

**City of Portland, Maine - Building or Use Permit Application**

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

<b>PERMIT ISSUED</b>		Permit No:	Issue Date:	CBL:
		02-0219	MAR 26 2002	219 A013001

<b>Location of Construction:</b> 1685 Congress St	<b>Owner Name:</b> Dead River Stroudwater Llc	<b>Owner Address:</b> 49 Atlantic Pl	<b>Phone:</b> 207-773-5868
<b>Business Name:</b> n/a	<b>Contractor Name:</b> * Joe Delaney * Whipple Callender Architects 10'	<b>Contractor Address:</b> PORTLAND 551 Congress St. Portland	<b>Phone:</b> 2077752696
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> RP

<b>Past Use:</b> Commercial / Office	<b>Proposed Use:</b> Commercial / Office; renovating pediatrics office consisting of minor wall alterations, new sink station and some new finishes.	<b>Permit Fee:</b> \$219.00	<b>Cost of Work:</b> \$28,000.00	<b>CEO District:</b> 3
		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type: 3  BOCA 1999	

**Proposed Project Description:**  
Renovate Pediatrics Office

Signature: *[Signature]*      Signature: *[Signature]*

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved     Approved w/Conditions     Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 03/13/2002	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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>03/25/02</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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>[Signature]</i>
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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

# All Purpose 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.

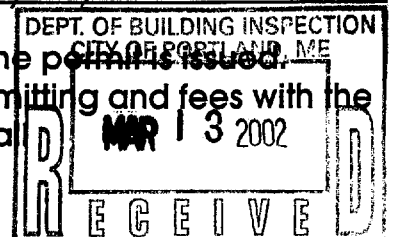
Location/Address of Construction: <u>1685 Congress</u>		
Total Square Footage of Proposed Structure <u>NA</u>	Square Footage of Lot <u>NA</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>219</u> Block# <u>A</u> Lot# <u>013</u>	Owner: <u>The Dead River Co.</u>	Telephone: <u>773.5868</u>
Lessee/Buyer's Name (If Applicable) <u>InterMed, 100 Foden Rd. 828-0361</u>	Applicant name, address & telephone: <u>InterMed, 100 Foden Rd. 828-0361</u>	Cost Of Work: \$ <u>22,000</u> Fee: \$ <u>219.00</u>
Current use: <u>Office</u>	Whipple Galloway Architects c/o Joe Delaney 551 Congress Portland, Me 04101	
If the location is currently vacant, what was prior use: <u>NA</u>	Approximately how long has it been vacant: <u>NA</u>	
Proposed use: <u>Office - no change</u>	Project description: <u>Renovation to Pediatrics office consisting of minor wall relocation, new sink stations, some new finishes.</u>	
Contractor's name, address & telephone: <u>XX</u>		
Who should we contact when the permit is ready: <u>Whipple Galloway Architects</u>		
Mailing address: <u>551 Congress St. Portland, Me. 04101</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>775-2696 x104</u> <u>XX call</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>Joe Delaney</u>	Date: <u>3/13/02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.  
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall





189 Cedar Street East  
Suite 111  
South Portland, Maine 04106

207-828-0361  
207-874-1480 Fax

March 13, 2002

To Whom It May Concern:

InterMed authorizes Joseph Delaney to act on its behalf regarding the submission of an application for a Building Permit from the City of Portland. Refer to the attached documents for the scope of work. InterMed currently leases the space under consideration from the Dead River Company, the building owner. Dead River is aware of our plans.

W. Robert Wright, Jr., FACMPE  
Chief Executive Officer

From: Bill Skoolicas <skooli@maine.rr.com>  
To: Joe Delaney <Joe@whipplecallender.com>  
Date: Thu, Dec 20, 2001, 11:27 AM  
Subject: InterMed Bid

Hello Joe -

Here is the pricing for the InterMed 3 South renovations we have discussed:

\* Base Bid - Twenty Eight Thousand Five Hundred Forty Six Dollars  
(~~\$28,546.00~~). This includes the following:

NOTE: BASE BID REDUCED TO  
\$27,596.00

Exam Rooms

- demolition of two partitions in new exam rooms
- removal and patching of two doorways
- removal and disposal of debris
- termination/junction of existing electrical
- reorientation of light switching
- 6 stock melamine base cabinets
- 6 stock melamine wall cabinets
- custom split-level laminate tops and splash
- 6 GFI duplex electrical outlets
- 6 15x15 stainless exam sinks, matching
- all feed, waste, and vent piping
- all cast iron waste in plenum
- premium labor rate for core drilling only
- ceiling splice at wall demo
- VCT and vinyl base splice at wall demo
- patch and prime at demo walls
- paint demo walls one coat of paint

Lab

- demolition of wood countertop
- removal and disposal of debris
- new postform laminate top
- one 15x15 stainless sink, matching
- all feed, waste, and vent piping
- all cast iron waste in plenum
- premium labor rate for core drilling only

} SUBSEQUENT DELETION OF PLUMBING  
WORK = \$950.00 DEDUCTION

Doctors' Office

- demolition of one partition
- construction of new partition up to ceiling
- removal and disposal of debris
- termination/junction of existing electrical
- reorientation of light switching
- addition of one new 2x2 light, matching
- ceiling splice at wall demo
- carpet patch at expanded office area
- vinyl base splice at new and demo walls
- patch and prime at new and demo walls
- paint new and demo walls one coat of paint

\* Alternate A - Four Thousand Two Hundred Eighty Three Dollars (\$4,283.00).  
This includes the following:

Waiting Area

- demolition of partition
- removal of one door
- removal and disposal of debris
- termination/junction of existing electrical
- reorientation of light switching
- carpet patch at new waiting area
- vinyl base splice at wall demo
- patch and prime at demo walls

Please give me a call if you have any questions or if you would like to proceed with the work.

Sincerely,

- Bill Skoolicas

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William S. Skoolicas  
President  
Maine State Builders, Inc.  
245 Warren Avenue  
Portland, Maine 04103

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Ph: 207-773-5504  
Fx: 207-797-3886

**ADDITIONAL DESCRIPTIONS FOR NOTES ON RENOVATION PLAN FOR INTERMED  
STROUDWATER RENOVATION PLANS DATED FEBRUARY 2002**

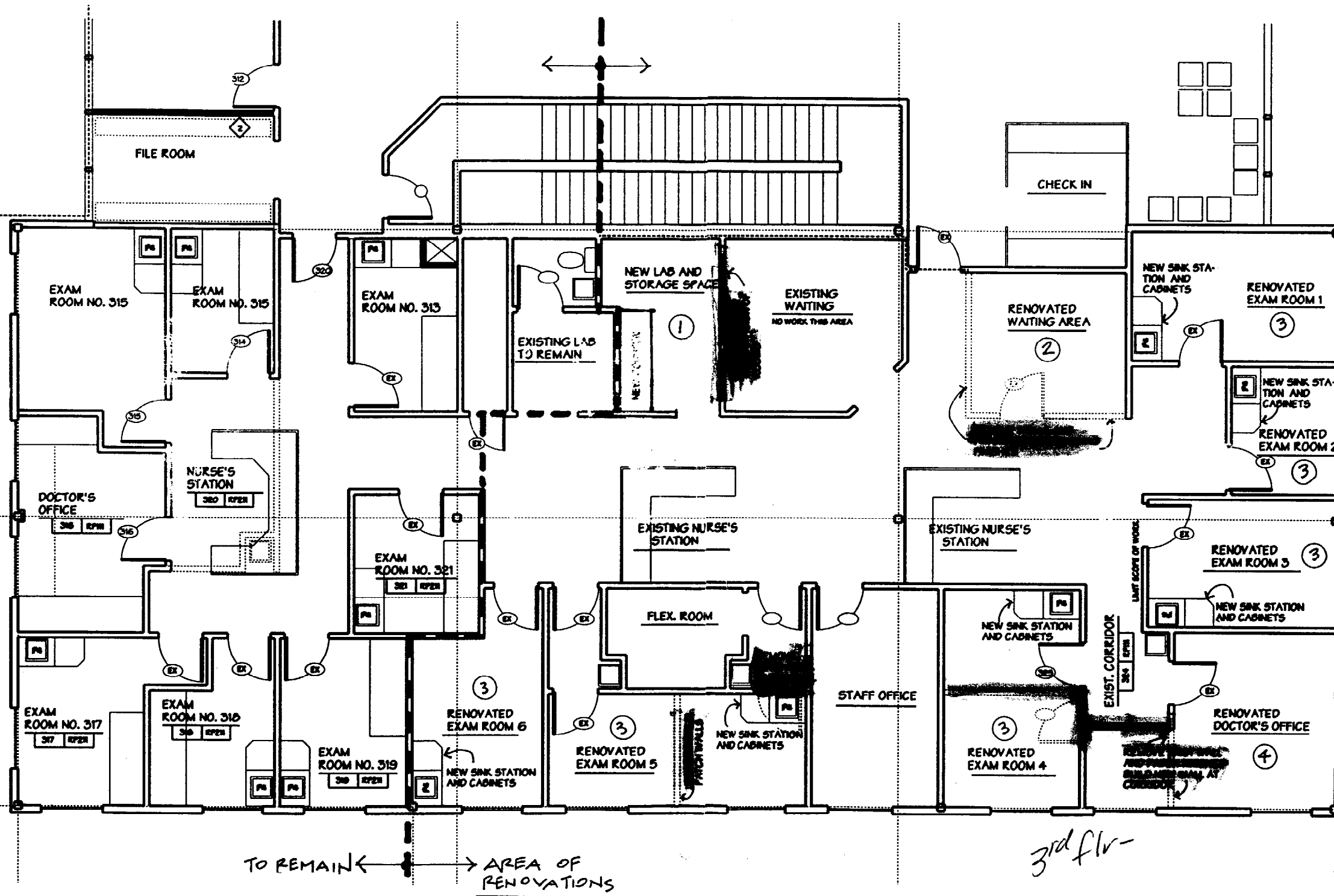
**NOTE 1-**Rather than build a new lab, adapt the existing small waiting area to serve as lab support and storage. Add a simple counter and leave space for storage of lab supplies.

**NOTE 2-**Add more waiting space near the main entry. Remove existing walls and patch surrounding surfaces. Will add approximately 6 more seats.

**NOTE 3-**Typical exam room improvements

- a. Add new exam room sink and storage to match existing stations at the west end of the floor. Setup consists of a metal sink with paddle facet set, lower cupboard and writing surface, upper cabinets and adjustable shelves.
- b. All new waste and supply lines will be metal to comply with code. Work will be done during business hours.
- c. All exam rooms will be repainted and have new VCT tile floors with new vinyl base.
- d. Electrical wiring and necessary air handling adjustments are included.

**NOTE 4-**The doctors office will be recarpeted, repainted, rewired and have new vinyl base throughout.



*Framing?  
Steel studs  
5/8" sheetrock -  
NO structural &  
NO fire penetrations*

WHIPPLE  
CALLENDER  
ARCHITECTS

551 CONGRESS  
STREET  
PORTLAND  
ME 04101  
775-2696

WHIPPLE  
CALLENDER  
ARCHITECTS

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ME 04101  
775-2696

3<sup>rd</sup> flr -

INTERMED STROUDWATER FACILITY -  
THIRD FLOOR RENOVATIONS TO PEDIATRICS  
FEBRUARY 2002  
WHIPPLE CALLENDER ARCHITECTS

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

JAD Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

- N/A Footing/Building Location Inspection: Prior to pouring concrete
- N/A Re-Bar Schedule Inspection: Prior to pouring concrete
- N/A Foundation Inspection: Prior to placing ANY backfill
- SDO Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- SDO Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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

        
Date

        
Signature of Inspections Official

        
Date

CBL: 219-A-13 Building Permit #: 02-0219