



<b>Location of Construction:</b> 51 SEWALL ST	<b>Owner Name:</b> RHEUMATOLOGY REALTY ASSO	<b>Owner Address:</b> 51 SEWALL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Maine State Builders	<b>Contractor Address:</b> 245 Warren Ave Portland	<b>Phone</b> 2077735504
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Commercial	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 09/01/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
2) Separate permits shall be required for any new signage.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 09/14/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) 1) The Architect needs to stam the plans prior to issuance.			
2) Planning sign must sign off prior to issuance.			
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 09/01/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

**Comments:**  
9/1/2006-mes: site plan #2006-0163 not signed off yet - WAIT FOR STAMPED APPROVED SITE PLAN BEFORE ISSUING BUILDING PERMIT  
9/2/2006-mjn: Plans are not stamped by the architect., Left Voicemail with Ann Calendar  
Need Stair Cross Section.  
Need to discuss Corridor ratings,(non sprinklered building, "B" use group with an occupant load of greater than 30) I hour required, windows are shown on the floor.(table 1016.1)  
Also Need to discuss the existing potecial dead end corridors on the second floor that exceed 20 feet.( Section 1016.3 IBC)

**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.

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SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO