

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that OGH Realty Assoc.

Located At 1599 CONGRESS ST

Job ID: 2012-03-3463-ALTCOMM

CBL: 220-C-001-001

has permission to So. ME Ped Dent fit up

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD



Certificate of Occupancy



CITY OF PORTLAND, MAINE

Department of Planning and Urban Development
Building Inspections Division

Location: 1599 CONGRESS ST

CBL: 220- C-001-001

Issued to: OGH REALTY ASSOCIATES

Date Issued: 8/3/2012

This is to certify that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit No. 2012-03-3463-ALTCOMM, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

SECOND FLOOR LEFT SIDE

APPROVED OCCUPANCY

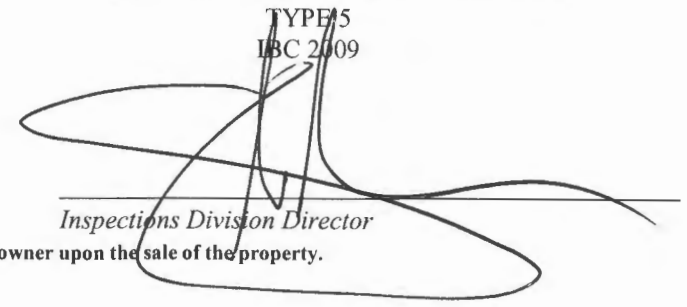
USE GROUP B
MEDICAL OFFICE BUILDING / DENTISTRY

TYPE 5
IBC 2009

Approved:
8-3-2012



(Date) Inspector



Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Required Inspections:

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-03-3463-ALTCOMM

Located At: 1599 CONGRESS ST

CBL: 220- C-001-001

Conditions of Approval:

Zoning

1. Separate permits shall be required for any new signage.
2. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
3. This property shall remain a medical office building. Any change of use shall require a separate permit application for review and approval.

Fire

All construction shall comply with City Code Chapter 10.

Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.

Fire extinguishers are required. Installation per NFPA 10.

The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.

A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.

A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.

Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

Non-combustible construction of this structure requires all construction to be Non-combustible.

Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-03-3463-ALTCOMM	Date Applied: 3/7/2012	CBL: 220- C-001-001	
Location of Construction: 1601 CONGRESS ST	Owner Name: OGH Realty Associates	Owner Address: 1601 CONGRESS ST PORTLAND, ME 04102	Phone:
Business Name: Dr. Whitney Wignall, Office of Dentistry	Contractor Name: Gregory Holden	Contractor Address: 145-1 Gray RD FALMOUTH MAINE 04105	Phone: (207) 831-4408
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALTERATIONS	Zone: C-7
Past Use: Medical Office Building/ Professional Offices	Proposed Use: Same: Medical Office Building -interior fit-up for dentistry as per plans	Cost of Work: \$350,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: B Type: S TBC 09
Proposed Project Description: SO Maine Ped Dentistry Fit up		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK with conditions</i> <i>3/8/12</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>S</i></p>
	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 appication 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

4-20-12 DWM Troy Plumb OK

4-26-12 DWM Greg 831-4408 close-in OK

6-21-12 DWM/BKL Above ceilings. ^{OK} ~~Ceilings closed GC not on site. Left msg to reschedule after 75% open~~

6-29-12 DWM Greg Pre final seal plumbers at wall,
Fire Alarm & Sprinkler certs E-mailed to Lt. Wallace.

7-2-12 GF in Gate in office to 36 chr.
② Hydrant Blue
③ finish install of equip

TCO Issued 7-6-12 Exp 30 Days

8-3-12 DWM/BKL Greg All corrections made

Entered 3/7/12



General Building Permit Application

ID # 2012-03-3463-ALDcomm

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.

1599

Location/Address of Construction: <u>7601 Congress St Portland ME</u>		
Total Square Footage of Proposed Structure/Area <u>3155</u>	Square Footage of Lot	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>220 001 001</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>Walt</u> Address <u>10 Terison Dr</u> City, State & Zip <u>Falmouth 04105</u>	Telephone: <u>207-872-6211</u>
Lessee/DBA (If Applicable) <u>Southern Maine Pediatric Dentistry</u>	Owner (if different from Applicant) Name <u>Whitney Small</u> Address <u>1601 Congress St</u> City, State & Zip <u>Portland, ME 04105</u>	Cost Of Work: \$ <u>350,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>3,520</u>
Current legal use (i.e. single family) <u>Doctor's Professional Office</u> Number of Residential Units <u>0</u> If vacant, what was the previous use? <u>#</u> Proposed Specific use: _____ Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Southern Maine Pediatric Dentistry Fit up</u>	<u>OGH Realty Associates</u>	
Contractor's name: <u>Gregory Holden</u>		
Address: <u>145-1 Gray Rd</u>		
City, State & Zip <u>Falmouth ME 04105</u>		Telephone: <u>831-4408</u>
Who should we contact when the permit is ready: <u>Greg Holden</u>		Telephone: <u>831-4408</u>
Mailing address: <u>145-1 Gray Rd Falmouth ME 04105</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: 3-6-12

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



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , Check Number: 99990

Tender Amount: 3520.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 3/7/2012

Receipt Number: 41542

Receipt Details:

Referance ID:	5503	Fee Type:	BP-Permit
Receipt Number:	0	Payment Date:	
Transaction Amount:	3520.00	Charge Amount:	3520.00
Job ID: Job ID: 2012-03-3463-ALTCOMM - SO Maine Ped Dentistry Fit up			
Additional Comments: 1599 (1600) Congress			

Thank You for your Payment!

Fire Dept.

Dr. Whitney Wignall
10 Tenisons Dr
Falmouth, ME 04105

207-272-6211

Dentist office fit-up

3155 Sq ft

Existing BLDG @ 1601 Congress St PORTLAND

BLDG. is sprinkled for Fire with Alarms now

Freedom Fire Systems will file for permit for fit-up

J.S. Holden Co.

Contractor is:

Greg Holden
145-1 Gray Rd

207-831-4408

Falmouth ME 04105



STATE OF MAINE - DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
45 COMMERCE DR STE 1
AUGUSTA, ME 04333-0001

Construction Permit

No.20561

In accordance with the provisions of M.R.S.A. Title 25, Chapter 317, Sec.317 and Title 5, Section 4594-F, permission is hereby granted to construct or alter the following referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from application form/plans shall be made without prior approval in writing. Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Each permit issued shall be displayed at the site of construction.

Building: DR. WHITNEY WIGNALL PEDIATRIC DENTISTRY
Location: 1601 CONGRESS ST, PORTLAND, ME 04102-2102
Owner: PEDIATRIC DENTISTRY
Owner Address: 75 JOHN ROBERTS RD, SOUTH PORTLAND, ME 04106-6961

Occupancy Type: Business
Secondary Use: Business
Use Layout: Separated Use
Supervised Sprinkler System
Fire Alarm System
Barrier Free
Construction Mode: Renovation
Protected Wood Frame: Type V (111)
Final Number of Stories: 2

Permit Date: 02/28/2012

Expiration Date: 08/27/2012

COMMISSIONER OF PUBLIC SAFETY

Copy 2 - Architect



Certificate of Design Application

From Designer:

JOHN H. LEASURE, ARCHITECT

Date:

MARCH 5, 2012

Job Name:

VIGNALL PEDIATRIC DENTISTRY

Address of Construction:

1601 Congress Street, Portland, ME 04101
(2009 Second Floor Tenant Space)

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year 2009 IBC Use Group Classification (s) Business B

Type of Construction TYPE V

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC N/A

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) No

Structural Design Calculations

Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown

- _____ Live load reduction
- _____ Roof live loads (1603.1.2, 1607.11)
- _____ Roof snow loads (1603.7.3, 1608)
- _____ Ground snow load, P_g (1608.2)
- _____ If $P_g > 10$ psf, flat-roof snow load P_f
- _____ If $P_g > 10$ psf, snow exposure factor, C_e
- _____ If $P_g > 10$ psf, snow load importance factor, I_s
- _____ Roof thermal factor, C_t (1608.4)
- _____ Sloped roof snowload, P_s (1608.4)
- _____ Seismic design category (1616.3)
- _____ Basic seismic force resisting system (1617.6.2)
- _____ Response modification coefficient, R and deflection amplification factor, C_d (1617.6.2)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 1617.5.1)

Wind loads (1603.1.4, 1609)

- _____ Design option utilized (1609.1.1, 1609.6)
- _____ Basic wind speed (1809.3)
- _____ Building category and wind importance Factor, I_w table 1604.5, 1609.5)
- _____ Wind exposure category (1609.4)
- _____ Internal pressure coefficient (ASCE 7)
- _____ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- _____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Earth design data (1603.1.5, 1614-1623)

- _____ Design option utilized (1614.1)
- _____ Seismic use group ("Category")
- _____ Spectral response coefficients, S_D & S_{D1} (1615.1)
- _____ Site class (1615.1.5)

Other loads

- _____ Concentrated loads (1607.4)
- _____ Partition loads (1607.5)
- _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Certificate of Design

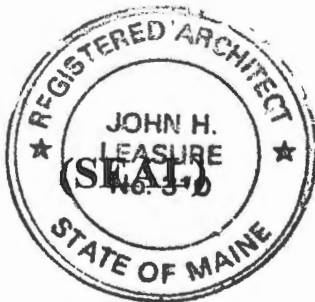
Date: MARCH 5, 2012

From: JOHN H. LEASURE ARCH'T, INC.

These plans and / or specifications covering construction work on:

REMODELING OF EXISTING SPACE TO BECOME
A PEDIATRIC DENTISTRY OFFICE!

Have been designed and drawn up by the undersigned, a Maine registered Architect / ~~Engineer~~ according to the ~~2003~~ 2009 *International Building Code* and local amendments. ^{JK}



Signature: John H. Leasure

Title: PRESIDENT

Firm: JOHN H. LEASURE ARCH'T, INC.

Address: 12 LITTLEJOHN ROAD

CAPE ELIZABETH, ME.

Phone: (207) 799 6570

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Accessibility Building Code Certificate

Designer:

JOHN H. LEASURE, ARCHITECT

Address of Project:

1601 Congress St, Portland, ME 04101 - 2nd floor

Nature of Project:

PEDIATRIC DENTISTRY,
REMODELING OF EXIST. STRUCTURE

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:

John H. Leasure

Title:

PRESIDENT

Firm:

JOHN H. LEASURE ARCH'T, INC.

Address:

12 LITTLEJOHN ROAD

CAPE ELIZABETH, ME

Phone:

(207) 799 6570

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

3/7 20 12

Received from Guy Holden

Location of Work 1601 Congress

Cost of Construction \$ _____ Building Fee: 350,000

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 350.00

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: 99990 Total Collected \$ 3500

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: (B)

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