

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090586

Please Read Application And Notes, If Any, Attached

This is to certify that OLYMPIA EQUITY INVESTORS II LLC/ Raymond Keith Carpent

has permission to "Office, Dermatology Associates" converting existing space into Office Lab

AT 50 SEWALL ST CBL 189 A031001

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

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

PENALTY FOR REMOVING THIS CARD

closed

SCANNED



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 <u>RENOVATION OF 435 SF EXISTING AREA</u>		Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>189 A 31</u>		Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Dermatology Associates</u> Address <u>50 Sewall St</u> City, State & Zip <u>Portland ME 04102</u>	Telephone: <u>775-3526</u> <u>Steve Douglas</u>
Lessee/DBA (If Applicable) <u>Dermatology Associates</u>		Owner (if different from Applicant) Name <u>Olympia Equity Investors</u> Address <u>280 Fore St Suite 202</u> City, State & Zip <u>Portland ME 04101</u>	Cost Of Work: \$ <u>6090</u> C of O Fee: \$ _____ Total Fee: \$ <u>90</u>
Current legal use (i.e. single family) <u>OFFICE BUILDING</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>SAME - MEDICAL OFFICE</u> Is property part of a subdivision? <u>N/A</u> If yes, please name _____ Project description: <u>CONVERTING EXISTING SPACE INTO OFFICE LAB.</u>			
Contractor's name: <u>RAY KEITH KEITH</u>			
Address: <u>1 BOWDOIN ST</u>			
City, State & Zip: <u>PORTLAND ME 04102</u>		Telephone: <u>329-2308</u>	
Who should we contact when the permit is ready: <u>RAY KEITH OR</u>		Telephone: <u>329-2308</u>	
Mailing address: <u>1 BOWDOIN ST PORTLAND ME 04102</u>		<u>ANNE CALLENDER</u> <u>@ 775-2696 X105</u>	

JUN - 9 2009

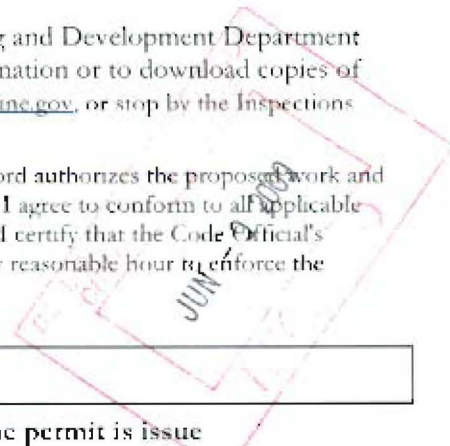
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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 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 issued



7/6/09

Final Inspection on Lab
3rd floor.

O.K. to Close.

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0586	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: Raymond Keith Carpentry	Contractor Address: 1 Bowdoin St. Portland	Phone: 2073292308
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C39

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

Proposed Project Description: "Office Dermatology Associates" - converting existing space into Office Lab	Signature:	Signature:
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: L.dobson	Date Applied For: 06/09/2009	Zoning Approval
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<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 <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	<p>Zoning Appeal</p> <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	<p>Historic Preservation</p> <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
	<p>Date: </p> <p>Date: 6/9/09</p>	<p>Date: _____</p> <p>Date: _____</p>	



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

← rough in 3RD floor lab by ERM

7/4/09 final OK,
closed-out
C

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.

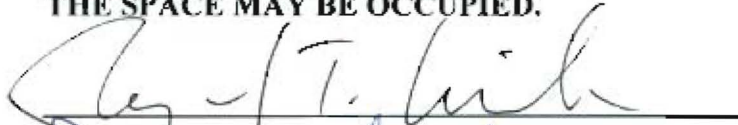
Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

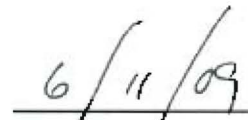
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee



Date



Signature of Inspections Official



Date



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

Proposed Use: Commercial - "Office Dermatology Associates" - converting existing space into Office Lab	Proposed Project Description: "Office Dermatology Associates" - converting existing space into Office Lab
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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.



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

6.9. 20 09

Received from Whipple & Henke, Inc

Location of Work 50 Sewall

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 90

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 139-A-31

Check #: _____ Total Collected \$ 90

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: S. M.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy