rm # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

NOIT2 PERMIT

ERMIT ISSUED

Permit Number: 050209

MAR 2 5 2005

This is to certify that

Fore River Realty Associates

dgewoo

Renovations and a 13736 sq. ddtion

OF PORTLAND 190 D00300

ne and of the Ordinances of the City of Portland regulating

of buildings and structures, and of the application on file in

ration epting this permit shall comply with all

AT 33 Sewall St

has permission to

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

N cation inspec must gi and wr n permis n procui

be e this t ding or thereo

d ar a losed-in. la R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this build-

ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept 4 1

Health Dept.

Appeal Board

Other _

Department Name

PENALTY FOR REMOVING THIS CARD

Big Plans Rolled Labled in the



CITY OF PORTLAND, MAINE

Department of Building Inspections

20 05
Received from
Location of Work 33 3200 (6 3 +
Cost of Construction \$ Permit Fee \$
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other
CBL: 190 D 3
Check #: 64965 Total Collected \$ 13602/8

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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

Location of Construction:	Owner Name:	el: (207) 874-8703, Fax: (207) 874-871 Owner Name:		r Address:			Phone:	
33 Sewall St	Fore River R	Fore River Realty Associates		ewall St	MA	R 25	-	
Business Name:	Contractor Nan		Contr	actor Address:			Phone	
	Ledgewood	Inc.	PO I	Box 8107 Po	rtland	0 = 0 0	20776718	66
Lessee/Buyer's Name	Phone:			it Type:	CHY (JF PO	RILAND	Zope:
				erations - Cor	mmercial		K	
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Wor	k:	CEO District:	1
Commercial / Orthopaedic A	Assoc. Orthopaedic	Orthopaedic Assoc. / Renovations and a 13736 sq ft addtion		\$13,602.00	\$1,509,00	00.00	3	
	and a 13736			DEPT:	Approved	INSPEC	TION:	-
				Ī	Denied	Use Gr	oup: R	Турс 2
				_		1	7	1-
							3/24/	07
Proposed Project Description:			- 1				Mul	line
Renovations and a 13736 sq	It addition		Signa		MMY	Signatu		wy
			PEDE	STRIAN ACT	IVITES DIS	FRICT (I	'.A.D.)	
			Actio	п. 🗌 Аррго	ved Ap	proved w/	Conditions	Denied
			Signa	iture:			Date	
Permit Taken By:	Date Applied For:	T -		Zoning Approval				
Idobson	02/28/2005			Zoming	Approve	4.4		
This permit application	does not preclude the	Special Zone	or Reviews	Zoni	ng Appeal		Historic Prese	ervation
Applicant(s) from meeti	The state of the s	Shoreland NA		Variance			Not in District or Landm	
Federal Rules.	To 1/2 100 100 100 100 100 100 100 100 100 10		Liv					
2. Building permits do not include plumbing.		Wetland		Miscellaneous			Does Not Require Review	
septic or electrical work.						- 1		
3. Building permits are void if work is not started		Flood Zone		Conditional Use			Requires Review	
within six (6) months of			_					
False information may i permit and stop all work		Subdivision		Interpretation			Approved	
permit and stop an worr	A.s.	*		-		- }		
		Site Plan	-0250	Approv	ed		Approved w/0	Conditions
		The search and the second	st me	Denied			Denied	
		Maj Minor		Denied			Denied)
		01/1	1 1					
		Date: 3/4	100	Date:		l D	alc	

RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE

DATE

PHONE

06/19/05 Framing IST, 2nd Proons John

City of Portland, N	Aaine - Bu	ilding or Use Perm	Permit No:	Date Applied For:	CBL:		
389 Congress Street,	04101 Tel:	(207) 874-8703, Fax:	(207) 874-871	6 05-0209	02/28/2005	190 D003001	
Location of Construction: Owner Name:			Owner Address:	Phone:			
33 Sewall St Fore River Realty Associates		ssociates	33 Sewall St				
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Ledgewood Inc.	Ledgewood Inc.		tland	(207) 767-1866	
Lessee/Buyer's Name		Phone:	Phone:				
				Alterations - Com	nmercial		
Proposed Use:			Propos	ed Project Description:	t		
Orthopedic Assoc. / Readdtion	movations ar	nd a 13736 sq ft volumet	tric Reno	vations and a 13736	sq ft volumetric a	ddtion	
Dept: Zoning	Status:	Approved	Reviewer	: Marge Schmucka	al Approval l	Date: 03/04/2005	
Note:		• • • • • • • • • • • • • • • • • • • •		to the first of a control of the first of		Ok to Issue: 🗹	
D 11	64	1 - 31 C - 131	- n	Mr. N.		Date: 03/24/2005	
Dept: Building	Status:	Approved with Condition	ons Keviewer	: Mike Nugent	Approval l		
Note:						Ok to Issue:	
1) The statement of S	/I dated 3/23	05 must be singned and	returned for sign	ature. D.Tetreault h	as been notified.		
ij ine statement of 5		and the second of the second o					
5. 3.12.25.000.000.000.000.000.000.000.000.000	Status:	Approved with Condition	ons Reviewer	: Lt. MacDougal	Approval l	Date: 03/08/2005	
Dept: Fire	Status:	Approved with Condition	ons Reviewer	: Lt. MacDougal	Approval l		
Dept: Fire Note:						Date: 03/08/2005 Ok to Issue: ☑	
Dept: Fire Note: 1) means of egress an	d life safety s	systems shall be maintain	ned at all times th	e building is occupi	ed	Ok to Issue: 🗹	
Dept: Fire Note: 1) means of egress an	d life safety s		ned at all times th	e building is occupi	ed	Ok to Issue: 🗹	
Dept: Fire Note: 1) means of egress an 2) the fire alarm syste Department	d life safety s	systems shall be maintain	ned at all times the	e building is occupi	ed	Ok to Issue: 🗹	
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Location of Construction:	Owner Name:	Owner Address:	Phone:	
33 Sewall St	Fore River Realty Associates	33 Sewall St		
dusiness Name: Contractor Name:		Contractor Address:	Phone	
	Ledgewood Inc.	PO Box 8107 Portland	(207) 767-1866	
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial		
Dept: Planning St	atus: Approved with Conditions Re	viewer: Kandi Talbot A	pproval Date: 03/11/2003	

Ok to Issue:

1) ii. That a sewer capacity letter from the Portland Sewer Division be submitted to staff prior to issuance of a building permit.

Note:

2) i. That the plans be revised to reflect the Development Review Coordinator's memo dated March 7, 2003 to be reviewed and approved by the Development Review Coordinator.

PLUMBING APPLICATION					Division of Health Engineering				
PROPERTY ADDRESS									
Town or Plantation	Parti	end							
Street Subdivision Lot #				PORTLAND	PORTLAND PERMIT # 9326 TOWN COPY				
PROPERTY OWNERS NAME			Date Permit 3 1/6 165 s 326 PEE Charged						
Cothapeada Associates			Char Day	issued Day L.P.I. # O1 71246					
Last: First:			Local Psymboling Inspector Sig	Local Scienting Inspector Signature					
Name: Juliusen 7 Jarden					1017				
Mailing Address of Owner/Applicant (If Different)					(1900)				
		cant Statement				tion Required			
knowjedge and un	derstand that a	ilited is correct to the b ny falsification is reasc				rized above and found it to be in Rules.			
Plumbing Inspecto			13/40	25 + 11 Andrews		Mariana de Anglande de Calendario de Calenda			
	ture of Owner/		Da	te Local Plumbing Ins	pector Signature	Date Approved			
(1000000000000000000000000000000000000			PERM	ALT INFORMATION		WEEKE OF SELECTION AND ADDRESS.			
This Application	n is for	Typ	e of Struct	ture To Be Served:	Plum	bing To Be Installed By:			
		1. SINGLE		Series and the series					
1. NEW PLUM						ER PLUMBER JRNERMAN			
PLUMBING	2. ☐ RELOCATED PLUMBING 2. ☐ MODULAR OR MODU). HOUSING DEALER/MECHANIC			
	4. OTHER - SPECIFY					C UTILITY EMPLOYEE			
4. Ø 311E11 31 E311					5. PROPERTY OWNER				
Hart Hart	Diolog Balance	lan.		0.1	LICENSE # CO. M.G.				
	Piping Relocat n of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture			
HOOK	-UP: to public	sewer in	1	Hosebibb / Sillcock		Bathtub (and Shower)			
is not r	egulated and al Sanitary Di	inspected by		Floor Drain	0,3	Shower (Separate)			
	0	R		Urinal	27	Sink			
ноок	-UP; to an ex	sting subsurface	02	Drinking Fountain	01	Wash Basin			
	vater disposal		-	Indirect Waste	0,8	Water Closet (Toilet)			
lines, o	frains, and pir tures.	ON: of sanitary bing without		Water Treatment Softener, Filter, etc.	1	Clothes Washer			
				Grease / Oil Separator	-	Dish Washer			
				Dental Cuspidor	1	Garbage Disposal			
T OR BI			Bidet	- 1	Laundry Tub				
TRANSFER FEE [\$6.00]			00	Other: Hay Dian.	i i	Water Heater			
				Fixtures (Subtotal) Column 2	41	Fixtures (Subtotal) Column 1			
					04	Fixtures (Subtotal) Column 2			
SEE PERMIT FEE SCI				45	Total Fixtures				
	FOR CALCULATING			ING FEE	6	Fixture Fee			
					101-	Sur Chaif Etransfer Fee			
				-		Hook-Up & Relocation Fee			
Page 1 of 1 HHE-211 Rev. 6:	94			TOWN COPY	286.	Permit Fee (Total)			