

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 070243

MAR 19 2007

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Spinnaker Holdings, LLC/Laurey Construction Corp /Denis Dry

has permission to Dental office - Interior renovations - tenement

AT 2401 Congress St 239A A004002

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 proceeds before this building or part thereof is started or service 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. *Craig Cross*

Health Dept.

Appeal Board

Other Department Name

Jaime Bonke 3/16/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

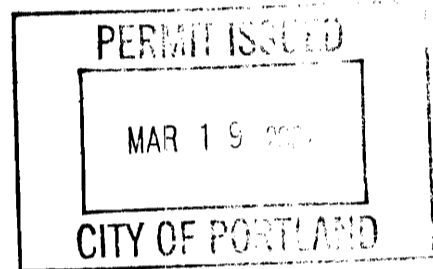
Permit No: 07-0243	Issue Date:	CBL: 239A A004002
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Location of Construction: 2401 Congress St	Owner Name: Spinnaker Holdings, LLC	Owner Address: 6 Cottonwood Lane	Phone:
Business Name:	Contractor Name: Landry Construction Corp /Denis La	Contractor Address: P.O. Box 1039 Lewiston	Phone 2078382792
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: IM

Past Use: Commercial - Office (business) <i>- unit on right.</i>	Proposed Use: Commercial - Dental Office - Interior renovations - tenant fit-up	Permit Fee: \$2,270.00	Cost of Work: \$225,000.00	CEO District: 3
Proposed Project Description: Dental office - Interior renovations - tenant fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>2B</i> <i>IBC-2003</i> Signature: <i>AMB 3/16/07</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: 03/08/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/12/07</i> <i>AKM</i>	Zoning Appeal <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: _____	Historic Preservation <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>AKM</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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

05/10/07 Funding ok
CWE - in ok
plumbing ok

07/01/07 Funding ok



Certificate of Occupancy

LOCATION 2401 Congress St

CBL 239A A004002

Issued to Spinnaker Holdings, LLC/Landry Construction Corp /Denis LaDate of Issue 07/02/2007

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. 07-0243, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Dental Office
Right Unit

APPROVED OCCUPANCY

Commercial Office Space
Use Group B
Type 2B
IBC 2003

Limiting Conditions:
none

This certificate supersedes certificate issued

Approved:

(Date) Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

7/2/07
7/2/07

Commercial Office Space Type 2B



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LK
1 PFD.
7/2

This is not a change of use - No CO payed or required put in close-out T.Y

Jamie Foutke 7/5/07

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: _____
Street Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): _____

PORTLAND PERMIT # 10244 TOWN COPY

Date Permit Issued: 4/9/07 \$116000 Double Fee Charged

Local Plumbing Inspector Signature: *Janie Burke* L.P.I. # 0732

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebib / Sillcock		Bathtub (and Shower)
	2	Floor Drain		Shower (Separate)
OR		Urinal	3	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			24	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

3

ELECTRICAL PERMIT City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 8.304
Permit # 044819
CBL# 239 AA 004

LOCATION: 2401 Congress St. METER MAKE & # _____
CMP ACCOUNT # _____ OWNER Red Cross -
TENANT _____ PHONE # _____

					TOTAL EACH FEE
OUTLETS	Receptacles	Switches	Smoke Detector		.20
FIXTURES	Incandescent	Fluorescent	Strips		.20
SERVICES	Overhead	Underground	TTL AMPS <800		15.00
	Overhead	Underground	>800		25.00
Temporary Service	Overhead	Underground	TTL AMPS		25.00
					25.00
METERS	(number of)				1.00
MOTORS	(number of)				2.00
RESID/COM	Electric units				1.00
HEATING	oil/gas units	Interior	Exterior		5.00
	APPLIANCES	Ranges	Cook Tops	Wall Ovens	2.00
	Insta-Hot	Water heaters	Fans		2.00
	Dryers	Disposals	Dishwasher		2.00
	Compactors	Spa	Washing Machine		2.00
	Others (denote)				2.00
MISC. (number of)	Air Cond/win				3.00
	Air Cond/cent		Pools		10.00
	HVAC	EMS	Thermostat		5.00
	Signs				10.00
	Alarms/res				5.00
	Alarms/com				15.00
	Heavy Duty(CRKT)				2.00
	Circus/Carnv				25.00
	Alterations				5.00
	Fire Repairs				15.00
	E Lights				1.00
	E Generators				20.00
PANELS	Service	Remote	Main		4.00
TRANSFORMER	0-25 Kva				5.00
	25-200 Kva				8.00
	Over 200 Kva				10.00
				TOTAL AMOUNT DUE	
				MINIMUM FEE/COMMERCIAL	45.00
				MINIMUM FEE	35.00

CONTRACTORS NAME Twitchell electric MASTER LIC. # MS 40015190
ADDRESS 14 Hamilton St. LIMITED LIC. # _____
TELEPHONE 767-5851

SIGNATURE OF CONTRACTOR _____ CK# 538

White Copy - Office • Yellow Copy - Applicant