

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0967	Issue Date:	CBL: 191 B019001
-----------------------	-------------	---------------------

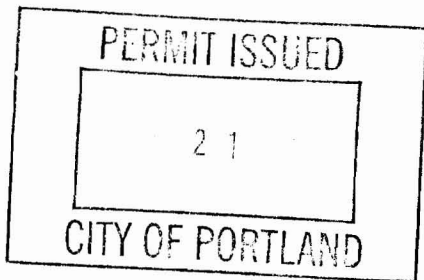
Location of Construction: 1372 CONGRESS ST	Owner Name: CHARTER WESTGATE LLC	Owner Address: 800 WESTCHESTER AVE STE S-63	Phone: 207-774-2300
Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: 2077742300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Retail/Mercy Medical Office	Proposed Use: Retail/Mercy Medical Office - Install Roof Trane HVAC system	Permit Fee: \$1,210.00	Cost of Work: \$118,667.00	CEO District: 3
--	--	---------------------------	-------------------------------	--------------------

Proposed Project Description: Install Roof Trane HVAC system	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>[Signature]</i> Type: <i>HVAC</i> Signature: <i>[Signature]</i>
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: lmd	Date Applied For: 08/06/2008	Zoning Approval
-------------------------	---------------------------------	------------------------

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"/> MM <input type="checkbox"/> Date: <i>8/13/08</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>8/13/08</i>
--	---	---

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

Scanned



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

08-0167

191-B-019

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 1372 Congress Use of Building Medical Date 8.6.8
Name and address of owner of appliance Mercy Hospital
1372 Congress St
Installer's name and address Air-temp
11 Wallace Ave Telephone 774-2300

Location of appliance:

- ☐ Basement ☐ Floor
☐ Attic ☒ Roof

Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid

Appliance Name: Trane

U.L. Approved ☒ Yes ☐ No

Will appliance be installed in accordance with the manufacture's installation instructions? ☒ Yes ☐ No

IF NO Explain: _____

The Type of License of Installer:

- ☐ Master Plumber # _____
☐ Solid Fuel # _____
☐ Oil # _____
☒ Gas # PNT 1199
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
Factory built _____
☐ Metal
Factory Built U.L. Listing # _____
☐ Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- ☐ Oil AUG 6 2008
☐ Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 118,667

Permit Fee: \$ 1,210.

Approved

Fire: _____
Ele.: _____
Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

- ☐ See attached letter or requirement

Inspector's Signature _____

Date Approved _____

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

✓ 52013



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

1372 CONGRESS ST

CBL 191 B019001

Issued to

Charter Westgate Llc /Langford & Low, Inc.

Date of Issue

11/21/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 08-0815, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Medical Office Space
Use Group B
Type 2B
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.