	y <b>of Portland, Mai</b> Congress Street, 041		U				06-1761	Issue Dat	e:	238A B0	004001
	ation of Construction:	101 101. (2	Owner Name:	1 421. (2	2077 07 1 0710	Ow	ner Address:			Phone:	
				LTYLLC			10 ANDOVER RD				
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone		
Maine Sta				Builders			15 Warren Ave I	207773550	2077735504		
Lessee/Buyer's Name Phone:							r <b>mit Type:</b> Alterations - Com		Zone:		
Pas	t Use:		Proposed Use:			Permit Fee: Co		Cost of Wo	Cost of Work: CI		
Commercial Commercial				enovation of 3500sf		\$2,010.00		\$198,4	25.00 3		
			medical office space		FIRE DEPT:		Approved	INSPECTION:			
								Denied	Use Gro	up:	Type
Pro	posed Project Description	on:									
	novations of 3500 medi		ace			Sig	gnature:		Signatur	e:	
		•				_	DESTRIAN ACTI	VITIES DIST			
						Ac	ction Appro	ved App	proved w/	Condition	Denied
				1		Sig	gnature:			Date:	
Permit Taken By: Date Applied dmartin 12/06/2000				Zoning Approval							
1.	This permit application	on does not	does not preclude the		ial Zone or Revi	ews	zs Zoning Appeal		Historic Preservation		
	Applicant(s) from meeting applicable Federal Rules.		•				☐ Variance			☐ Not in District or Landn	
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			☐ Miscella	Miscellaneous		☐ Does Not Require Revie	
3.	Building permits are within six (6) months		d if work is not started the date of issuance.		☐ Flood Zon		Condition	Conditional Us		Requires Review	
False information may invalidate a building permit and stop all work			a building	Subdivision			☐ Interpretatio			Approved	
			Site Plan			Approved		Approved w/Condition			
				Maj 🔲 Mino 🔲 MM			☐ Denied			☐ Denied	
			Date:			Date:			Date:		
I ha juri: shal	reby certify that I am the vertile we been authorized by saliction. In addition, if II have the authority to uch permit.	the owner to a permit for	o make this appli r work described	med proication a	as his authorized application is is	ne p d ag suec	ent and I agree to the state of	to conform to code office	to all app cial's auti	olicable laws of horized repres	of this sentative
SIGNATURE OF APPLICAN				ADDRESS			DATE		РНО		

Location of Construction: 66 HUTCHINS DR	Owner Name: CBS REALTY LLC	Owner Address: 10 ANDOVER RD	Phone:	Phone:	
Business Name:	Contractor Name: Maine State Builders	Contractor Address: 245 Warren Ave Portland	Phone 207773550	Phone 2077735504	
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:		

**Dept:** Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 12/06/2006 **Note: Ok to Issue:** ✓

- 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.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 01/16/2007

 Note:
 Ok to Issue:
 ✓

- 1) This permit is approved with the design revision keeping both bathrooms available for public access.
- 2) All existing fire separations must remain intact and penetrations must be sealed.
- 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:
 12/10/2006

 Note:
 Ok to Issue:
 ✓

1) All construction shall comply with NFPA 101

## **Comments:**

1/11/2007-jmb: Left voice msg. W/Anne C. For info on pre-existing layout and fixture count calculation

1/16/2007-jmb: Anne C. Called to refer to page A1.2 for the existing large room layout. She will fax a change for both bathrooms to be available for public use, essentially removing the storage closet to create a hall, page LSP1.

1/16/2007-jmb: Received revisions, ok to issue

## 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