



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 225 Riverside St CBL 268 B015001

Issued to Evergreen Credit Union /HBE Financial Facilities Date of Issue 04/08/2005

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. 04-0125 , 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

entire

APPROVED OCCUPANCY

retail banking & related office space
USE GROUP: B
TYPE: 5B
BOCA 1999

Limiting Conditions:

THIS IS A TEMPORARY CERTIFICATE WHICH EXPIRES ON 1 JULY 2005.
All required site work must be completed by 1 July 2005

**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.

04/12/05
AJP

1125 Brighton Ave	City Hospital Housing Assoc	707 Sable Oaks Dr	207-774-2623
Business Name: n/a	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: R5
Past Use: Nursing Home	Proposed Use: Nursing Home / Re-build ambulance entrance at the front of the building.	Permit Fee: \$462.00	Cost of Work: \$49,000.00
		CEO District: 3	
Proposed Project Description: Re-build ambulance entrance at the front of the building.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	INSPECTION: Use Group: I2 Type: 2B 3/28/05 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: gg	Date Applied For: 06/30/2005	Zoning Approval		
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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	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	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>ok 7/19/05</i>	Date: _____	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 APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

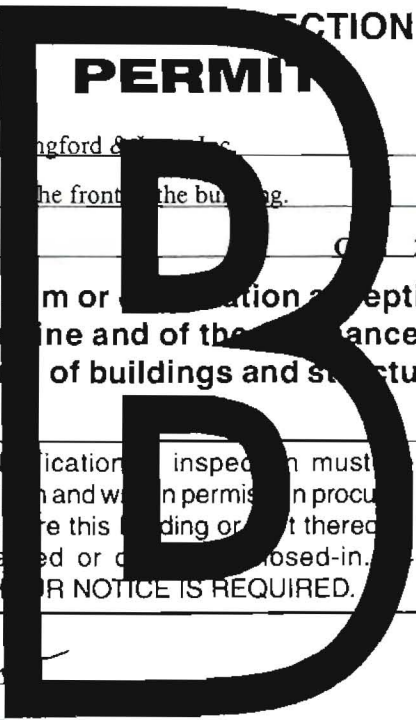
PHONE

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

PERMIT ISSUED
Permit Number: 050882
JUL 27 2005
CITY OF PORTLAND



This is to certify that City Hospital Housing Assoc. Longford & ...
has permission to Re-build ambulance entrance to the front of the building.
AT 1125 Brighton Ave. City of Portland, Oregon 269 B001002

provided that the person or persons, firm or corporation accepting 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 work in permit in progress before this building or part thereof is opened or closed-in. FOUR HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Capt. Greg Cass 7-18-05
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0882	Date Applied For: 06/30/2005	CBL: 269 B001002
-----------------------	---------------------------------	---------------------

Location of Construction: 1125 Brighton Ave	Owner Name: City Hospital Housing Assoc	Owner Address: 707 Sable Oaks Dr	Phone: 207-774-2623
Business Name: n/a	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: (207) 797-5141
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	

Proposed Use: Nursing Home / Re-build ambulance entrance at the front of the building.	Proposed Project Description: Re-build ambulance entrance at the front of the building.
---	--

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 07/18/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 07/26/2005
Note: **Ok to Issue:**

1) Doors must comply with section 1008.1.3.2:

Where means of egress doors are operated by power, such as doors with a photoelectric-actuated mechanism to open the door upon the approach of a person, or doors with power-assisted manual operation, the design shall be such that in the event of power failure, the door is capable of being opened manually to permit means of egress travel or closed where necessary to safeguard means of egress. The forces required to open these doors manually shall not exceed those specified in Section 1008.1.2, except that the force to set the door in motion shall not exceed 50 pounds (220 N). The door shall be capable of swinging from any position to the full width of the opening in which such door is installed when a force is applied to the door on the side from which egress is made. Full-power-operated doors shall comply with BHMA A156.10. Power-assisted and low-energy doors shall comply with BHMA A156.19.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 07/18/2005
Note: **Ok to Issue:**

1) Maintain access for fire apperatiuous at all times.

2) Fire protection and notification systems to remain in service at all times.

Comments:

7/19/2005-mjn: need code compliance info for the new sliders, left message with the architect.

7/1/2005-gg: In house money transfer. /gg



All Purpose Building Permit Application

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: 1145 Brighton Ave. Portland ME 04102

Total Square Footage of Proposed Structure

Square Footage of Lot

100 sqft

Tax Assessor's Chart, Block & Lot

Chart# Block# Lot#

069 B 001-04

Owner:

City of Portland

Telephone:

207-774-2623

Lessee/Buyer's Name (if Applicable)

Applicant name, address & telephone:

Michael Lopez
1145 Brighton Ave
Portland ME 04102

Cost Of Work:

\$ 49,000.00

Fee:

\$ 462.00

Current use: Nursing home - Front Entrance

In House Transfer
10024023260300

If the location is currently vacant, what was prior use:

Approximately how long has it been vacant:

Proposed use:

Project description:

Re-build ambulance entrance @ front of building

Contractor's name, address & telephone:

Langford and Low - 290 RTA Scar, 04074
(207)-883-5212

Who should we contact when the permit is ready:

Michael Lopez 797-5141

Mailing address:

1145 Brighton Ave
Portland ME 04102

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that the named property, or that the owner of record authorizes the proposed work and that I am the authorized agent. I agree to conform to all applicable laws of this jurisdiction. I certify that the Code Official's authorized representative shall have the authority to enforce the provisions of the codes applicable to this permit.

In House transfer

Signal

10024023260300

If you

copy

