

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

### BUILDING DEPARTMENT

## PERMIT

### PERMIT ISSUED

Permit Number: 060196

FEB 23 2006

This is to certify that MARSHVIEW PROPERTY LLC / n/a

has permission to Change of use from financial office to medical practice (3rd floor) 1st floor is already a Podiatrist Office

AT 1707 CONGRESS ST

219 A003001

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 altered or closed-in. 24 HOUR 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.

Health Dept.

Appeal Board

Other

Department Name

*Al King* 2/20/06  
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

Location of Construction: 1707 CONGRESS ST	Owner Name: MARSHVIEW PROPERTIES LLC	Owner Address: 1711 CONGRESS ST	Permit No: 06-0196	Issue Date: FEB 23 2006	CBL: 219 A003001
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:		
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: RP		

Past Use: Commercial	Proposed Use: Commercial change of use from financial office to medical practice (3rd floor) 1st floor is already a Podiatrist Office <i>2nd floor - mortgage office</i>	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 3	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>JB</i>		

Proposed Project Description: Change of use from financial office to medical practice (3rd floor) 1st floor is already a Podiatrist Office	Signature: <i>JUK P.D. 2/17/06</i>	Signature: <i>AM August</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: dmartin	Date Applied For: 02/06/2006	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"/> MM <input type="checkbox"/> <i>OK w/ conditions</i> Date: <i>2/15/06</i> <i>ABN</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 <i>Any exterior work requires separate review thru Historic Preservation</i> 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:	Date Applied For:	CBL:
06-0196	02/06/2006	219 A003001

Location of Construction: 1707 CONGRESS ST	Owner Name: MARSHVIEW PROPERTIES LLC	Owner Address: 1711 CONGRESS ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	

Proposed Use: Commercial change of use from financial office to medical practice (3rd floor) 1st floor is already a Podiatrist Office	Proposed Project Description: Change of use from financial office to medical practice (3rd floor) 1st floor is already a Podiatrist Office
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 02/15/2006**Note:** First floor - medical office  
Second floor - Mortgage office  
Third floor - medical office**Ok to Issue:** ☒

- 1) Separate permits shall be required for any new signage.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation
- 3) This permit is being approved as a change of use only to a medical office. Any structural changes will require a separate permit.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Mike Nugent      **Approval Date:** 02/22/2006**Note:**      **Ok to Issue:** ☒

- 1) This is a change in tenancy within the same use group. NO CONSTRUCTION IS AUTHORIZED BY THIS PERMIT>

**Dept:** Fire      **Status:** Approved      **Reviewer:** Jay Kelley      **Approval Date:** 02/17/2006**Note:**      **Ok to Issue:** ☒





# General Building Permit Application

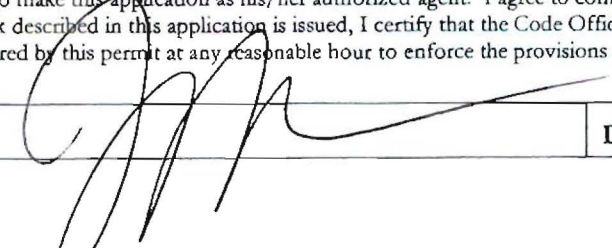
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>1711 Congress Street</u>		
Total Square Footage of Proposed Structure <u>N/A</u>		Square Footage of Lot <u>7,400</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>Marshview Properties LLC</u> <u>1711 Congress St</u> <u>Portland, ME</u>	Telephone: <u>773-5800</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>John PERRY</u> <u>1711 Congress St</u> <u>Portland, ME 04102</u>	Cost Of Work: \$ <del>773</del> Fee: \$ <u>30.</u> <u>\$105</u> CofO Fee: \$ <u>75</u>
Current Specific use: <u>financial bkt empty</u> Proposed Specific use: <u>professional medical</u>		
Project description: <u>Chg of Use Offices to medical practice</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>John PERRY</u> Mailing address: _____ Phone: <u>650-0234</u> <u>1711 Congress St.</u> <u>Portland, ME</u> <u>04102</u>		

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections 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 of applicant: 

Date: 2/4/06

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



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

Feb 6 2006

Received from Atlantic Food & Huckle Ctr.

Location of Work 1711 Congress St.

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 105

30.  
75.090

Building (IL) ☒ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other Chg 8/1/88

CBL: 219 A 003

Check #: 127

Total Collected \$ 105

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Comm  
WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy



# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	1711 Congress St. Suite 3
Street	Portland, Maine
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last:	Marshview Properties LLC
First:	

Applicant Name:	Bill Jones (President Marshview Properties)
Mailing Address of Owner/Applicant (If Different)	PO Box 2391 South Portland, ME

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

*Bill Jones*

Signature of Owner/Applicant

Date

2/2/04

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PORTLAND

PERMIT # 9723

TOWN COPY

Date Permit Issued:

213106

\$142014

FEE Charged

Local Plumbing Inspector Signature

L.P.I. # 019126

219A3

## PERMIT INFORMATION

### This Application is for

- ☒ NEW PLUMBING
- ☐ RELOCATED PLUMBING

### Type of Structure To Be Served:

- ☐ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☒ OTHER - SPECIFY

### Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # MS24117

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE  
[\$6.00]

### Column 2 Number Type of Fixture

- |  |  |
|--|--|
|  | Hosebibb / Sillcock                    |
|  | Floor Drain                            |
|  | Urinal                                 |
|  | Drinking Fountain                      |
|  | Indirect Waste                         |
|  | Water Treatment Softener, Filter, etc. |
|  | Grease / Oil Separator                 |
|  | Roof Drain                             |
|  | Bidet                                  |
|  | Other: _____                           |
|  | Fixtures (Subtotal)<br>Column 2        |

### Column 1 Number Type of Fixture

- |   |                                 |
|---|---------------------------------|
|   | Bathtub (and Shower)            |
|   | Shower (Separate)               |
|   | Sink                            |
| 5 | Wash Basin                      |
|   | Water Closet (Toilet)           |
|   | Clothes Washer                  |
|   | Dish Washer                     |
|   | Garbage Disposal                |
|   | Laundry Tub                     |
| 1 | Water Heater                    |
| 6 | Fixtures (Subtotal)<br>Column 1 |

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee  
(Total)