

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION PERMIT

Permit Number: 060240

This is to certify that 164 REALTY INC /Sign Solutions  
has permission to install replacement signs for Occupational Health Concentration Medical Centers  
AT 1600 CONGRESS ST PORTLAND, OR 97201 220 B010001

provided that the person or persons firm or person accepting this permit shall comply with all  
of the provisions of the Statutes of the State of Oregon 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.

PERMIT ISSUED  
MAR 2 2006  
CITY OF PORTLAND

Apply to Public Works for street line and grade if nature of work requires such information.

Classification of inspection must be given and when permission procedure is complete this building or part thereof is closed or service is closed-in. 4 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. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

*[Signature]*  
3/21/06  
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

Permit No: 06-0240	Issue Date: <b>PERMIT ISSUED</b> MAR 21 2006	CBL: 220 B010001
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Location of Construction: 1600 CONGRESS ST	Owner Name: 164 REALTY INC	Owner Address: 100 SILVER ST	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone: 2078788000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: RP

Past Use: commercial	Proposed Use: Commercial/ install replacement signs for Occupational Health to Concentra Medical Centers	Permit Fee: \$80.00	Cost of Work: \$80.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Proposed Project Description: install replacement signs for Occupational Health to Concentra Medical Centers	Signature:	Signature:
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: Idobson	Date Applied For: 02/22/2006	<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"/> <i>OK</i> Date: <i>3/2/06</i> <i>ASU</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 <i>ABM</i> Date:
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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

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

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

Permit No: 06-0240	Date Applied For: 02/22/2006	CBL: 220 B010001
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Location of Construction: 1600 CONGRESS ST	Owner Name: 164 REALTY INC	Owner Address: 100 SILVER ST	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone (207) 878-8000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial/ install replacement signs for Occupational Health to Concentra Medical Centers	Proposed Project Description: install replacement signs for Occupational Health to Concentra Medical Centers
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 03/06/2006

**Note:** Building is in RP zone, but the 4 building signs already exist. The permit is replacing one existing building sign (18 sq.ft) with a new wall sign that is smaller (8.85 sq.ft.)      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 03/21/2006

**Note:**      **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.





# Signage/Awning 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>16 00 CONGRESS ST. , PORTLAND</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>220</u> <u>B</u> <u>10</u>	Owner: <u>COMMERCIAL PROFESSIONAL MGMT.</u> <u>100 SILVER ST.</u> <u>PORTLAND, ME 04101</u>	Telephone: <u>207-774-1885</u>
Lessee/Buyer's Name (If Applicable) <u>CONCENTRA MEDICAL</u> <u>@ ENTERS</u>	Applicant name, address & telephone: <u>BOB PHILLIPS</u> <u>SIGN SOLUTION</u> <u>55 BISHOP ST.</u> <u>PORTLAND, ME 04103</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>25' x 14' = 350</u> For H.D. signage= Total Fee: \$ <u>50.00 + 30.00</u> Awning Fee= cost of work Total Fee: \$ <u>80.00</u>

Who should we contact when the permit is ready: BOB PHILLIPS phone: 699-2263

Tenant/allocated building space frontage (feet): Length: 25' Height: 14'-6"  
 Lot Frontage (feet) 400 + Single Tenant or Multi Tenant Lot MULTI-TENANT

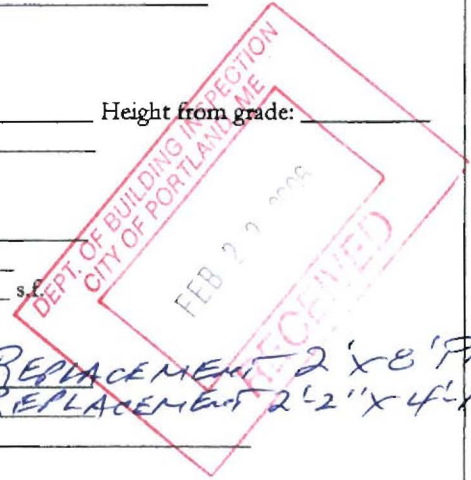
Current Specific use: DOCTOR + DIALYSIS  
 If vacant, what was prior use: N/A  
 Proposed Use: NO CHANGE

**Information on proposed sign(s):**  
 Freestanding (e.g., pole) sign? Yes \_\_\_ No \_\_\_ Dimensions proposed: \_\_\_\_\_ Height from grade: \_\_\_\_\_  
 Bldg. wall sign? (attached to bldg) Yes \_\_\_ No \_\_\_ Dimensions proposed: \_\_\_\_\_

**Proposed awning?** Yes \_\_\_ No \_\_\_ Is awning backlit? Yes \_\_\_ No \_\_\_  
 Height of awning: \_\_\_\_\_ Length of awning: \_\_\_\_\_ Depth: \_\_\_\_\_  
 Is there any communication, message, trademark or symbol on it? Yes \_\_\_ No \_\_\_  
 If yes, total s.f. of panels w/communications, message, trademark or symbol: \_\_\_\_\_ s.f.

**Information on existing and previously permitted sign(s):**  
 Freestanding (e.g., pole) sign? Yes  No \_\_\_ Dimensions proposed: REPLACEMENT 2' x 8' PANELS  
 Bldg. wall sign? (attached to bldg) Yes  No \_\_\_ Dimensions proposed: REPLACEMENT 2'2" x 4' x 1'  
 Awning? Yes \_\_\_ No \_\_\_ Sq. ft. area of awning w/communication: \_\_\_\_\_

A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.



Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may 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: <u>Bob Phillips</u>	Date: <u>2/22/06</u>
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**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

\_\_\_\_\_ 2.22 20 06 \_\_\_\_\_

Received from \_\_\_\_\_ sign conditions \_\_\_\_\_

Location of Work \_\_\_\_\_ 1100 Congress St \_\_\_\_\_

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

Permit Fee \$ 80% \_\_\_\_\_

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

Other \_\_\_\_\_

CBL: 220 B10 \_\_\_\_\_

Check #: 1881 \_\_\_\_\_

Total Collected \$ 80% \_\_\_\_\_

**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.

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

# ELECTRICAL PERMIT

## City of Portland, Me.



*UB*

*Commercial*

To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 5-3-00  
 Permit # 382  
 CBL# 220-B-010

SITE LOCATION: 1600 Congress St.

OWNER Maine Occ. Rehab Center TENANT 164 Realty - owner

						TOTAL	EACH FEE	
<b>OUTLETS</b>	Receptacles	<u>5</u>	Switches	<u>3</u>	Smoke Detectors	<u>8</u>	.20	<u>1.60</u>
<b>FIXTURES</b>	incandescent		fluorescent	<u>5</u>	Strips	<u>5</u>	.20	<u>1.00</u>
<b>SERVICES</b>	Overhead		Underground		TTL AMPS	<800	15.00	
	Overhead		Underground			>800	25.00	
<b>Temporary Service</b>	Overhead		Underground		TTL AMPS		25.00	
							25.00	
<b>METERS</b>	(number of)						1.00	
<b>MOTORS</b>	(number of)						2.00	
<b>RESID/COM</b>	Electric units						1.00	
<b>HEATING</b>	oil/gas units		Interior		Exterior		5.00	
<b>APPLIANCES</b>	Ranges		Cook Tops		Wall Ovens		2.00	
	Insta-Hot		Water heaters		Fans		2.00	
	Dryers		Disposals		Dishwasher		2.00	
	Compactors		Spa		Washing Machine		2.00	
	Others (denote)						2.00	
<b>MISC. (number of)</b>	Air Cond/win						3.00	
	Air Cond/cent				Pools		10.00	
	HVAC		EMS		Thermostat		5.00	
	Signs						10.00	
	Alarms/res						5.00	
	Alarms/com						15.00	
	Heavy Duty(CRKT)						2.00	
	Circus/Carnv						25.00	
	Alterations						5.00	
	Fire Repairs						15.00	
E Lights						1.00		
E Generators						20.00		
<b>PANELS</b>	Service		Remote		Main		4.00	
	<b>TRANSFORMER</b>	0-25 Kva					5.00	
		25-200 Kva					8.00	
	Over 200 Kva					10.00		
						<b>TOTAL AMOUNT DUE</b>		
						<b>MINIMUM FEE/COMMERCIAL 35.00</b>	<b>MINIMUM FEE 25.00</b>	<u>45.00</u>

INSPECTION: Will be ready \_\_\_\_\_ or will call  \_\_\_\_\_

CONTRACTORS NAME Mountain View Electric Co. Inc. MASTER LIC. # MC 6001716  
 ADDRESS 448 Crowley Rd Sebastes Me LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 702-2350

SIGNATURE OF CONTRACTOR  (601) 557-8318