

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080994

This is to certify that CHARTER WESTGATE LLC Langford & Low, Inc.

has permission to Install 12'x14' Therapy Pool.

AT 1372 CONGRESS ST

191 B019001

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 when permission procured before this building or part thereof is loaded or service closed-in. 24 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. *Cecilia Cruz*

Health Dept. _____

Appeal Board _____

Other _____

Department Name

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: 08-0994		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: 914-701-4002	
Business Name:		Contractor Name: Langford & Low, Inc.		Contractor Address: PO Box 662 Portland		Phone: 2077975141	
Lessee/Buyer's Name		Phone:		Permit Type: Swimming Pools			Zone: B-2
Past Use: Retail Commercial - medical office - change of use permit 08-0815		Proposed Use: Mercy Medical Offices - Install 12'x14' Therapy Pool.		Permit Fee: \$30.00		Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install 12'x14' Therapy Pool.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: Pool IBC-2003 Signature: JMB 8/28/08			
				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: 08/08/2008		Zoning Approval			
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.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.. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">PERMIT NO. 08-0994 ISSUED 08/15/08</div>		Special Zone or Reviews		Zoning Appeal		Historic Preservation	
		<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"/> OK w/condition Date: 8/15/08 ABN		<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:		<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 ABN Date:	

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0994	Date Applied For: 08/08/2008	CBL: 191 B019001
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Location of Construction: 1372 CONGRESS ST	Owner Name: CHARTER WESTGATE LLC	Owner Address: 800 WESTCHESTER AVE STE S-63	Phone: 914-701-4002
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Swimming Pools	

Proposed Use: Mercy Medical Offices - Install 12'x14' Therapy Pool.	Proposed Project Description: Install 12'x14' Therapy Pool.
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 08/18/2008
Note:			Ok to Issue: <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.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 08/28/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 08/19/2008
Note:			Ok to Issue: <input type="checkbox"/>

Comments:

8/12/2008-lmd: The cost of the work was included in the general building permit application #080815. All the plans are also in the building permit. Jeanie requested that they submit an application for the pool. However she did not say what the cost should be. We may need to bill.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Re-Bar Schedule Inspection: Prior to pouring concrete**

 X **Underground electrical inspection prior to pouring concrete**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Signature of Inspections Official

Date

Date



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>MERCY HOSPITAL PT/OT</u> <u>WESTGATE PLAZA, 1372 CONGRESS ST.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>191</u> <u>B</u> <u>619</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>CHARTER REALTY</u> Address <u>800 WESTCHESTER AVE.</u> City, State & Zip <u>RYEBROOK, NY 10573</u>	Telephone: <u>914.701.4002</u>
Lessee/DBA (If Applicable) <u>AUG 8 2008</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>RETAIL - change of use to medical office - (#08-0811)</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>MEDICAL OFFICE SPACE</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>THERAPY POOL - 12'X14' INDOOR, 4' DEPTH, GUNNITE CONSTRUCTION</u> <u>COST OF WORK WAS INCLUDED IN GENERAL BUILDING PERMIT APPLICATION.</u>		
Contractor's name: <u>LANGFORD AND LOW, INC.</u> Address: <u>248 WARREN AVE.</u> City, State & Zip <u>PORTLAND, ME 04103</u> Telephone: <u>207.777.5141</u> Who should we contact when the permit is ready: <u>GABRIELLE RUSSELL</u> Telephone: <u>207.756.2179</u> Mailing address: <u>248 WARREN AVE, 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: 8.7.08

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

LANGFORD AND LOW
GENERAL CONTRACTOR

Letter of Transmittal
Date: 8/7/2008

TO: City of Portland, Maine
389 Congress Street
Portland, ME 04101-3509

JOB NUMBER: 0822 PROJECT # 07182
ATTENTION: Lannie Dobson
RE: Mercy Hospital, PT/OT Improvements
Submittal -

WE ARE SENDING YOU: ☐ Attached ☐ Under separate cover
☒ Shop Drawings ☐ Prints ☐ Plans ☐ Reproducibles ☐ Samples
☒ Specifications ☐ Letter ☐ Change order
☐ 1 or more of the submissions contains variations from the Contract Documents
☒ This submission does not contain any variations from the Contract Documents

COPIES	DATE	NO.	ACTION	DESCRIPTION
1	<i>8/7/08</i>			Permit Application Permit Fee (\$30) 13x19 drawing Equipment Specifications

THESE ARE TRANSMITTED AS CHECKED BELOW:

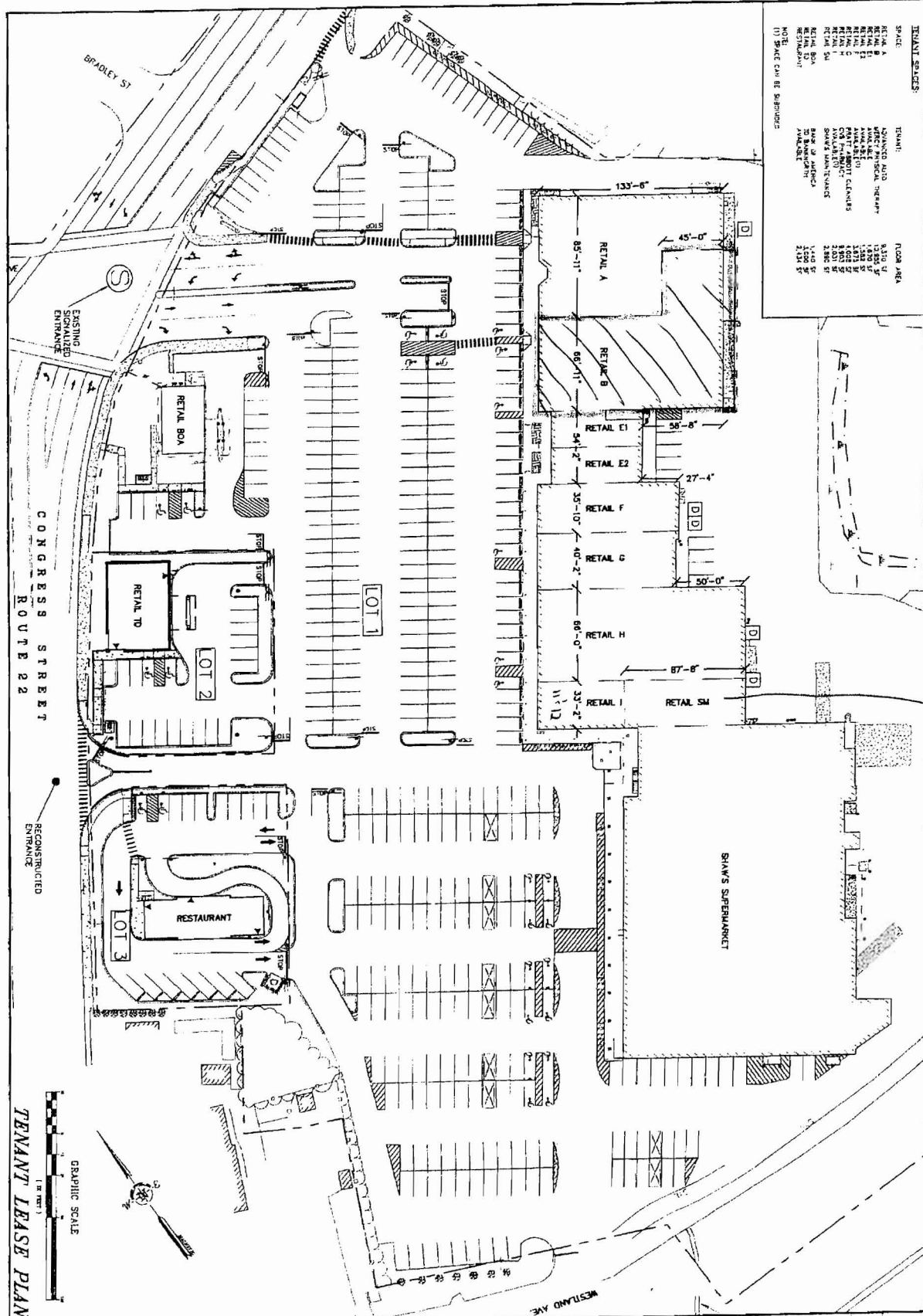
☒ For approval ☐ Approved as submitted ☐ Resubmit
☐ For your use ☐ Approved as noted ☐ Submit
☐ As requested ☐ Returned for corrections ☐ Return
☐ For review and comment ☐ _____
☐ FOR BIDES DUE ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS: Permit Application for Indoor Therapy Pool

COPY TO: ☒ Log ☒ File ☐ Field ☐ Subcontractor

SIGNED: _____

Gabby Russell

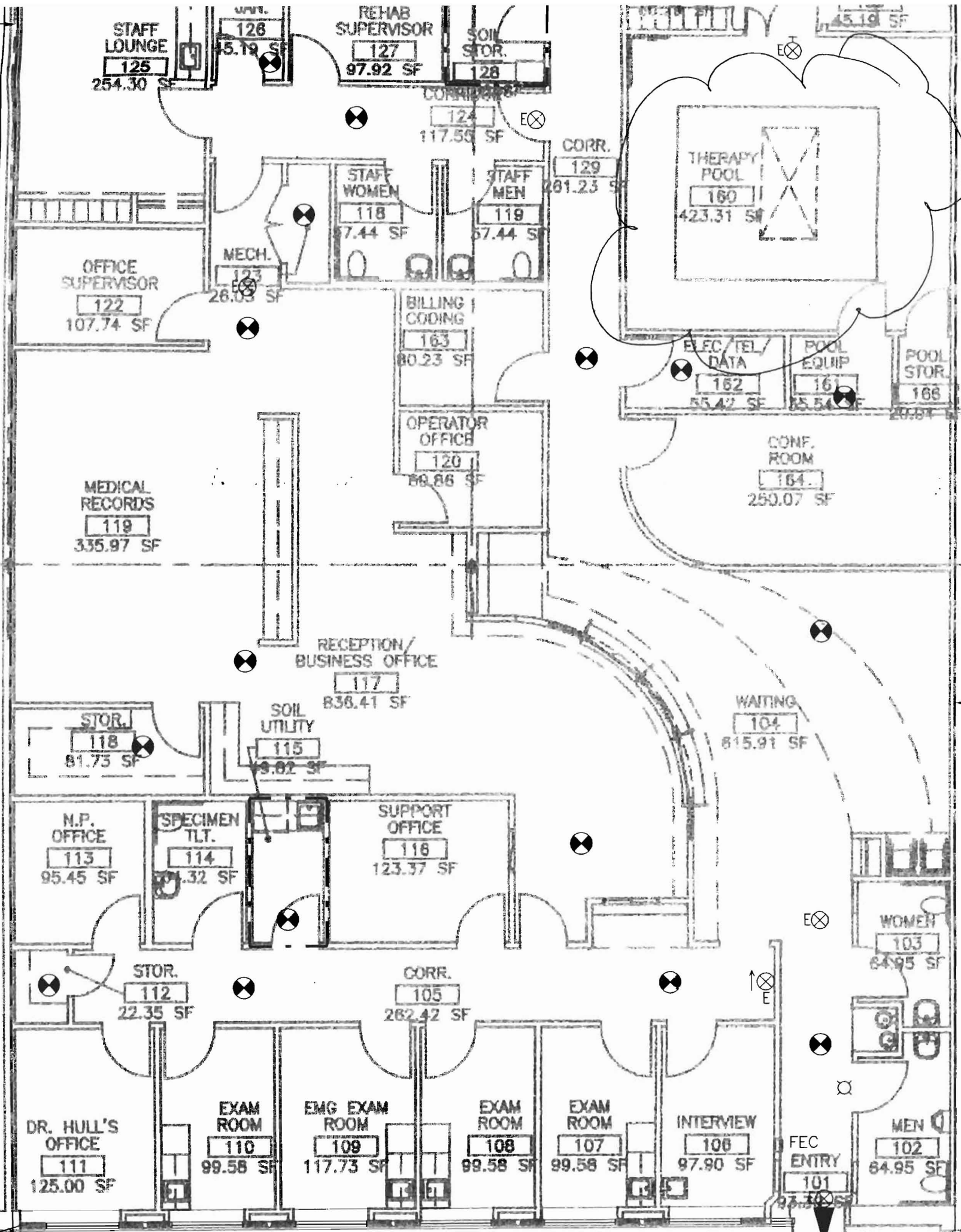


NEW 1 HR
RATED TENANT
DEMISING WALL

1980#
8778
10,758#

93
40
133'

perm. + 08-0815



front of spru

66' - facing corridors

MAX TD=114'

COMMERCIAL JOB - HARDHATS, BOOTS, PANTS REQUIRE

