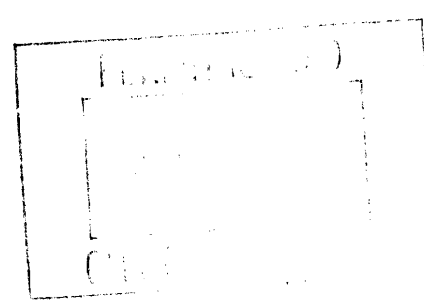
|   |   |   |                      |
|---|---|---|----------------------|
| Location of Construction:<br>50 SEWALL ST | Owner Name:<br>OLYMPIA EQUITY INVESTORS     | Owner Address:<br>280 FORE ST STE 202         | Phone:               |
| Business Name:                            | Contractor Name:<br>Raymond Keith Carpentry | Contractor Address:<br>1 Bowdoin St. Portland | Phone:<br>2073292308 |
| Lessee/Buyer's Name                       | Phone:                                      | Permit Type:<br>Alterations - Commercial      | Zone:<br>C39         |

|   |   |   |  |                    |              |
|---|---|---|--|--------------------|--------------|
| Past Use:<br>Commercial - "Office Dermatology Associates" | Proposed Use:<br>Commercial - "Office Dermatology Associates" - converting existing space into Office Lab | Permit Fee:<br>\$90.00  | Cost of Work:<br>\$6,090.00                      | CEO District:<br>3 | B-2 modified |
|   |   | FIRE DEPT:<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br># See Conditions | INSPECTION:<br>Use Group: B Type: 2B<br>IBC-2003 |                    |              |

|  |                      |                               |
|--|----------------------|-------------------------------|
| Proposed Project Description:<br>"Office Dermatology Associates" - converting existing space into Office Lab             | Signature: <i>RG</i> | Signature: <i>JMB 6/10/09</i> |
| 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:<br>Ldobson | Date Applied For:<br>06/09/2009 | <b>Zoning Approval</b> |
|-----------------------------|---------------------------------|------------------------|

|   |  |  |   |
|---|--|--|---|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p> | <p>Special Zone or Reviews</p> <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"/><br>Date: <i>5/4/09</i> | <p>Zoning Appeal</p> <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><input type="checkbox"/> Denied<br>Date: _____ | <p>Historic Preservation</p> <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: _____ |
|   |   |  |   |



**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 |

## 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.**

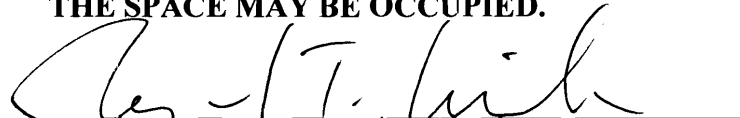
Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

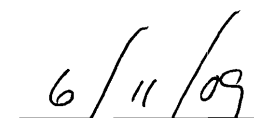
Final inspection required at completion of work.

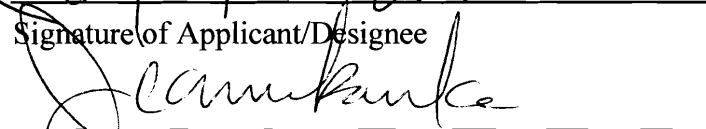
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.


**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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

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

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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>09-0586 | <b>Date Applied For:</b><br>06/09/2009 | <b>CBL:</b><br>189 A031001 |
|------------------------------|--|----------------------------|

|  |  |  |                                |
|--|--|--|--------------------------------|
| <b>Location of Construction:</b><br>50 SEWALL ST | <b>Owner Name:</b><br>OLYMPIA EQUITY INVESTORS     | <b>Owner Address:</b><br>280 FORE ST STE 202         | <b>Phone:</b>                  |
| <b>Business Name:</b>                            | <b>Contractor Name:</b><br>Raymond Keith Carpentry | <b>Contractor Address:</b><br>1 Bowdoin St. Portland | <b>Phone</b><br>(207) 329-2308 |
| <b>Lessee/Buyer's Name</b>                       | <b>Phone:</b>                                      | <b>Permit Type:</b><br>Alterations - Commercial      |                                |

|  |   |
|--|---|
| <b>Proposed Use:</b><br>Commercial - "Office Dermatology Associates" - converting existing space into Office Lab | <b>Proposed Project Description:</b><br>"Office Dermatology Associates" - converting existing space into Office Lab |
|--|---|

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 06/09/2009

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

- 1) This office lab is considered to be an accessory use to "Office Dermatology Associates" and is not considered to be an independant use. Any change of use to this professional office shall require a change of use permit.
- 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:** 06/10/2009

**Note:** 6/10/09 Minor reno, routed to fire as he was in the office reviewing. **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:**      **Approval Date:** 06/10/2009

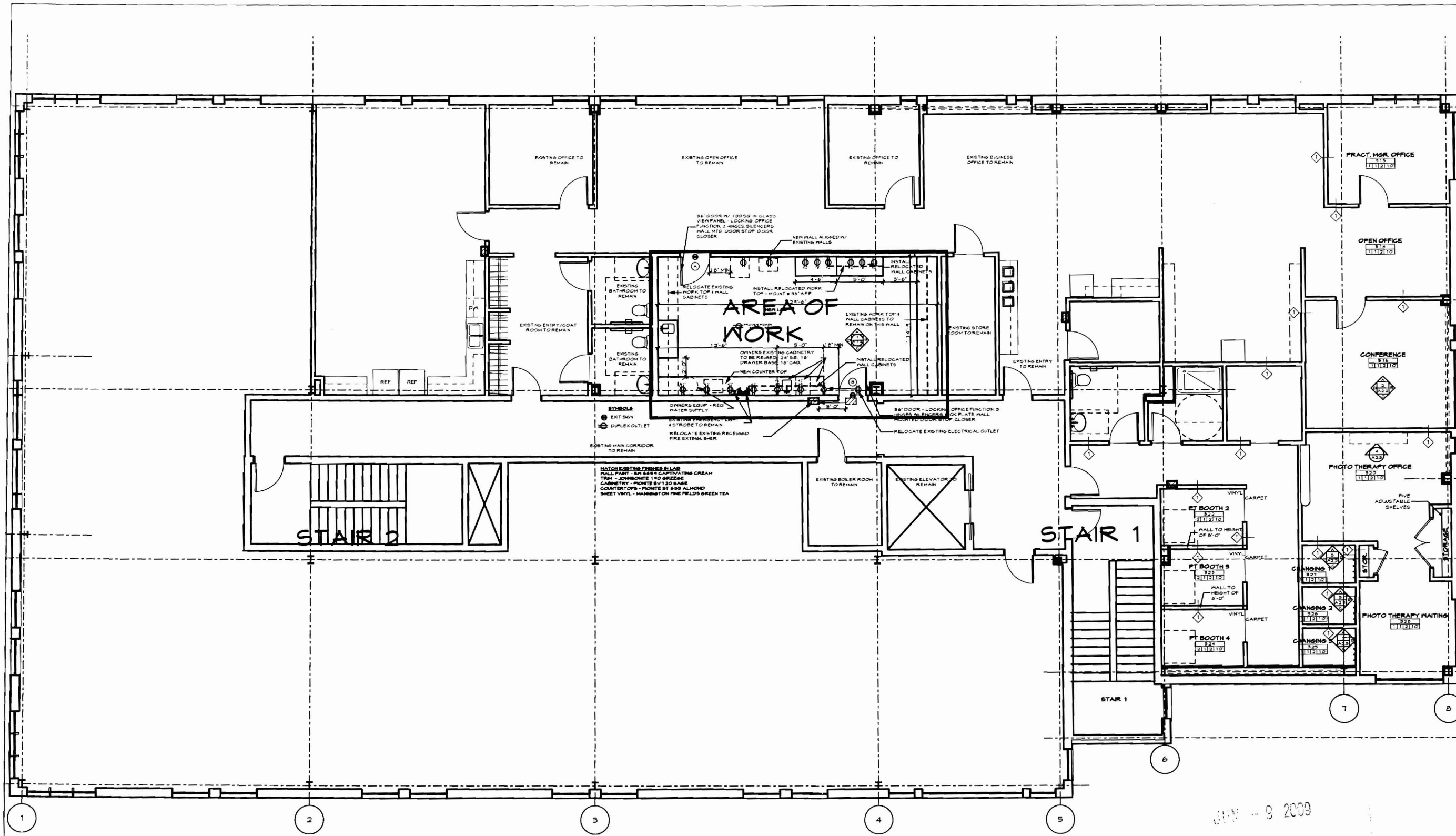
**Note:** **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) All construction shall comply with NFPA 101

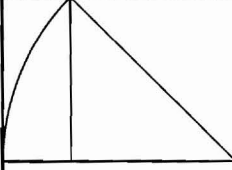
**Comments:**

6/9/2009-mes: there was a request on the permit to give to Jeanie - I questioned whether this should be routed to Fire for review.





**DERMATOLOGY ASSOCIATES**  
 50 SEWALL ST. PORTLAND, MAINE

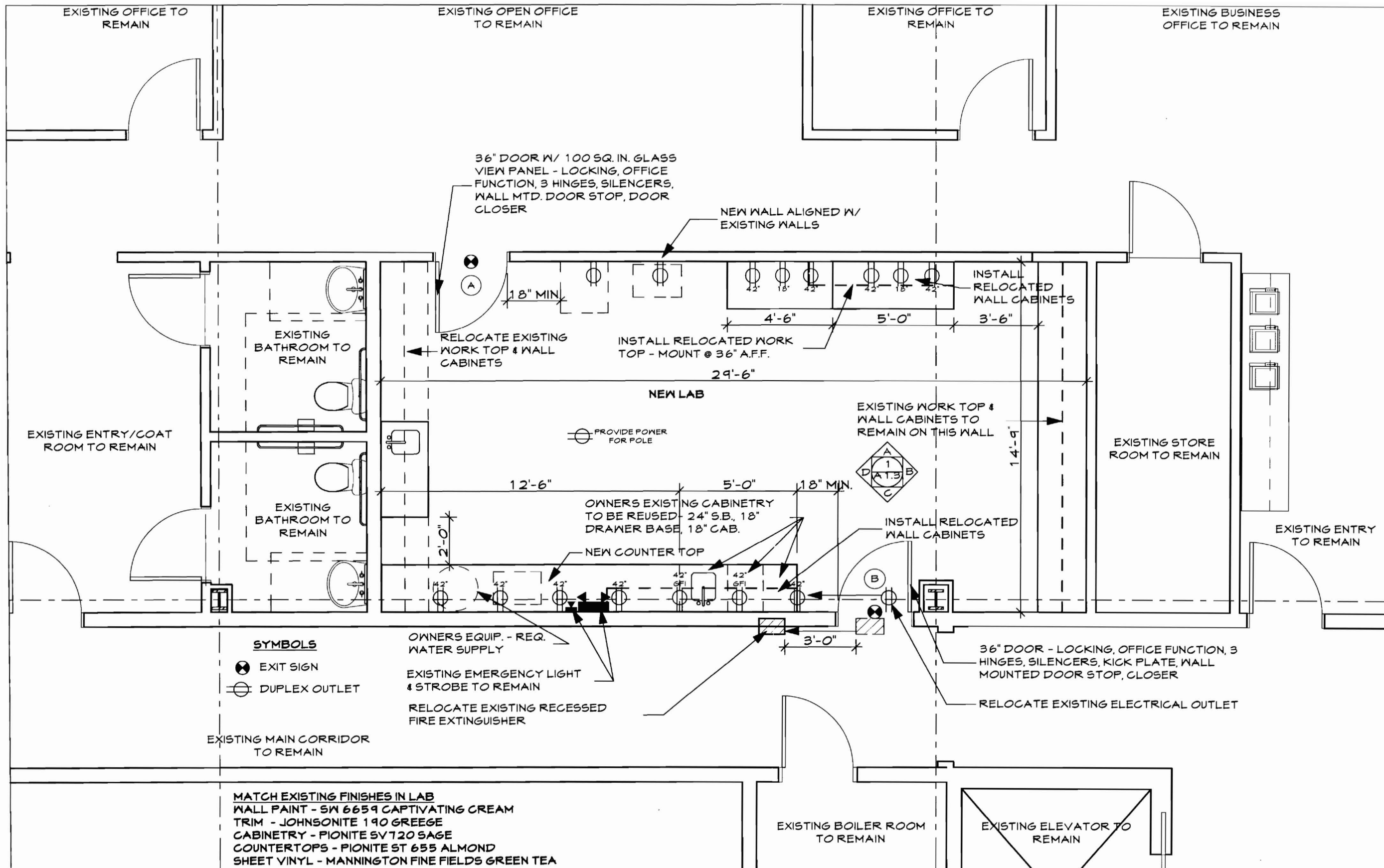
**WHIPPLE CALLENDER ARCHITECTS**  
  
 19 Commercial St  
 Portland  
 ME 04101  
 207-775-2696  
 www.whipplecallender.com

DATE: 6/9/09  
 CHECKED BY: A.E.C.  
 DRAWN BY: J.W.B.  
 JOB: DAP  
 SHEET TITLE: OVERALL PLAN

**A1.1**

JUN - 9 2009

189-A31



- SYMBOLS**
- ⊙ EXIT SIGN
  - ⊕ DUPLEX OUTLET

- OWNERS EQUIP. - REQ. WATER SUPPLY
- EXISTING EMERGENCY LIGHT & STROBE TO REMAIN
- RELOCATE EXISTING RECESSED FIRE EXTINGUISHER

**MATCH EXISTING FINISHES IN LAB**  
 WALL PAINT - SW 6659 CAPTIVATING CREAM  
 TRIM - JOHNSONITE 190 GREEGE  
 CABINETRY - PIONITE SV 720 SAGE  
 COUNTERTOPS - PIONITE ST 655 ALMOND  
 SHEET VINYL - MANNINGTON FINE FIELDS GREEN TEA

**1**  
**A1.2** **NEW LAB PLAN THIRD FLOOR**  
 SCALE: 1/4" = 1'-0"

**DERMATOLOGY ASSOCIATES**  
 50 SEWALL ST. PORTLAND, MAINE

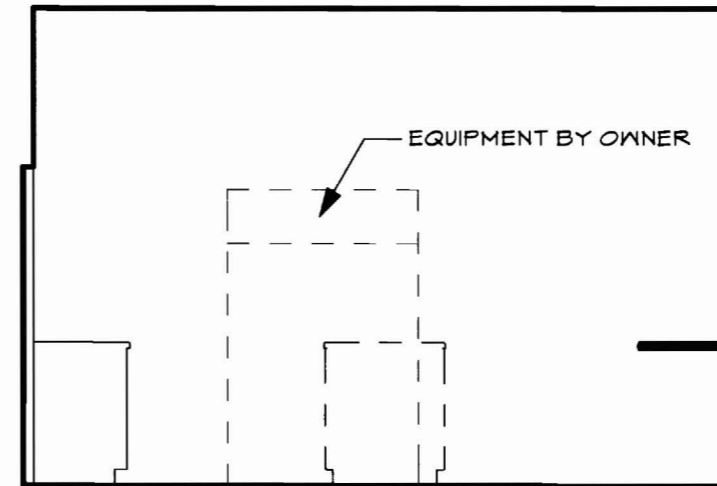
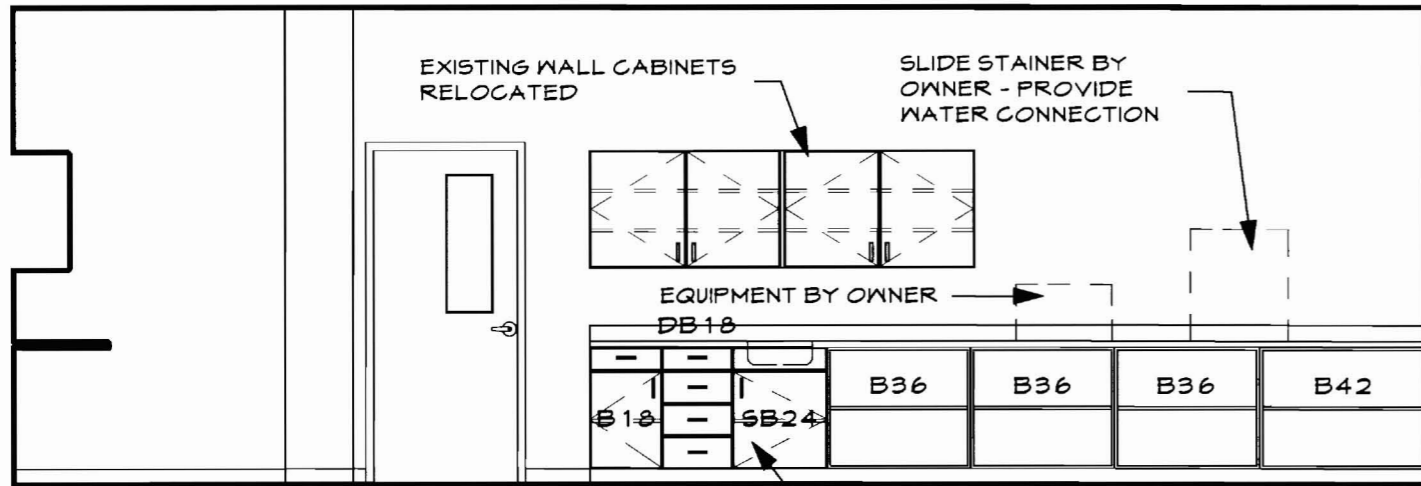
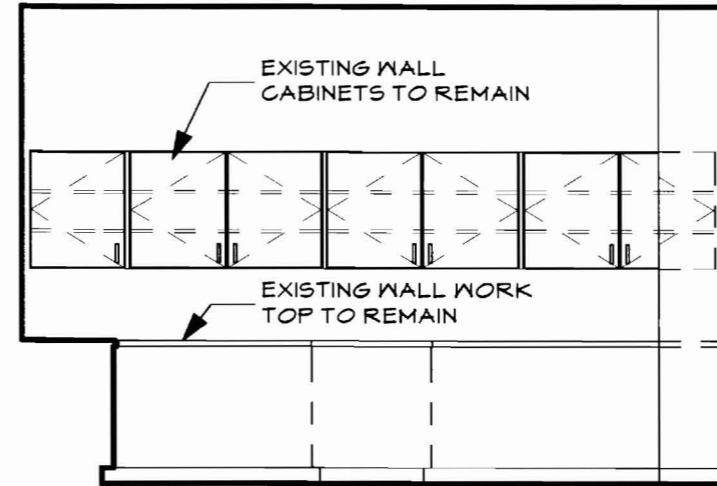
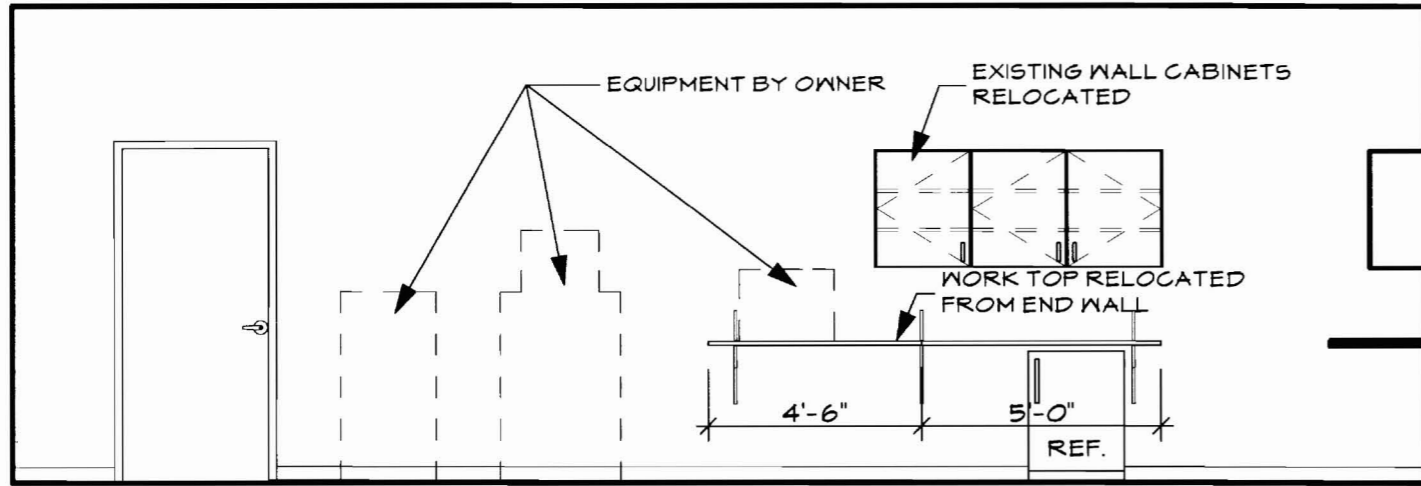
**WHIPPLE CALLENDER ARCHITECTS**

19 Commercial St  
 Portland  
 ME 04101  
 207-775-2696

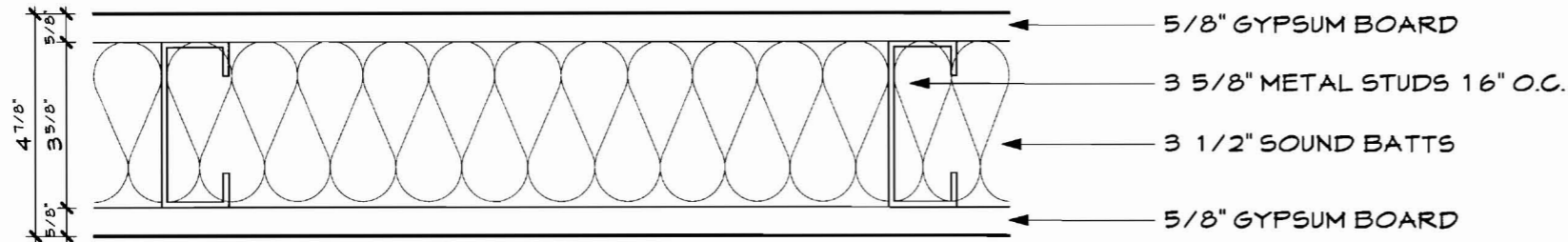
www.whipplecallender.com

DATE: 6/9/09  
 CHECKED BY: A.E.C.  
 DRAWN BY: J.W.B.  
 JOB: DAP  
 SHEET TITLE: LAB PLAN

**A1.2**



**1** NEW LAB ELEVATIONS  
A1.3 SCALE: 1/4" = 1'-0"

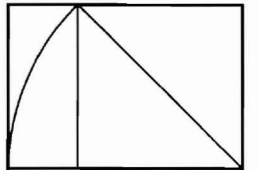


**2** TYPICAL WALL DETAIL  
A1.3 SCALE: 3" = 1'-0"

DERMATOLOGY ASSOCIATES

50 SEWALL ST. PORTLAND, MAINE

WHIPPLE CALLENDER ARCHITECTS



19 Commercial St  
Portland  
ME 04101  
207-775-2696

www.whipplecallender.com

DATE: 6/9/09

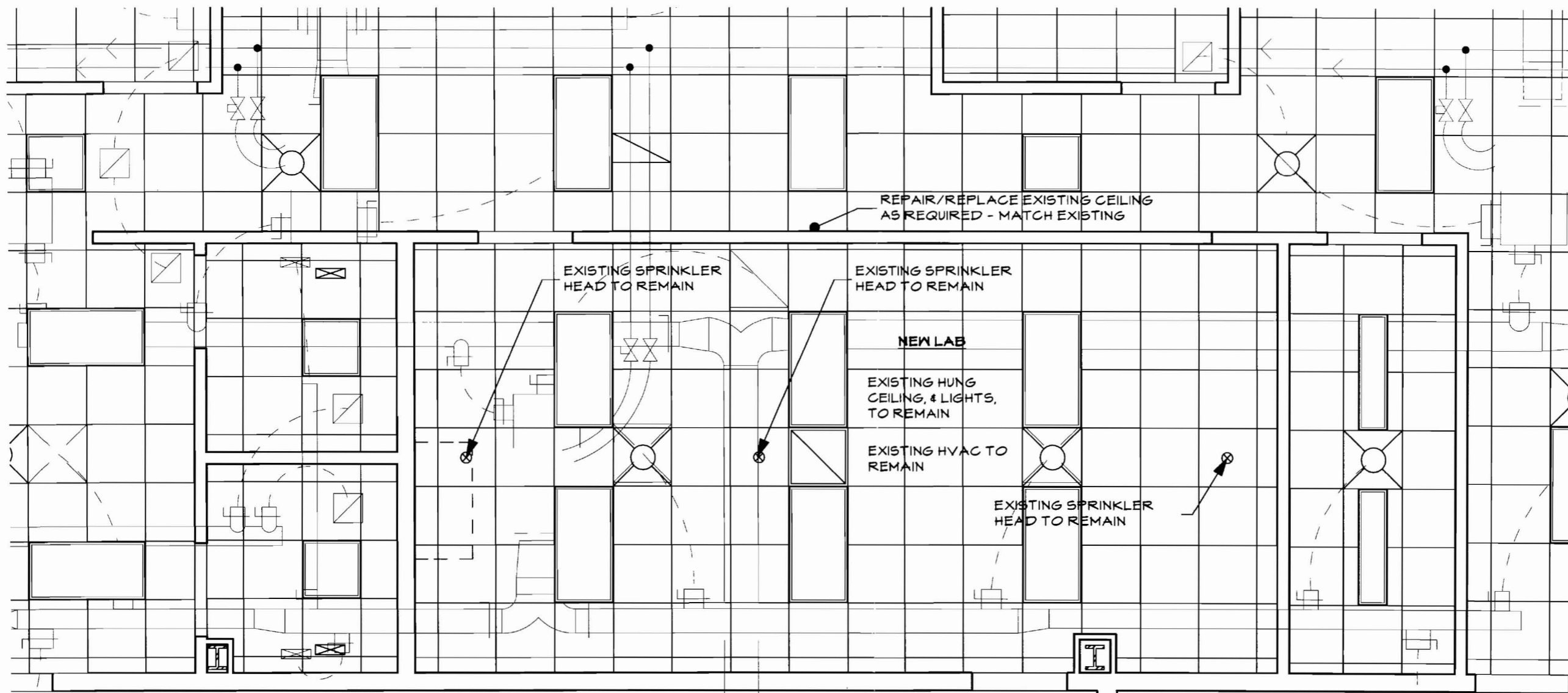
CHECKED BY: A.E.C.

DRAWN BY: J.W.B.

JOB: DAP

SHEET TITLE: INTERIOR ELEVATIONS

**A1.3**

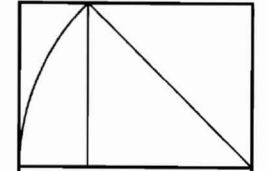


1
**LAB CEILING PLAN - THIRD FLOOR**  
 A 1.4 SCALE: 1/4" = 1'-0"

**DERMATOLOGY ASSOCIATES**

50 SEWALL ST. PORTLAND, MAINE

**WHIPPLE CALLENDER ARCHITECTS**



19 Commercial St  
 Portland  
 ME 04101  
 207-775-2696

www.whipplecallender.com

|              |                        |
|--------------|------------------------|
| DATE:        | 6/9/09                 |
| CHECKED BY:  | A.E.C.                 |
| DRAWN BY:    | J.W.B.                 |
| JOB:         | DAP                    |
| SHEET TITLE: | REFLECTED CEILING PLAN |

**A1.4**