

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1044	Issue Date:	CBL: 237 A008001
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Location of Construction: 2300 CONGRESS ST	Owner Name: TWENTY THREE HUNDRED CONG	Owner Address: PO BOX 403	Phone:
Business Name:	Contractor Name: Regan & Company	Contractor Address: 106 Merrill Road Gray	Phone 2073293441
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial - Offices	Proposed Use: Commercial - Office - to Tenant Fit-up for a methadone clinic	Permit Fee: \$310.00	Cost of Work: \$29,000.00	CEO District: 3
Proposed Project Description: Commercial - Office -to Tenant Fit-up for a methadone clinic		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 07/17/2006	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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 08/07/2006
Note: sent e-mail to notify everyone that this permit came in 8/7/06 received final information and made out a site plan exemption and gave it to Sarah (over 5,000 sq.ft. Change of use - granted under performance based use - similar to professional doctors offices			Ok to Issue: <input checked="" type="checkbox"/>
1) This property shall remain a professional offices/clinic use. Any change of use shall require a separate permit application for review and approval.			
2) Separate permits shall be required for any new signage.			
3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 10/25/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 08/08/2006
Note:			Ok to Issue: <input type="checkbox"/>
1) Application requires State Fire Marshal approval.			

Comments:
10/25/06-tmm: rec'd email from Jay Reynolds - ok to issue
7/26/06-mes: see letter - I requested information concerning use to determine compliance with I-M and a site plan showing parking - I also notified then that a site plan review or exemption would be required. This is the methadone clinic that is going in on outer Congress St.
8/2/06-mes: I received a letter of description outlining how the clinic will work. By appointment only with some lab work. Not unsimilar to professional doctors offices.
8/7/06-mes: received a parking plan showing number of cars and layout of existing parking.
8/10/06-mjn: awaiting site plan approval or exemption

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