

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 030845

This is to certify that Mcdavitt Stephen C E/North are Cons
has permission to Remove 3 Interior Walls with installation of New Walls, Door and Window
AT 51 Sewall St 190 D006002

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 laid out or closed-in.
HEAR 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. AKM
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0845	Issue Date:	CBL: 190 D006002
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Location of Construction: 51 Sewall St	Owner Name: Mcdavitt Stephen C F	Owner Address: 6 Bentrige Dr	Phone:
Business Name:	Contractor Name: North Shore Construction	Contractor Address: P.O. Box 2564 South Portland	Phone 2077742800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: RP

Past Use: Medical Offices/Commercial	Proposed Use: Medical Offices/Commercial	Permit Fee: \$120.00	Cost of Work: \$11,000.00	CEO District: 3
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: MA 7/24/03
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

Proposed Project Description:
 Remove 3 Interior Walls with Installation of New Walls, Doors and Window

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 07/16/2003	Zoning Approval	
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1. This permit application does not preclude the 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..	Special Zone or Reviews <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"/> MMP Date: <i>OK 7/24/03</i>	Zoning Appeal <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: _____	Historic Preservation <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: <i>9</i>
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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 _____

All Purpose Building Permit Application

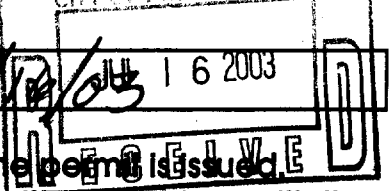
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 51 SEWALL ST.		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 190 D 006 002	Owner: Stephen Mc Davitt	Telephone: NA
Lessee/Buyer's Name (If Applicable) Pinnacle Rehabilitation 3 Felton Ln. W. Newbury, MA. 01985	Applicant name, address & telephone: North Shore Construction (Helo Robinson) P.O. Box 2564 So. Po. 04116	Cost Of Work: \$ 11,000 Fee: \$ 120.00
Current use: MEDICAL OFFICES If the location is currently vacant, what was prior use: _____ Approximately how long has it been vacant: _____ Proposed use: MEDICAL OFFICES Project description: REMOVE 3 NON LOAD BEARING WALLS INSTALL 1 FIVE FOOT WALL SECTION W NEW DOOR INSTALL 1 16' WALL SECTION W RECEPT. WINDOW + DOOR		
Contractor's name, address & telephone: North Shore Const. P.O. Box 2564 So. Po 04116 168 Stanford St. So. Port. 04106 Who should we contact when the permit is ready: HELO ROBINSON Mailing address: P.O. Box 2564 South Portland		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 207-650-2547		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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:	Date: 7/16/03
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This is NOT a permit, you may not commence ANY work until the permit is issued.
 If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

7/15/03

Ref.# 715032

Pinnacle Rehabilitation
3 Felton Ln.
W. Newbury, MA 01985

RE: Provider Space @ 51 Sewall St. Portland, ME Second Floor

Scope of work: Remove non-load bearing partitions @ exam rooms 8 and 9. Install small wall section at corridor 32 adjacent to exam room 8 include a new 3'-0" by 6'-8" solid core birch door with a hollow metal frame (knock down). Install new electric EXIT sign with battery backup at new door. Install a GWB soffit between existing exam room and equipment room approximately 7'-10" above finish floor (AFF). Build new 16' wall section @ Waiting room (2) with a door from exam room 8 and a new sliding reception window installed. Install a new sliding reception window and a door from exam room 9 in adjacent wall. Install up to 8 new receptacles in walls that are easily accessed by an electrician and install 1 new phone and data terminal (connection to systems and terminal face plate by owner) in new reception area. Paint and Carpet per contract with tenant.

