

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

EYE VENTURE ASSOCIATES /M.R. Brewer Inc

Located at

53 SEWALL ST

PERMIT ID: 2013-00134

CBL: 190 D009001

has permission to **Interior renovations to exist space Phase 1 of 2.**

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

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

Janine Bonke

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

PERMIT ID: 2013-00134

Located at: 53 SEWALL ST

CBL: 190 D009001

City of Portland, Maine - Building or Use Permit

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

Permit No: 2013-00134	Date Applied For: 01/22/2013	CBL: 190 D009001
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Location of Construction: 53 SEWALL ST	Owner Name: EYE VENTURE ASSOCIATES	Owner Address: 53 SEWALL ST	Phone: (207) 828-2020
Business Name: Eye Care Medical Group	Contractor Name: M.R. Brewer Inc	Contractor Address: 91 Bell Street Portland	Phone: (207) 797-7534
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Professional Medical Offices for Eye Care	Proposed Project Description: Interior renovations to exist space Phase 1 of 2.
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 01/23/2013
Note: **Ok to Issue:**

Dept: Building **Status:** Approved w/Conditions **Reviewer:** Jeanie Bourke **Approval Date:** 02/14/2013
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 2) Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
- 3) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM E 814 or UL 1479, per IBC 2009 Section 713.

Dept: Fire **Status:** Approved w/Conditions **Reviewer:** Ben Wallace Jr **Approval Date:** 02/28/2013
Note: **Ok to Issue:**

- 1) Any cutting and welding done will require a Hot Work Permit from Fire Department.
- 2) Construction or installation shall comply with City Code Chapter 10.
- 3) All means of egress to remain accessible at all times.
- 4) Fire extinguishers are required per NFPA 1.
- 5) A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
- 6) Notice: The first scheduled final inspection fee is at no charge. Additional inspections shall be billed at \$75 for each inspector.
- 7) Through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance rated horizontal assemblies shall be protected by firestop systems or devices in conformance with NFPA 101:8.3.5 (ASTM E 814 or ANSI/UL 1479). Providing firestop labels at each firestop system or device and an onsite manual containing the detail for each firestop system or device used for the project will streamline final inspection approvals.
- 8) A separate Suppression System Permit is required for all new suppression systems, including standpipe systems, and sprinkler work effecting more than 20 heads. This review does not include approval of system design or installation.
- 9) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
- 10) Fire walls, fire barriers, fire partitions, smoke barriers and smoke partitions or any other wall required to have protected openings or penetrations shall be effectively and permanently identified with signs or stenciling in accessible concealed floor, floor-ceiling or attic spaces at intervals not exceeding 30 feet with lettering not less than 0.5 inches in height.

Location of Construction: 53 SEWALL ST	Owner Name: EYE VENTURE ASSOCIATES	Owner Address: 53 SEWALL ST	Phone: (207) 828-2020
Business Name: Eye Care Medical Group	Contractor Name: M.R. Brewer Inc	Contractor Address: 91 Bell Street Portland	Phone: (207) 797-7534
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

- 11 ****The fire alarm system design shall be evaluated for the renovated areas by an NICET IV certified interior fire alarm designer or a licensed engineer for compliance with the code. A compliance letter is required prior to the final inspection.****
****A current inspection sticker from an approved fire alarm inspection company is required prior to the final inspection.****
- 12 Street addresses shall be marked on the structure and shall be as approved by the City E-911 Addressing Officer. Contact Michelle Sweeney at 874-8682 for further information.

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Close-in Plumbing/Framing

Electrical Close-in

Above Ceiling Inspection

Final - Electric

Final - Fire

Final - Commercial

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2013-00134	Issue Date:	CBL: 190 D009001
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Location of Construction: 53 SEWALL ST	Owner Name: EYE VENTURE ASSOCIATES	Owner Address: 53 SEWALL ST PORTLAND, ME 04102	Phone: (207) 828-2020
Business Name: Eye Care Medical Group	Contractor Name: M.R. Brewer Inc	Contractor Address: 91 Bell Street Portland ME 04103	Phone: (207) 797-7534
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: RP
Past Use: Professional Medical Offices for Eye Care	Proposed Use: Professional Medical Offices for Eye Care	Permit Fee: \$1,670.00	Cost of Work: \$165,000.00
		FIRE DEPT: 2/28/13 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	INSPECTION: Use Group: B Type: 2B MUBEL 2009
Proposed Project Description: Interior renovations to exist space Phase 1 of 2.		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i> 2/14/13
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: bjs	Date Applied For: 01/22/2013	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> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>ok 1/23/13</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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



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>53 Sewall Street</u>		
Total Square Footage of Proposed Structure/Area <u>N/A</u>		Square Footage of Lot <u>N/A</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>190 D009</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Eye Care Medical Group</u> Address <u>53 Sewall Street</u> City, State & Zip <u>Portland ME 04102</u>	Telephone: <u>828-2020</u>
Lessee/DBA (if applicable) RECEIVED JAN 22 2013 Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>\$165,000.-</u> C of O Fee: \$ <u>0000</u> Total Fee: \$ <u>16.70</u> <u>0000</u>
Current legal use (i.e. single family) <u>Medical Facility</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Medical Facility</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Interior Renovations to an existing space inside of Eye Care Medical group Phase 1 of 2</u>		
Contractor's name: <u>M.R. Brewer, Inc.</u> Address: <u>91 Bell Street</u> City, State & Zip <u>Portland, ME 04103</u> Telephone: <u>797-7534</u> Who should we contact when the permit is ready: <u>Matthew Brewer</u> Telephone: <u>797-7534</u> Mailing address: <u>91 Bell Street Portland, ME 04103</u>		

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: [Signature] Date: 1/22/13

This is not a permit; you may not commence ANY work until the permit is issue



Certificate of Design Application

PT Architects / David Webster

From Designer:

Date:

7-22-2013

Job Name:

Eyecare Medical Group - Phase I Renovation

Address of Construction:

53 Sewall Street, Portland, ME 04102

2009 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year 2009 IBC Use Group Classification (s) B (Business)

Type of Construction II B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2009 IRC Yes

Is the Structure mixed use? No If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? Yes Geotechnical/Soils report required? (See Section 1802.2) No

Structural Design Calculations

NA Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown

Wind loads (1603.1.4, 1609)

- _____ Design option utilized (1609.1.1, 1609.6)
- _____ Basic wind speed (1809.3)
- _____ Building category and wind importance Factor, I_w (table 1604.5, 1609.5)
- _____ Wind exposure category (1609.4)
- _____ Internal pressure coefficient (ASCE 7)
- _____ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- _____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

- _____ Design option utilized (1614.1)
- _____ Seismic use group ("Category")
- _____ Spectral response coefficients, S_D & S_1 (1615.1)
- _____ Site class (1615.1.5)

- _____ Live load reduction
- _____ Roof l_w loads (1603.1.2, 1607.11)
- _____ Roof snow loads (1603.7.3, 1608)
- _____ Ground snow load, P_g (1608.2)
- _____ If $P_g > 10$ psf, flat-roof snow load P_f
- _____ If $P_g > 10$ psf, snow exposure factor, C_e
- _____ If $P_g > 10$ psf, snow load importance factor, I_s
- _____ Roof thermal factor, C_t (1608.4)
- _____ Sloped roof snowload, P_s (1608.4)
- _____ Seismic design category (1616.3)
- _____ Basic seismic force resisting system (1617.6.2)
- _____ Response modification coefficient, R , and deflection amplification factor C_d (1617.6.2)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Other loads

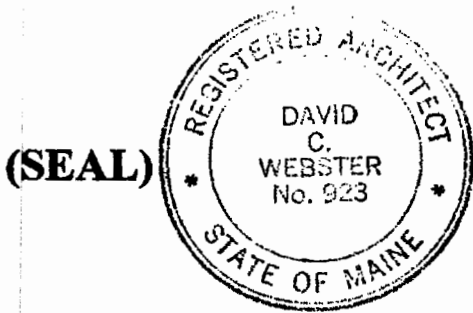
- _____ Concentrated loads (1607.4)
- _____ Partition loads (1607.5)
- _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

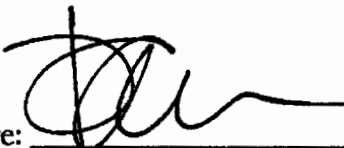


Accessibility Building Code Certificate

Designer: PDT Architects / David Webster
 Address of Project: 53 Sewall St., Portland, ME 04102
 Nature of Project: Interior renovation of a small area of Eyecare Medical Group. Includes Exams, Break, Office.

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: 
 Title: Principal
 Firm: PDT Architects
 Address: 49 Dartmouth St.
Portland, ME 04101
 Phone: 207-775-1059

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

Date: 1-22-2013

From: PDT Architects/David Webster

These plans and / or specifications covering construction work on:

Interior renovation of a small area
of existing Eyecare Medical Group building.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2009 International Building Code and local amendments.

Signature: [Handwritten Signature]

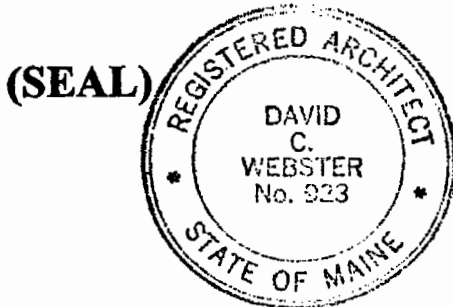
Title: Principal

Firm: PDT Architects

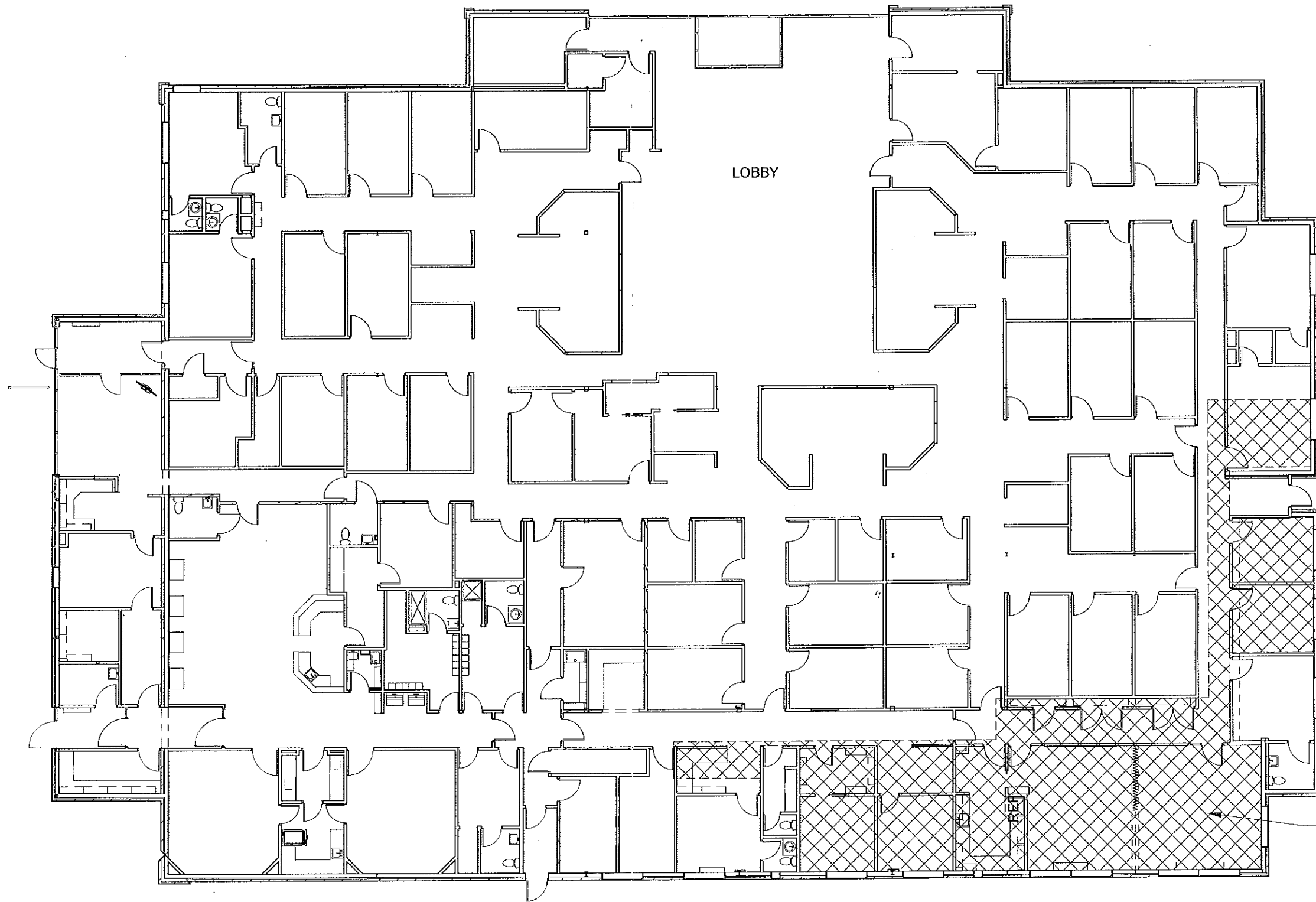
Address: 49 Dartmouth St.

Portland, ME 04101

Phone: 207-775-1059



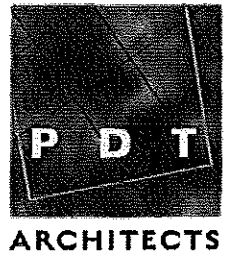
For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



RECEIVED
 FEB 13 2013
 Dept. of Building Inspections
 City of Portland Maine

HATCH INDICATES
 AREA OF RENOVATION
 WORK

1 KEY PLAN - EXISTING FIRST FLOOR PLAN
 1/16" = 1'-0"



E. M. G. - PHASE 1 RENOVATION
 EYECARE MEDICAL GROUP

KEY PLAN

001

PERMIT SET
 JANUARY 17, 2013

2/13/2013 2:51:37 PM