Form # P 04	DISPLAY	THIS	CARD	ON	PRINCI	PAL F	RONT	AGE	OF	WOR	<b>K</b>	
Please Read Application Ar Notes, If Any Attached	nd	C	YTIC			ECTIO		Permit		<del>r: 080923</del> IT ISSU		7
This is to certif	fy that <u>CONGR</u>		ET LLC		lnc					<u>-1 -5 -20(</u>		
at <u>_2319 COP</u>	IGRESS ST						P	003001				
of the pro	that the persolvisions of th ruction, main rtment.	e Statu	tes of		ing of the uildings a	la	nces of	the Ci	ty of I	Portlan	d regul	ating
	ublic Works for s if nature of work nation.			ificatio n and v ore this ed or JR NO	en perm Iding or	on mus on proc rt there osed-in UIRED.	e 6 4	procur	ed by d	of occup owner bei ereof is oc	fore this t	
Fire Dept	R REQUIRED APPF	·					5	$\geq$	$\int$		1 19/08	
Appeal Board	Department Name						$\leq$		+	Inspection Service		<b>_</b>
	Department Name		PENAL	ry fof		NGTHI	S CARD	$\setminus$ /		Inspection Ser		7

Scanned

City of Portland, Maine	- Building or Use	Permit Applicatio	n Permit N	No:	Issue Date:		CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-871	6 0	8-0923			238A A(	003001
Location of Construction:	Owner Name:		Owner Add	lress:			Phone:	
2319 CONGRESS ST	CONGRESS	STREET LLC	PO BOX	1388				
Business Name:	Contractor Name	:	Contractor	Address:		_	Phone	
Cross Insurance	C M Cimino, I	Inc	3 Warren	n Ave. West	tbrook		20785488	76
Lessee/Buyer's Name	Phone:		Permit Typ		• •			Zone:
				ns - Comme				IM
Past Use:	Proposed Use:		Permit Fee		ost of Work:		EO District:	
Commercial - "Cross Insurance		"Cross Insurance" -		880.00	\$286,000.		3	
	Cross Insurand Replacement	ce Canopy	FIRE DEPT: Approved IN		SPECTION: Jse Group: B/U Type: 2B IBC 2003			
Duran and Durained Descriptions			4				BC [	1
Proposed Project Description: Cross Insurance Canopy Repla	o com ont			I C		C	A.	L
Cross insurance Canopy Repla	acement		Signature:			ignature:		
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.X					
			Action:	Approved	Appro	ved w/Coi	ed w/Conditions Denied	
			Signature:			Da	ate:	
Permit Taken By: Idobson	Date Applied For: 07/24/2008		2	Zoning A	pproval			
1. This permit application d	oes not preclude the	Special Zone or Revie	ews	Zoning A	Appeal		Historic Press	ervation
Applicant(s) from meeting Federal Rules.		Shoreland		Variance		Not in District or Landr		t or Landmark
2. Building permits do not in septic or electrical work.	nclude plumbing,	U Wetland		Miscellaneous		Does Not Require Review		
3. Building permits are void within six (6) months of the second		Flood Zone		Conditional Use			Requires Review	
False information may inv permit and stop all work	Subdivision		Interpretation Approved		Approved			
		Site Plan		Approved			Approved w/C	Conditions
PROVIDENCE.		Maj Dinor Die Minor MM		Denied			Denied ABM	
		Date: 8/11/25 180	Date			Date:		
		,						

#### **CERTIFICATION**

(E

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

### BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) 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.

A Pre-construction Meeting will take place upon receipt of your building permit.

<u> </u>	<b>Footing/Building Location Inspection: Prior to pouring concrete or setting</b> precast piers
X	_ Re-Bar Schedule Inspection: Prior to pouring concrete
<u> </u>	_ Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
<u> </u>	_ Underground electrical inspection prior to pouring concrete
X	The final report of Special Inspections shall be submitted prior to the issuance of the Certificate of Occupancy
X	Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> 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.

mine Appl/cant/Designee Signature of

Signature of Inspections Official

PERMIT ISSUED Date AUG 1 9 2008 CITY OF PO

CBL: 238A A003001

Building Permit #: 08-0923

City of Portland, Maine - Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703, Fax: (207) 87	74-8716	08-0923	07/24/2008	238A A003001
Location of Construction:	Location of Construction: Owner Name:				Phone:
2319 CONGRESS ST	CONGRESS STREET LLC		PO BOX 1388		
Business Name:	Contractor Name:	(	Contractor Address:		Phone
Cross Insurance	C M Cimino, Inc		3 Warren Ave. We	stbrook	(207) 854-8876
Lessee/Buyer's Name	Phone:	F	Permit Type:		<u> </u>
			Additions - Comm	nercial	
Proposed Use:		Proposed	Project Description:		
Commercial - "Cross Insurance" - Cro	oss Insurance Canopy	Cross I	nsurance Canopy l	Replacement	
Replacement					
Dept: Zoning Status: A	pproved with Conditions Re	eviewer:	Ann Machado	Approval Da	ite: 08/11/2008
<b>Note:</b> Replacing existing canopy. S Canopy connects two parts of		y will be	smaller. The eleva	tion will be lower.	Ok to Issue: 🖌
<ol> <li>This permit is being approved on work.</li> </ol>	the basis of plans submitted. A	ny devia	tions shall require a	a separate approval b	efore starting that
Dept: Building Status: A	pproved with Conditions Re	eviewer:	Tammy Munson	Approval Da	te: 08/19/2008
Note:		eviewei :	runniy munbon	••	Ok to Issue:
	Cthe steel and some sets and star	<del></del> . 1 h	a ain a chail ha anns		
1) An inspection of the installation o his/her certification shall be subm			0		engmeer and
<ol> <li>Separate permits are required for a Separate plans may need to be sub</li> </ol>					
Dept: Fire Status: A	pproved Re	eviewer:	Capt Greg Cass	Approval Da	ote: 08/14/2008
Note:					Ok to Issue: 🗸

Comments:

8/11/2008-amachado: Left message for Barbara to see if she thought it needed a siteplan exemption. She called me back & said that it didn't trigger siteplan exemption, so she does not need to review it.



## **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: 2331 CONGRESS ST.							
Total Square Footage of Proposed Structure/Area     Square Footage of Lot       500 SF     Square Footage of Lot							
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	r* Telephone:					
Chart# Block# Lot#	Name CROSS INSURANCE	947-7345					
238A A 023	Address 74 GILMAN RD.						
	City, State & Zip BAHCOR, ME OH	pl					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$286,000					
	Name	WOIK #200,000					
	Address JUL 2 4 2008	C of O Fee: \$					
	City State & Zip	Total Fee: \$					
	;						
Current legal use (i.e. single family)	SUSINESS - INSURANCE OF	FICES					
If vacant, what was the previous use?							
Proposed Specific use:							
Is property part of a subdivision? If yes, please name							
Project description: CROSS IN	SURANCE CANOPY REPLY	HEMENT					
	A						
Contractor's name: C.M. CIMIND, INC.							
Address: 3 WATUREN ANE.							
City, State & Zip_WESTB200K, ME 04092 Telephone: 207854-8876							
Who should we contact when the permit is ready: ANTHON / CIMINO Telephone 207 - 838 -1000							
Mailing address: SAME AS ABOVE							

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 <u>www.portlandmaine.gov</u>, 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: This is n a permit; you may not commence ANY work until the permit is issue



# New Commercial 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
- K Foundation plans with rebar specifications and required drainage and damp proofing (if applicable)
- Detail egress requirements and fire separations
- Insulation R-factors of walls, ceilings, floors and U-factors of windows as per the IEEC 2003
- Complete the Accessibility Certificate and The Certificate of Design
- □ A statement of special inspections as required per the IBC 2003
- □ Complete electrical and plumbing layout.
- □ Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review.
- 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 & external plumbing, HVAC and electrical installations.

# Nine (9) copies of the minor (< 10,000 sf) or major (> 10,000 sf) site plan application is required that includes:

- □ A stamped boundary survey to scale showing north arrow, zoning district and setbacks to a scale of  $\ge 1$ " = 20' on paper  $\ge 11$ " x 17"
- □ The shape and dimension of the lot, footprint of the proposed structure and the distance from the actual property lines. Photocopies of the plat or hand draw footprints not to scale will not be accepted.
- □ Location and dimensions of parking areas and driveways, street spaces and building frontage
- □ Finish floor or sill elevation (based on mean sea level datum)
- □ Location and size of both existing utilities in the street and the proposed utilities serving the building
- □ Existing and proposed grade contours
- $\Box$  Silt fence (erosion control) locations

#### Fire Department requirements.

The following shall be submitted on a separate sheet: ON DEFWILL SHITS.

X. 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
- $\Box$  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.

Building Inspections Division • 389 Congress Street • Portland, Maine 04101 • (207) 874-8703 • FACSIMILE (207) 874-8716 • TTY (207) 874-8936



From Designer:STEDEN / C. SKMTPO BOX 525Date: $7-22-08$ GRAY, ME 04039Job Name: $2005$ DJ SULANCE CMOPY DEFINCEMENTAddress of Construction: $233$ ON Cases 5 5:2003 International Building CodeConstruction:Building Code & Year The 2003 International Building CodeConstruction project was designed to the building code criteria listed below:Building Code & Year The 2003 International Building CodeConstructionTHE THEType of ConstructionTHE THEWill be Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRCSupervisory alarm System?Cost Construction Fore suppression system in Accordance with Section 903.3.1 of the 2003 IRCSupervisory alarm System?Cost Construction International Mathematics (1601)Supervisory alarm System?Cost Construction Documents (1601)Main E Submitted for all structurel members (1061-106 II)NameNIAMain E Lote ShownNIAMain E Lote ShownNIAMain E Lote ShownNIAMain E Construction Documents (1601)Nind Loads (1603.1.4, 1609)I Soc P1.1Design Coads (1002.1, 1005 1)Nind Loads (1603.1.4, 1609)I Soc P1.1Design option unibred (1002.1, 1006.2)D. 20.0Distructure and dealing presence (1002.1)Distructure mixed of the structure internet of the st		Certific	ate of Desig	gn Applic	ation
Date: $7-22-08$ GRAY, ME 04039Job Name: $CROSS$ Delsurre of the product of	From Designer:	STEVEN	R GATHT	-	<b>SRG ENGINEERING, INC</b> <b>PO BOX 925</b>
Job Name: $\Box 0055$ $\Box 15114pcc$ $\Box 100pc$ $\Box 00pc$ Address of Construction: $\Xi 33$ $\Box 01514pccc$ $\Box 00pcc$ Address of Construction: $\Xi 33$ $\Box 01514pccc$ $\Box 01pcccccccccc$ Address of Construction project was designed to the building code criteria listed below: $\Box 003$ $\Box 01pcccccccccccccccccccccccccccccccccccc$	e	7-22-0	8		
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**Certificate of Design** 

Date:

July 22, 2008 STEVEN R. GRANT, P.E.

From:

These plans and / or specifications covering construction work on:

CROSS FNSUMME CANONY REPLACEMENT

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

	Signature:
STEVENA STEVENA	Title: <u>Incsimur</u>
	Firm: SRG ENGINEERING, INC. PO BOX 925
AL ENTITIES	Address: <b>GRAY, ME 04039</b>
a antimum	
	Phone: 207-657-7323

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

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**Certificate of Design** 

7/21/08 ROBERT J. FOSTER ARCHITECT

From:

Date:

These plans and / or specifications covering construction work on:

CROSS IN SURANCE CANUPY MEPLACEMENT

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

STERED ARCHINE			
ROBERT J. FOSTER #1734	Signature:	2	
SALE OF MANNING	Title:	ARCHITECT	
(SEAL)	Firm:		
	Address:	36 GROVESIDE TOP.	
		PORTMUNO, ME 04102	-
	Phone:	761-3822	

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## Accessibility Building Code Certificate

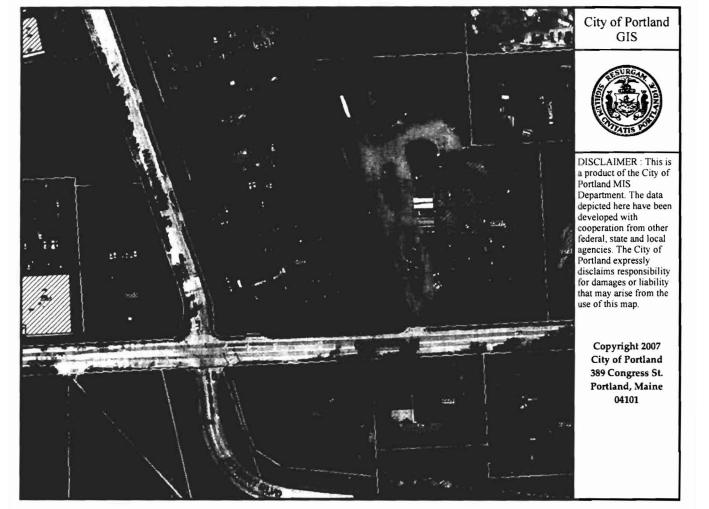
Designer:	ROBERT J. FOSTER-ARCHITECT
Address of Project:	233 CONGRESS ST.
Nature of Project:	ENTRY CANOPY REPLACEMENT

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.

ROBERT FOSTER	Signature:
FOSTER #1734	Title: ARCHITECT
(SEAL)	Firm:
	Address: 36 GROVESIDE RP
	PORTINUO, ME 04102
	Phone: 761-3822

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