

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 090231

Lead
Person And
Notes, If Any,
Attached

This is to certify that 1685 CONGRESS LLC /TBD

has permission to Maine Eye Center - interior fit-out for Maine Eye Center to locate on 3rd floor

AT 1685 CONGRESS ST (3rd floor)

CE 219 A01300

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 written permission procured before this building or part thereof is lathed or otherwise altered-in. 24 HOURS 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. CAPT. D. Gauthier

Health Dept. _____

Appeal Board _____

Other _____

Department Name

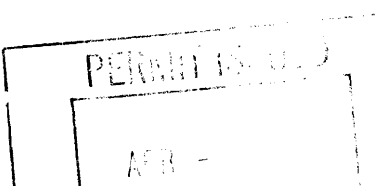
Janine Bonk 9/6/09
Director - Building & Inspection Services

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: 09-0231		Issue Date:		CBL: 219 A013001	
Location of Construction: 1685 CONGRESS ST (3rd floor)		Owner Name: 1685 CONGRESS LLC		Owner Address: 202 MAMARONECK AVE	
Business Name:		Contractor Name: TBD		Phone:	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Commercial	
Past Use: Commercial - Vacant Office Space - Intermed- children's exam room, physical therapy		Proposed Use: Commercial - Maine Eye Center - interior fit-up for Maine Eye Center to locate on 3rd floor		Zone: R-P	
Permit Fee: \$2,520.00		Cost of Work: \$250,000.00		CEO District: 3	
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions		INSPECTION: Use Group: B Type: 2B IBC-2003		Signature: JMB 4/6/09	
Proposed Project Description: Maine Eye Center - interior fit-up for Maine Eye Center to locate on 3rd floor		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: Ldobson	Date Applied For: 03/23/2009	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..		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: 3/25/09	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: _____
				

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: 09-0231	Date Applied For: 03/24/2009	CBL: 219 A013001
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Location of Construction: 1685 CONGRESS ST (3rd floor)	Owner Name: 1685 CONGRESS LLC	Owner Address: 202 MAMARONECK AVE	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone (207) 773-3625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Maine Eye Center - interior fit-up for Maine Eye Center to locate on 3rd floor	Proposed Project Description: Maine Eye Center - interior fit-up for Maine Eye Center to locate on 3rd floor
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 03/25/2009**Note:** **Ok to Issue:** ☒

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) Separate permits shall be required for any new signage.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 04/06/2009**Note:** **Ok to Issue:** ☒

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 03/26/2009**Note:** **Ok to Issue:** ☒

- 1) The fire alarm system shall comply with NFPA 72.
Compliance letter is required.
- 2) The sprinkler system shall be installed in accordance with NFPA 13.
- 3) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance
- 4) A separate Sprinkler System Permit is required per the Fire Department.
- 5) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
Compliance letters are required.
- 6) Emergency lights and exit signs are required
- 7) Fire extinguishers required. Installation per NFPA 10
- 8) Emergency lights are required to be tested at the electrical panel.
- 9) Fire Alarm system shall be maintained.
If system is to be off line over 4 hours a fire watch shall be in place.
Dispatch notification required 874-8576.
- 10) A separate Fire Alarm System Permit is required per the Fire Department.
- 11) All construction shall comply with NFPA 101



General Building Permit Application

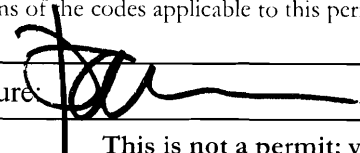
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 1685 Congress Street-Stroudwater Crossing			
Total Square Footage of Proposed Structure/Area		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer* Name Maine Eye Center Address 15 Lowell Street City, State & Zip Portland, ME 04102		Telephone: 207-774-8277
219 A 13			
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Noyac Medical Partners Address 202 Mamaroneck Avenue City, State & Zip White Plains, NY 10601	Cost Of Work: \$ <u>250,000</u> C of O Fee: \$ <u>0</u> Total Fee: \$ <u>2,520</u>	
Current legal use (i.e. single family) <u>vacant</u> If vacant, what was the previous use? <u>business-medical office</u> Proposed Specific use: <u>medical office</u> Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: Interior fit-up for Maine Eye Center to locate on third floor. previous tenant was Intermed. Previous use was children's exam rooms and physical therapy.			
Contractor's name: <u>TBD - (Wright-Ryan and Hebert Construction are both bidding).</u> Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: <u>Todd Kilborn</u> Telephone: <u>207-775-1059</u> Mailing address: <u>PDT Architects, 49 Dartmouth Street, Portland, ME 04101</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: 

Date: 19 March 2009

207-775-1059

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



Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

One (1) complete set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- ☐ Cross sections w/framing details
- ☒ Detail of any new walls or permanent partitions
- ☒ Floor plans and elevations
- ☒ Window and door schedules
- ☐ Complete electrical and plumbing layout.
- ☐ Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review
- ☐ Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IECC 2003
- ☐ Proof of ownership is required if it is inconsistent with the assessors records.
- ☐ Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- ☒ Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

- ☐ The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
- ☐ Location and dimensions of parking areas and driveways, street spaces and building frontage.
- ☐ Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)

Fire Department requirements.

The following shall be submitted on a separate sheet:

- ☐ Name, address and phone number of applicant **and** the project architect.
- ☐ Proposed use of structure (NFPA and IBC classification)
- ☐ Square footage of proposed structure (total and per story)
- ☐ Existing and proposed fire protection of structure.
- ☐ Separate plans shall be submitted for
 - a) Suppression system
 - b) Detection System (separate permit is required)
- ☐ A separate Life Safety Plan must include:
 - a) Fire resistance ratings of all means of egress
 - b) Travel distance from most remote point to exit discharge
 - c) Location of any required fire extinguishers
 - d) Location of emergency lighting
 - e) Location of exit signs
 - f) NFPA 101 code summary
- ☐ Elevators shall be sized to fit an 80" x 24" stretcher.

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



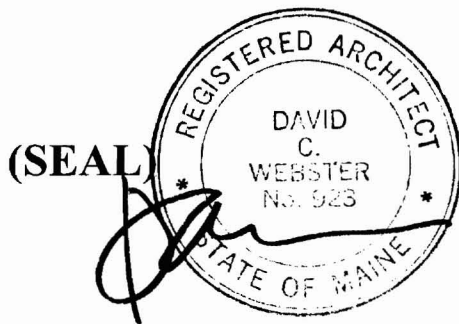
Accessibility Building Code Certificate

Designer: PDT Architects

Address of Project: 1685 Congress Street

Nature of Project: Interior fit-up in former Intermed Mecial
Offices to Maine Eye Center Medical Offices

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: [Signature]

Title: Principal

Firm: PDT Architects

Address: 49 Dartmouth Street
Portland, ME 05101

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

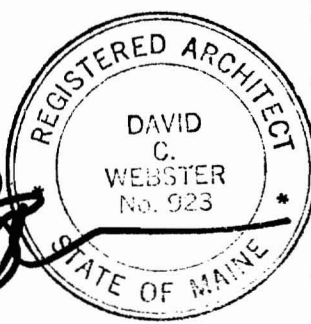

Date: 19 March 2009

From: PDT Architects

These plans and / or specifications covering construction work on:

Maine Eye Center Interior Fit-Up at 1685 Congress Street

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the **2003 International Building Code** and local amendments.

(SEAL)  Signature: 

Title: Principal

Firm: PDT Architects

Address: 49 Dartmouth Street

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



DATE: 19 March 2009
TO/COMPANY: Portland Fire Department
PROJECT: Maine Eye Center – Stroudwater Crossing
FROM: Todd Kilborn
PAGES: 1
RE: Construction Permit – Fire Department Requirements

Contact Info	Applicant: Brian Neprash Maine Eye Center 15 Lowell Street Portland ME 04102 (207) 774-8277 Architect: David Webster PDT Architects 49 Dartmouth Street Portland ME 04101 (207) 775-1059
Proposed Use	NFPA: Existing Business Occupancy IBC: Business Group B(no change)
Square Footage	Building - 32,134 (per Assessor's office) Third Floor – 9,355 (per working drawings)
Fire Protection	Existing NFPA Type of Construction = II(000) Stl framing members and mtl deck. General Contractor to confirm / establish 1 hour rated stair/elevator assembly.
Separate Plans	General Contractor to coordinate plans for suppression system and detection system
Life Safety Plan	Included
Elevator	Existing Cab size = 80 1/4" x 50"

Thanks, please contact with questions or further information

Todd Kilborn 775-1059 x348