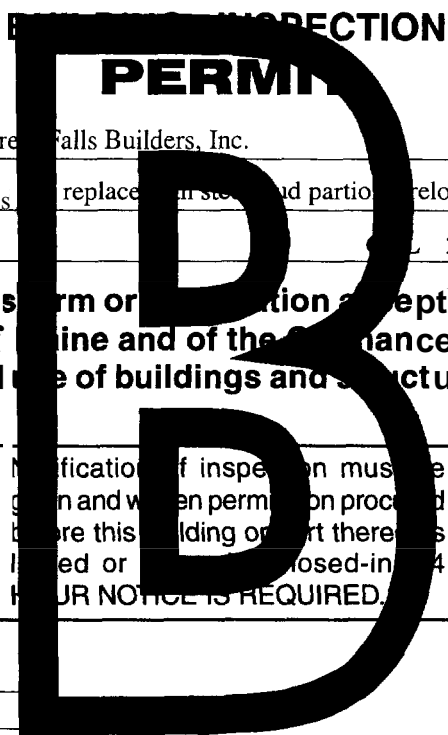


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE
CITY OF PORTLAND

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

FEB 13 2006
Permit Number: 060116
CITY OF PORTLAND



This is to certify that CITY OF PORTLAND /Green Falls Builders, Inc.
has permission to Remove wood stud partions, replace in steel and partion, relocate closet.
1097 BRIGHTON AVE L. 269 B001001

AT 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 when permission proceed before this building or part thereof is occupied or closed-in. 24 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. Jay Kelbey 2/10/06
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Ch. J. August 2/10/06
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: 06-0116	Issue Date: PERMITS	CBL: 289 B001001
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Location of Construction: 1097 BRIGHTON AVE	CITY OF PORTLAND	389 CONGRESS ST	Phone:
Business Name:	Contractor Name: Great Falls Builders, Inc.	Contractor Address: 27 Wards Hill Rd Gorham	Phone: 2078922744
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: RS

Past Use: Commercial	Proposed Use: Commercial remove wood stud partitions & replace with steel stud partitions. Relocate closet	Permit Fee: \$453.00	Cost of Work: \$47,500.00	CEO District: 3
Proposed Project Description: Remove wood stud partions and replace with steel stud partions, relocate closet.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>D</i> Type: <i>25</i>	
		Signature: <i>JUL P.F.D. 3/10/06</i>	Signature: <i>[Handwritten 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: dmartin	Date Applied For: 01/25/2006	Zoning Approval		
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<ol style="list-style-type: none"> 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>3/21/06</i> <i>ABM</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 type="checkbox"/> Not in District or Landmarl <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: _____
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0116	Date Applied For: 01/25/2006	CBL: 269 B001001
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Location of Construction: 1097 BRIGHTON AVE	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: Great Falls Builders, Inc.	Contractor Address: 27 Wards Hill Rd Gorham	Phone (207) 892-2744
Tenant/Ressee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial remove wood stud partitions & replace with steel stud partitions. Relocate closet	Proposed Project Description: Remove wood stud partitions and replace with steel stud partitions, relocate closet.
--	--

Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 02/02/2006
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 02/10/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Jay Kelley	Approval Date: 02/10/2006
Note:			Ok to Issue: <input type="checkbox"/>
1) Maintain fire alarm system, to NFPA Standards 2) Maintain Sprinkler system			

Comments:
1/25/2006-dmartin: Mike Lopez is the contact for waived fees Tel # 541-6587



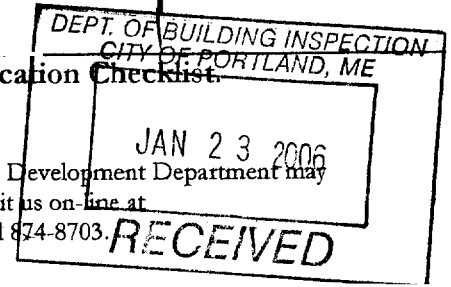
General Building Permit Application

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.

Total Square Footage of Proposed Structure		: 1145 Brighton Ave. Portland, ME 92 Square Footage of Lot	
Assessor's Chart, Block & Lot Chart# 269 Block# 3 Lot# 001		Owner: City of Portland	
Lessee/Buyer's Name (If Applicable) _____		Applicant name, address & telephone: Great Falls Builders, Inc. 20 Mechanic St. Gorham, ME 04038	
Current Specific use: <u>Office / Patient rooms</u> Proposed Specific use: <u>Same</u>		Cost Of Work: \$ <u>47,500 -</u> Fee: \$ <u>0</u> C of O Fee: \$ <u>0</u>	
Project description: <u>Remove existing wood stud partitions & re-install steel stud partitions. All accessories will be re-used. Re-locate closet in room 101.</u>			
Contractor's name, address & telephone: <u>Great Falls Builders, Inc., 20 Mechanic St., Gorham, ME 04038</u>			
Who should we contact when the permit is ready: <u>Jon Smith</u> Mailing address: <u>20 Mechanic St. Gorham, ME 04038</u> Phone: <u>839-2744 or 329-5825</u>			

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

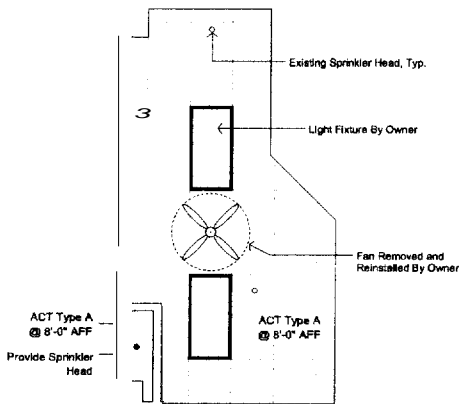
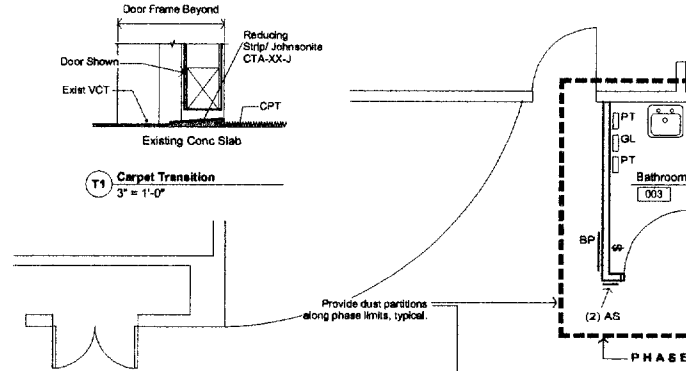
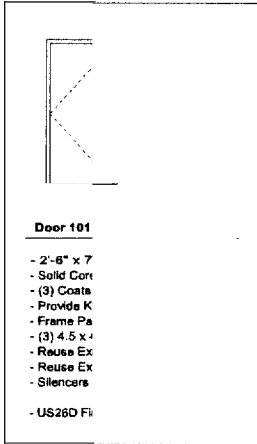


I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

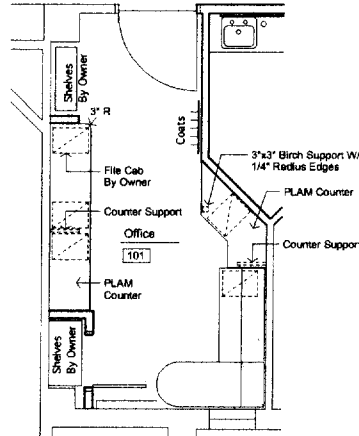
Signature of applicant: <u>[Signature]</u>	Date: <u>1/20/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

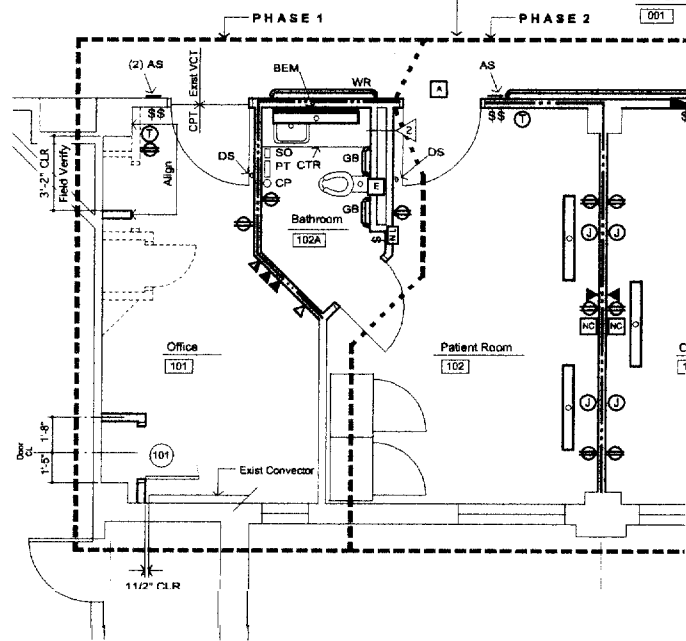
no copy - 541 6587 Contact for fees
Waived per Mike Nugent



B Office Reflected Ceiling Plan
1/4" = 1'-0" Rm. 101



C Office Layout and Millwork Plan
1/4" = 1'-0" Rm. 101



A Floor Plan
1/4" = 1'-0"

Legend:
Electrical Items To Be Removed and Replaced By Owner

- Duplex Receptacle @ 18" AFF Unless Noted
- Light Fixture
- Wall Mounted Light Fixture
- Flourescent Fixture
- Recessed Night Light
- Single Pole Switch @ 48" Unless Noted
- Hardwired "J" Box
- Electrical Panel
- Telephone Outlet @ 18" Unless Noted
- Data Outlet
- Voice/Data Outlet
- Nurse Call Bed Station
- Emergency Pull Cord Station

Legend:
Equipment Items To Be Removed and Replaced By Contractor

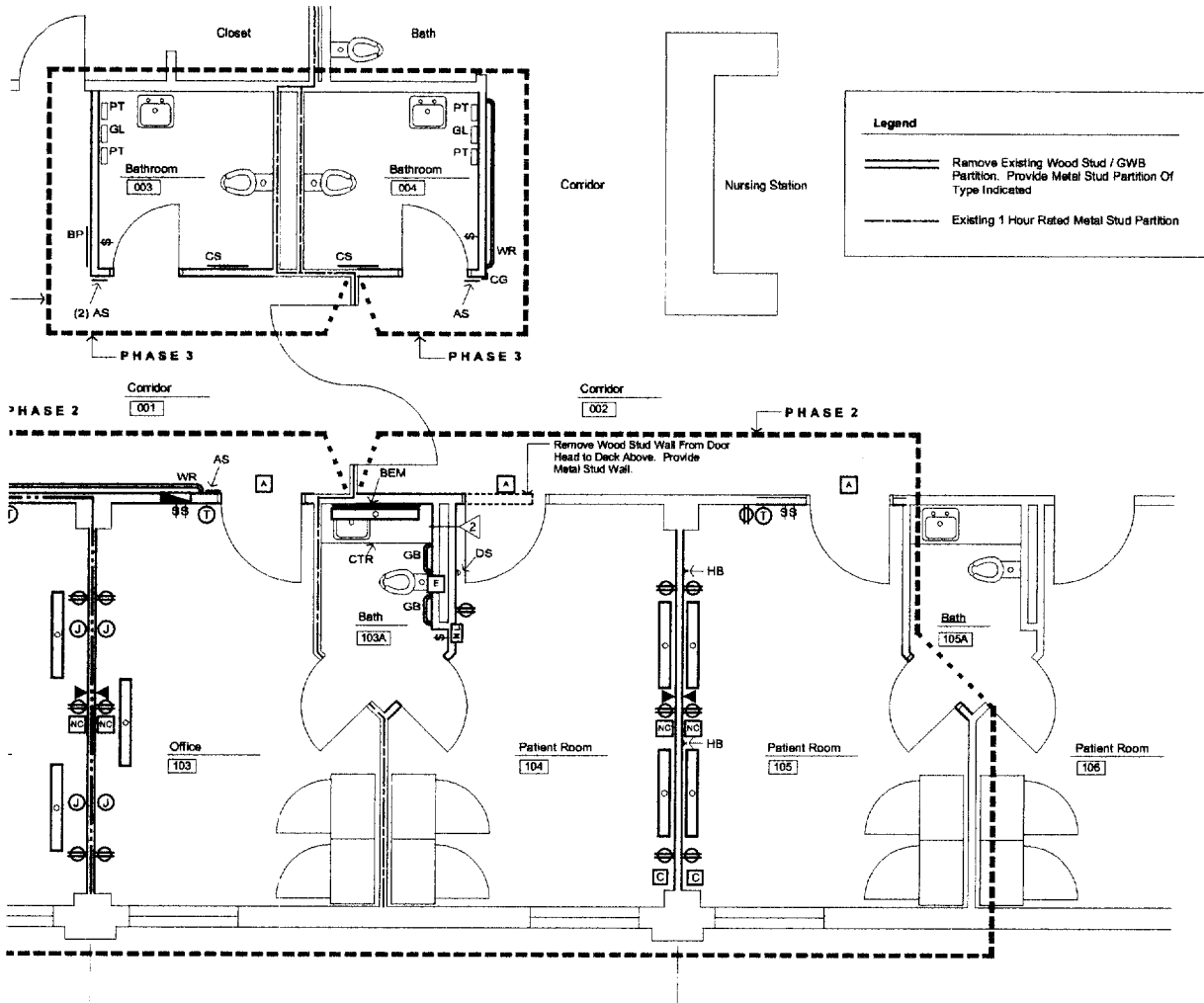
- AS Architectural Signage / Room Identification
- BEM Unframed Beveled Edge Mirror 48"W x 30"H
- BP Bronze Plaque 26"W x 22"H: Provide Wood Blocking
- CG Corner Guard
- CP Cup Dispenser
- CS Coat Hook Strip
- CTR Counter and Sink Including Horiz HW, CW & W Piping Between Sink and Wet Wan
- DS Wall Mounted Door Stop: Provide Wood Blocking
- GB Grab Bar Provide Wood Blocking
- GL Glove Dispenser
- HB Curtain Hdd Back
- PT Paper Towel Dispenser
- SO soap Dispenser
- WR Wall Rail / Bumper Guard Unit: Provide Wood Blocking

General Notes

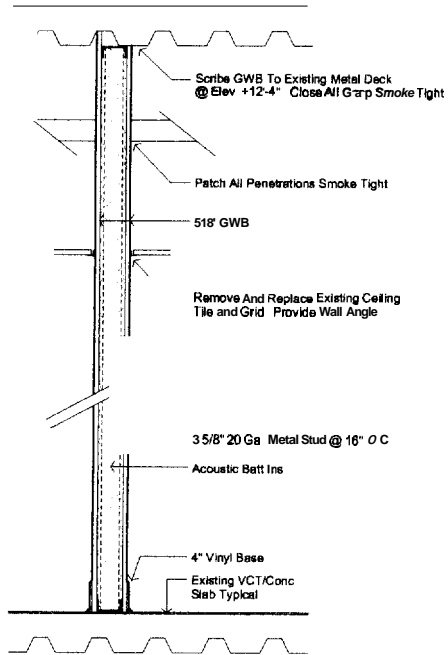
- At all items shown, provide patching work as described on both sides of partition.
- Remove and replace acoustic ceiling tiles as required. Replace any damaged tiles.
- All partitions shown shall be patched to be smoke tight. Provide joint compound patch at any holes or gaps not called out on plan.
- Fire tape all joints in drywall between ceiling and deck above.
- All gypsum drywall (GWB) provided shall be 5/8" Fire Rated.
- At insulated piping, cut back insulation before providing patching and smoke stopping. Replace insulation following completion of patch.

Finishes Notes

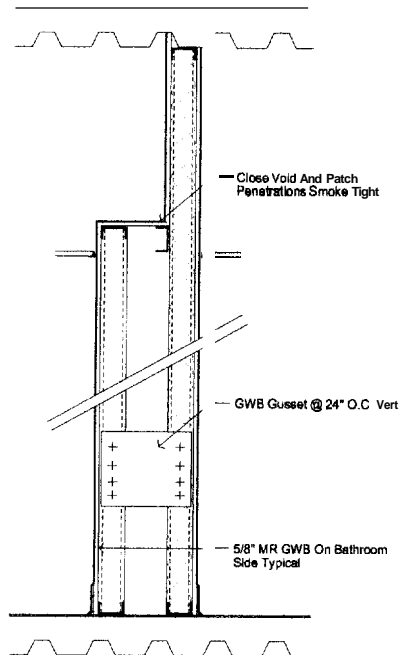
- All painting to be done by Owner. Coordinate scheduling of coats.



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 Fire Rated.
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 red. Replace
 ig ACT ceiling
 lab and provide
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 al. Submit
 yl base and



1 Typical Partition Section
 1" = 1' - 0"
 Provide 5/8" MR GWB At Bathroom Side of Partitions



2 Wet Wall Section
 1" = 1' - 0"



**Zolov Unit
First Floor**

Renovations

Samon Center
Portland, Maine 04102

Architect

Wilston Scott Architects

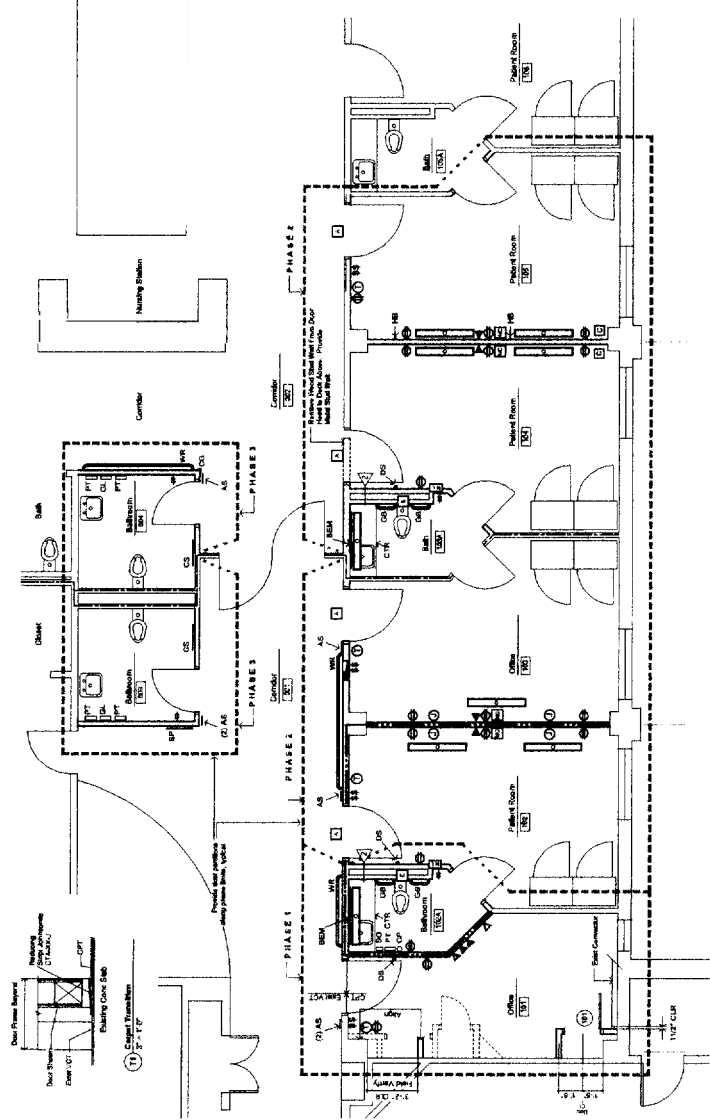
Project Name

04101

Partition Replacement
Plan

A1

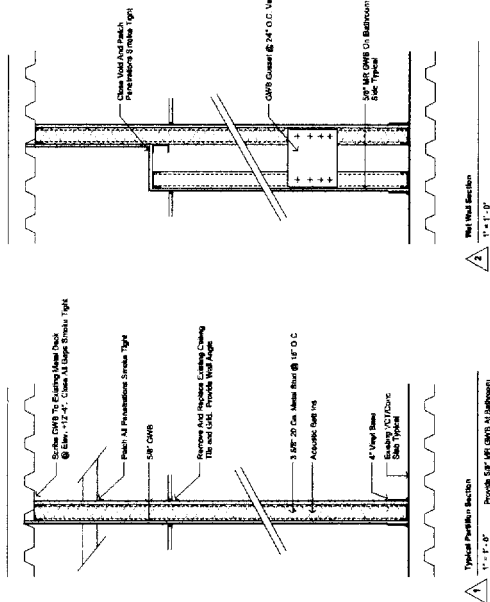
Scale: AS Drawn
November 10, 2006



A Plan View
1/8" = 1'-0"

B Office Submittal Ceiling Plan
1/4" = 1'-0" R/L 101

C Office Layout and Window Plan
1/4" = 1'-0" R/L 101



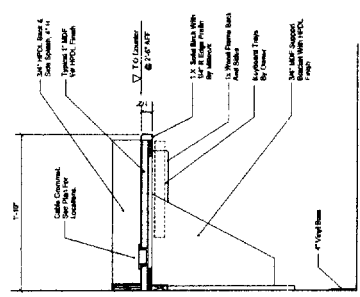
A Wall Section
1/4" = 1'-0"

A Typical Partition Section
1/4" = 1'-0"

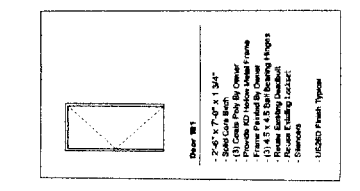
- General Notes**
- All items shown provide matching work as indicated on both sides of partition.
 - Remove and replace acoustic ceiling tiles as required. Remove any damaged tiles.
 - All partitions shown shall be installed to be structurally sound. Provide all components per all codes. Items in parentheses shall not be cut on.
 - Fire stop all joints in overhead ceiling and duct above.
 - All gypsum board (GWB) provided shall be 5/8" Fire Rated.
 - All masonry, piping, cut backs, insulation, ceiling, etc. shall be in accordance with existing conditions. Remove insulation following completion of work.
- Finish Schedule**
- All painting to be done by Owner. Coordinate scheduling of work.
 - All wood work shall be installed with glue as required. Remove any damaged wood. Allow 100% moisture content. All wood shall be primed and finished per ACT 101 and grid.
 - Remove existing carpet in Room 101. Remove sub and provide new carpeting. Provide "Trotter" R5112 by Armstrong. Remove existing tile in Room 101. Remove existing tile and provide new vinyl floor as existing yield to remain.

- Legend**
Material Items To Be Removed and Replaced By Contractor
- AS Additional Engineer / Room Identification
 - BEH Unfinished Beveled Edge Mirror 48" x 30"
 - BR Bronze Finish 20" x 22" Provides Wood Backing
 - CS Corner Guard
 - CP Cast Polymer
 - CS Cast No. 100-200
 - CR Counter and Sink Including Undermount Sink, Drain & W. Panel
 - DS Wall Mounted Door Stop; Provides Wood Backing
 - OB Glass Bar; Provides Wood Backing
 - OL Glass Door
 - OB Glass Door
 - OT Paper Towel Dispenser
 - SO Soap Dispenser
 - WR Wall Rail Bumper Guard Unit; Provides Wood Backing
- NOTE: Provide for submittal treatment for all wood backing.

- Legend**
Material Items To Be Removed and Replaced By Owner
- Digital Telephone @ 12" x 12" Under Mount
 - Light Fixture
 - Wall Mounted Light Fixture
 - Fluorescent Fixture
 - Recessed Light Fixture
 - Single Pole Switch @ 48" Under Mount
 - Hardware "J" Bar
 - Electrical Panel
 - Telephone Outlet @ 12" Under Mount
 - Door Outlet
 - Water/Drain Outlet
 - Nurse Call Bed Station
 - Emergency Exit Code Station
 - Nurse Call Administrator
 - TTY/Code Outlet



1 Door Section
1/4" = 1'-0"


















1 Window Section
1/4" = 1'-0"



1 Door Section
1/4" = 1'-0"

Legend:
Electrical Items To Be Removed and Replaced By Owner

	Duplex Receptacle @ 18" AFF Unless Noted
	Light Fixture
	Wall Mounted Light Fixture
	Flourescent Fixture
	Recessed Night Light
	Single Pole Switch @ 48" Unless Noted
	Handwired " J " Box
	Electrical Panel
	Telephone Outlet @ 18" Unless Noted
	Data Outlet
	Voice/Data Outlet
	Nurse Call Bed Station
	Emergency Pull Cord Station
	Nurse Call Annunciator
	CATV/Coax Outlet

Legend:
Equipment Items To Be Removed and Replaced By Contractor

AS	Architectural Signage / Room Identification
BEM	Unframed Beveled Edge Mirror 48"W x 30"H
BP	Bronze Plaque 26"W x 22"H; Provide Wood Blocking
CG	Corner Guard
CP	Cup Dispenser
CS	Coat Hook Strip
CTR	Counter and Sink Including Horz HW, CW & W Piping Between Sink and Wet Wall
DS	Wall Mounted Door Stop; Provide Wood Blocking
GB	Grab Bar; Provide Wood Blocking
GL	Glove Dispenser
HB	Curtain Hold Back
PT	Paper Towel Dispenser
SO	Soap Dispenser
WR	Wall Rail / Bumper Guard Unit; Provide Wood Blocking

Note: Provide fire retardant treatment for all wood blocking.

General Notes

1. At all items shown, provide patching work as described on both sides of partition.
2. Remove and replace acoustic ceiling tiles as required. Replace any damaged tiles.
3. All partitions shown shall be patched to be smoke tight. Provide joint compound patch at any holes or gaps not called out on plan.
4. Fire tape all joints in drywall between ceiling and deck above.
5. All gypsum drywall (GWB) provided shall be 5/8" Fire Rated.
6. At insulated piping, cut back insulation before providing patching and smoke stopping. Replace insulation following completion of patch.

Finishes Unless

1. All painting to be done by Owner. Coordinate scheduling of coats.
2. Remove and replace acoustic ceiling tiles as required. Replace any damaged tiles. At Room 101, remove existing ACT ceiling and provide new ACT tile and grid.
3. Remove existing carpet at Room 101. Prepare slab and provide glue-down carpeting. Provide "Frontier" #54132 by Philadelphia Div. Of Shaw Floors or approved equal. Submit brochure for color selection. Remove existing vinyl base and provide new vinyl base at existing walls to remain.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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

[Signature] 2/13/06
Signature of Applicant/Designee Date

[Signature] 2/13/06
Signature of Inspections Official Date

CBL: 269 B001 Building Permit #: 060116