

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080923

PERMIT ISSUED

AUG 19 2008

This is to certify that CONGRESS STREET LLC M Cimino, Inc.has permission to Cross Insurance Canopy ReplacementAT 2319 CONGRESS ST

238A A003001

provided that the person or persons performing or supervising 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 when permission is procured before this building or part thereof is altered or service is closed-in. 24 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

Director - Building &amp; Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

5. 11. 11



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

July 24 2008

Received from C.M. Cimino, Inc.

Location of Work 2331 Congress

Cost of Construction \$ 286,000

Permit Fee \$ \_\_\_\_\_

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

Other \_\_\_\_\_

CBL: 238A A 003

Check #: 5985

Total Collected \$ 2,880.00

# 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.

ITE - Applicant's Copy

OW - Office Copy

ermit Copy

CITY OF PORTLAND, MAINE

THIS IS NOT A PERMIT

# City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0923	Issue Date:	CBL: 238A A003001
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Location of Construction: 2319 CONGRESS ST	Owner Name: CONGRESS STREET LLC	Owner Address: PO BOX 1388	Phone:
Business Name: Cross Insurance	Contractor Name: C M Cimino, Inc	Contractor Address: 3 Warren Ave. Westbrook	Phone: 2078548876
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: IM

Past Use: Commercial - "Cross Insurance"	Proposed Use: Commercial - "Cross Insurance" - Cross Insurance Canopy Replacement	Permit Fee: \$2,880.00	Cost of Work: \$286,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B/U Type: 2B IBC 2003	

Proposed Project Description: Cross Insurance Canopy Replacement	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
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: 07/24/2008	<b>Zoning Approval</b>
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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..

<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 w/condition</i> Date: 8/1/08 <i>[Signature]</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  Date: <i>ABU</i>
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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

9/14/08 - Footing + rebar - OK & pour -  
also having special inspections -  
need copies. VM.

04/01/09 Kinn 2K09



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

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

Permit No:	Date Applied For:	CBL:
08-0923	07/24/2008	238A A003001

Location of Construction: 2319 CONGRESS ST	Owner Name: CONGRESS STREET LLC	Owner Address: PO BOX 1388	Phone:
Business Name: Cross Insurance	Contractor Name: C M Cimino, Inc	Contractor Address: 3 Warren Ave. Westbrook	Phone (207) 854-8876
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	

Proposed Use: Commercial - "Cross Insurance" - Cross Insurance Canopy Replacement	Proposed Project Description: Cross Insurance Canopy Replacement
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 08/11/2008**Note:** Replacing existing canopy. Square footage of slab & canopy will be smaller. The elevation will be lower. **Ok to Issue:** ✓  
Canopy connects two parts of the building.

- 1) 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:** 08/19/2008**Note:** **Ok to Issue:** ✓

- 1) An inspection of the installation of the steel and concrete and structural bracing shall be conducted by a licensed engineer and his/her certification shall be submitted to this office stating compliance with the approved plans.
- 2) 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      **Reviewer:** Capt Greg Cass      **Approval Date:** 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: <u>2331 CONGRESS ST.</u>		
Total Square Footage of Proposed Structure/Area <u>500 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>238A</u> <u>A</u> <u>003</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>CROSS INSURANCE</u> Address <u>74 GILMAN RD.</u> City, State & Zip <u>BANGOR, ME 04401</u>	Telephone: <u>947-7345</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address <u>JUL 24 2008</u> City, State & Zip	Cost Of Work: \$ <u>286,000<sup>00</sup></u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>BUSINESS - INSURANCE OFFICES</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>CROSS INSURANCE CANOPY REPLACEMENT</u>		
Contractor's name: <u>C.M. CIMINO, INC.</u> Address: <u>3 WARREN AVE.</u> City, State & Zip <u>WESTBROOK, ME 04092</u> Telephone: <u>207 854-8876</u> Who should we contact when the permit is ready: <u>ANTHONY CIMINO</u> Telephone: <u>207-838-1000</u> Mailing address: <u>SAME AS ABOVE</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](http://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: Anthony J. Cimino

Date: 7/24/08

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

