

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

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

Job No: 2012-11-5322-ALTCOMM	Date Applied: 11/1/2012	CBL: 190- D-003-001	
Location of Construction: 33 SEWALL ST	Owner Name: FORE RIVER REALTY SUB LLC	Owner Address: 33 SEWALL ST PORTLAND, ME 04102	Phone: 207-828-2140
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Rd., Lewiston, ME 04240	Phone: 207-783-2091
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: R-P
Past Use: Professional offices – Orthopaedic Associates	Proposed Use: Same – professional offices – Orthopaedic Associates – interior renovations to physical therapy & occupational therapy center	Cost of Work: 100000.00 <del>50000</del> Fire Dept: 12/20/12 <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Bjander</i> (58)	CEO District: Inspection: Use Group: B/k-2 Type: 2 MUBEC '09 Signature: <i>NMB</i> 11/9/12
Proposed Project Description: interior renovations to physical therapy & occupational therapy center		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Gayle

**SCANNED**

**Zoning Approval**

Zoning Appeal	Historic Preservation
<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in Dist or Landmark
<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>OK 11/1/12</i>	Date: <i>ABU</i>

*closed*

1. This permit application does not preclude to Applicant(s) from meeting applicable State and Federal Rules.
2. Building Permits do not include plumbing, septic or electrical work.
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.

\_\_\_ Site Plan  
\_\_\_ Maj \_\_\_ Min \_\_\_ MM  
Date: *OK 11/1/12*

**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

12-28-12 DWM/BKL Roger 212-9543 Close-m OK  
PT Phase only

1-17-13 DWM/BKL <sup>Lt Wallace</sup> ~~capt~~ ~~Phase~~ PT Phase Final OK

1/23/12 BKL OK to Close in (2nd phase)

2-1-13 DWM/BKL Above ceiling Phase 2 OT Team

<sup>Room only</sup>  
2-13-12 DWM/BKL/John Mandel Final OK