Departmant Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CI	TY OF PORTLA	ND F PERMIT ISSUED
Please Read Application And	BU	
Notes, if Any, Arached	PERMIT	Permit Number N/04/389 3 20!0
This is to certify that Gager Arthur/Owner_		CITY OF DODT! AND
has permission to	ns to facilitie new trice	<u>CITY OF PORTLAND</u>
of the provisions of the Statutes	ons, file or communion accepting of Management of the Communication of t	ng this permit shall comply with all soft the City of Portland regulating es, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	Noti ation of ispection must be give and writte permissi procured before this but any or otherwork and are of the sed-in. 2. HOL NOTICE IS REQUIRED,	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Health Dapt		
		Y2000 4 Early 1/23/

PENALTY FOR REMOVING THIS CARD

City of Porth	and, Maine	- Building or Use	Permi	i Application	ין כ	eralit Na;	ISSUE DAG	:	_ []	BL	
389 Congress 9	Street, 0410]	Tel: (207) 874-8703	, Fax: ((207) 874-871	6 L	10-1389				292 E00	1006
Location of Constr	uction:	Owner Name:			0-1	er Address:			PI	HORE:	
1250 FOREST AVE Units 6 & 7 Gager Arthur					2 N	Acdical Center	Drive		2	07-632-3	443
Basiness Name:		Contractor Name	:		Con	fractor Address:			Phoec		
		Owner									
Lessee/Buyer's Nav	ne	Phone:			Pert	піt Туре:					Zgne:
L					Al	terations - Con	nmercial				B-4 f
Past Use:		Proposed Use:			Per	mit Fee:	Cost of Wor	lu:	CEO	Macriet:	1B-25
Medical Office		Medical/Dent	al Office - Misor		\$280.00 \$26.000		00.00			-	
		interior alterat	ions to l	lacilitate new	FIR	E DEPT:	Approved	INSPE	CTION	<u></u>	•
		practice			Denied		Use G	roup: (þ	ζ.	Type	
					ري ا		•	l _	. y		
					7	Se Cond	ations	$\square \mathscr{C}$	bC -2	2002	
Proposed Project II	escription:			•	1	1		" "	^	0	11.
Minor interiot a	lterations to fa	icilitate new practice			Signature			DBC-2003 Signature MB 11/23/10			
					PEE	ESTRIAN ACTI	CTIVITIES O(STRICT (PAAD.)				_ / -
					Acti	ion: 🔲 Approx	ed N	Mokeq A	red w/Conditions Denied		
 					Sign	nature:			Deur:		
Permit Fakes By:		Date Applied For:				Zoning	Approva	aj			
ldobson		11/05/2010									,
1. This permit	application de	oes not preclude the	Spe	cial Zope or Revie	*4	Zonic	ig Appeal		Hi	mrit Prese	TVACOR.
) from meeting	g applicable State and	∐ SM	cordand		☐ Variance	:		No.	π in Distric	t or Landmark
			∐ Wetland		Miscellaneous		- 1	Does Not Require Review			
	amila do not i: actrical work.	relude plumbing,									
-		if work is not started	l □ ₽/	and Zone		Canditiu	nd tier		□ Re	quires R <i>e</i> vi	iew.
		he date of issuance.	l							qana tarr	
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PERMIT ISSUED		FISSUS D	Max F		<u> </u>	Denied			□ De	nica /	
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	CITY OF	PORTLAND									
<u></u>	OH FU!	FOR ICENTO									
			_		- A - A - A - A - A - A - A - A - A - A						

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 amborized 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

Cit	ly of Portland, Maine - Buil	ding or Use Permit	t .	Permit No:	Date Applied For:	CBL:		
389	Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 8 74- 87 1	6 10-1389	11/05/2010	292 E00100 <u>6</u>		
Lac	ation of Construction:	Owner Name:		Owner Address:	<u> </u>	Phone:		
123	250 FOREST AVE Units 6 &7 Gager Arthur			2 Medical Center [Prive	207-632-3443		
Hasi	ness Name:	Contractor Name:		Contractor Address:		Phone		
		Owner				ì		
Less	ct/Buyer's Name	Phone:		Permit Type:				
				Alterations - Com	mercial	_		
Ртој	posed Use:	_	Propos	ed Project Description:	<u> </u>			
	edical/Dental Office - Minor interio utice	or alterations to facilitate	new Mino	r inu-rior elterations	to facilitate new prac	tice		
N	ept: Zoning Status: A ote: This property shall remain profess	pproved with Condition		: Marge Schmucka	• •	Ok to Issue: 🗹		
	approval.	,	_					
2)	Separate permits shall be required	for any new signage.						
3)	This permit is being approved on work.	the basis of plans submi	ned. Any devic	ntions shall require a	separate approval be	lett gninate stell		
	ept: Building Status: A	pproved with Condition	s Reviewer	: Jeanine Bourke	Approval Da	ite: 11/23/2010 Ok to fasue: ⋈		
1)	Application approval based upon and approved prior to work.	information provided by	applicant. Any	deviation from spp	roved plans requires	separate review		
2)	Separate permits are required for a pellet/wood stoves, commercial kills as a part of this process.							
D	ept: Fire Status: A	pproved with Condition	s Reviewer	; Capt Keith Gautn	eau Approval Da	te: 1/16/20!0		
	ota:					Ok to Issue: 🔽		
1)	No means of egyess shall be affect	ted by this renovation						
	Fire extinguishers required. Install	-						
	Emergency lights and exit signs as circuit		lights and exit	signs are required to	be labeled in relation	n to the panel and		
4)	The Fire alarm and Sprinkler systa Compliance letters are required.	ems shall be reviewed by	y a licensed con	tractor[3] for code c	ompliance.			
5)	All construction shall comply with	a City Code Chapter 10.						
6)	This permit is being approved on approved.	the basis of the plans sul	bmitted, Any d	evistion from the pla	sus would require sm	mendanents and		

Comments:

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please rend the conditions of approval that is attached to this permit!! Contact this office if
 you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the Issuance of a "Stop Work Order" and subsequent release to continue with construction.

<u>X</u>	Underground electrical or plumbing inspection prior to pouring concrete
<u>x</u>	Framing/Rough Plumbing/Electrical: Prior to Any Insulating, drywalling or covering.
<u>x</u>	Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE, OCCUPIED.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

		11.5. 20 10
Received from	Altho	u. Cager-
Location of Work	12	50 Follot Ave.
Cost of Construction	\$	Building Fee:
Permit Fee	\$	Site Fee:
	Certific	ate of Occupancy Fee:
		Total:
Building (IL) Plu	mbing (I5)	Electrical (I2) Site Plan (U2)
Other		
CBL: 292-2-	1	
Check #: 889)	Total Collected s 280 %

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

General Building Permit Application

If you or the property owner owes real estate or petsonal 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: 125	O FOREST AVENUE POSTLAND, ME
Total Square Footage of Proposed Structure/.	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 292 & /	Applicant must be owner, Lessee or Buyer Telephone: Name ARTHUR GAGER Address 2 MEDICAL CENTER DR. (2017) 632 - City, State & Zip D (of EFRIC), MF 0400 - 3443
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name SAME Address City, State & Zip Cost Of Work: \$26,000 Cof O Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: MEDICE / DE Is property part of a subdivision? Project description: MINGR ALTERAC	If yes, please name tron' to focilitate NEW proctice
Contractor's name: OGNER	4263
Address:	Ur = 283-4867
	R DA. BIUDERN ME 0405 CEll 632-3443
	outlined on the applicable Checklist. Failure to 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, 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.

	0			7	R	-6		100
Signature:	in Cf Hopers	Date:	11/4/	2010				
	//			7.515			-	H I

This is not a permit; you may not commence ANY work until the permit is issue

Arthur H. Gager, D.D.S.

Practice Limited to Periodontics and Implants

11/9/10

-to: Lanni Doon

Re: Building format

Enclosed is a copy of the worranty of the worranty free your required.

-thouks

aut Stager

Park help

WARRANTY DEED

Malas Strintory Short Form

KNOW ALL MEN BY THESE PRESENTS, I, Jeffrey P. York, M.D., F.A.C.S., of 1130 Decea Drive, Harrisonburg, and State of Virginia for consideration paid, great to ARTHUR H. GAGER, of 2 Medical Center Drive, Biddeford, County of York, State of Maine, with WARRANTY covenants, the land and buildings in Portland, County of Comberland, State of Maine, described as follows:

1250 Forest Avenue, Unit #6

Unit \$6 of Forest Avenue Professional Building, A Condominium, as described in the Declaration of Condominium for Forest Avenue Professional Building, A Condominium, dated November 15, 1988 and recorded in the Cumberland County Registry of Deeds in Book 8581. Page 128 (the "Declaration"), amended July 20, 1993 by instrument recorded in said Registry of Deeds in Book 10865, Page 66, and as shown on the Plat and Plans of Forest Avenue Professional Building, A Condominium (the "Plats and Plans"), recorded in said Registry of Deeds in Plan Book 175, Page 67.

Said Unit is conveyed together with:

- An undivided 2.49 percent interest in the Common Elements and facilities of Forest Avenue Professional Building, A Condominium, as set for in the Declaration, as amended;
- 2. An exclusive right to use the Limited Common Elementa appurtement to the Unit as specified in the Declaration, as amended, and as shown on the Plat and Plans; and
- 3. All rights and easements as described in the Declaration, as amended.

Said Unit is conveyed subject to:

- All easements, covenants, obligations, conditions, restrictions, reservations and encumbrances contained in or referred to in the Declaration, as amended.
- 2. The provisions of the Declaration, the Plat and Plans, and the Bylaws for Forest Avenue Professional Building, A Condominium, as the same may be amended or modified from time to rime, which provisions, together with any amendments or modifications thereto, shall constitute covenants running with the land and shall bind any person having at any time any interest or estate in said Unit.
- 3. Puture real estate taxes, condominium fees and assessments with respect to said Unit, which the Grantee, by acceptance of this deed, hereby assumes and agrees to pay.

1230 Porest Avenue, Unit \$7

Unit #7 of Forest Avenue Professional Building, A Condominium, created pursuant to a Declaration of Condominium by Forest Avenue Medical Associates dated November 15, 1988 and recorded in the Cumberland County Registry of Deeds in Book 8581, Page 128 and shown on the Plats and Plans of Forest Avenue Professional Building, A Condominium, recorded in said Registry of Deeds in Plan Book 175, Page 67, together with all appurtenant interesta, said Unit #7 being all of the premises conveyed to Maine Neurology Real Estate Partnership by Forest Avenue Medical Associates by deed dated December 12, 1988 and recorded in the Cumberland County Registry of Deeds in Book 8592, Page 67.

Subject to Grantee's assumption of all future taxes and condominium assessments.

Meaning and intending to describe and convey the same premises as conveyed to Jeffrey P. York, M.D., F.A.C.S. by Deed of Melvyn Attfield, Ph.D., dated October 29, 1999 and recorded with the Cumberland County Registry of Deeds in Book 15144, Page 057. Reference is also made to a deed from Maine Neurology Real Estate Partnership to Jeffrey P. York, M.D., F.A.C.S. dated February 27, 1997 and recorded in the Cumberland County Registry of Deeds in Book 12971, Page 033.

WITNESS my hands and scals this 15 day of October, 2010.

Signed, scaled and delivered in presence of

Witness (). Cock

October 15, 2010

Commonwealth of Virginia

Then personally appeared the above-named Jeffrey P. York, M.D., F.A.C.S. and acknowledged the foregoing instrument to be his free act and deed.

COMMISSION NUMBER 7827880

Nothery Public Attorney at Law Commission expires: Ownership: Assessor's records may still show Jeffrey York, M.D. as owner. The online Cumberland county deed registry will show it transferring to me on October 20, 2010.

Walls: Changes are indicated on the enclosed prints. The major change is moving the wall between the waiting room and business office. The construction of the new walls will be consistent with the rest of the office. This is metal study with 5/8 sheetrock.

Doors: The space currently has nineteen interior doors. The final plan has thirteen doors.

Windows: No changes are allowed by the condo association.

Bathrooms: The handicapped bathroom will be enlarged. One bathroom (non handicapped) will be deleted. The remaining two bathrooms will remain unchanged.

Sinks: The office currently has nine sinks. Four are in bathrooms and five are in work areas. The final plan has an increase to eleven sinks. Three are in bathrooms and eight are in work areas.

Special equipment:

- 1. Copper tubing ½" will be run above the suspended ceiling to treatment rooms for compressed air.
- 2. Plastic pipe will be run below the floor for vacuum lines to the treatment rooms. This will be either 1" or 1 1/2 " as determined by the equipment manufacturer.
- 3. A liquid ring vacuum pump will be located in the utility room. Plumbed for drain and vent.
- 4. Overhead patient lights will be supported by blocking above the suspended ceiling.
- 5. Shielding for x-ray units to be determined by approved radiation physicist.

Practice Limited to Periodontics and Implants

Dear Sir or Madam: (Rothsond Building inspector)

Enclosed is application for a building permit for minor renovations to my office at 1250 Forest Avenue.

Full ¼" scale prints are enclosed in PDF format on a disc. In addition smaller scale prints are provided on paper. On the disc there is a print of the office as is, one print shows the proposed end result, and one print has the comparison.

Please do not hesitate to call the office or my cell phone if there are any questions. I am trying to get the office open as soon as possible.

Sincerely

Arthur Gager

Office: 283-4867 Cell: 632-3443 Dear Sir or Madam: (FRE Dest)

Enclosed is a copy of the building renovation application. The planned renovation is minor. The sprinkler system should not be affected. Wall construction will be the same as the existing walls (metal studs and 5/8 sheetrock).

If you have any question please do not hesitate to contact me at the office or cell phone number.

Sincerely,

Arthur H. Gager, D.D.S.

Cel H Spann

Office: 283-4867 Cell: 632-3443 FIRE Dart Spreakings

Applicant: As listed on building permit.

Architect: A dental office designer was used for the minor changes.

Use: Dental office

Square footage; This is 2,400 square feet of condo office space at 1250 Forest Avenue

Fire protection: Full sprinkler system throughout building.

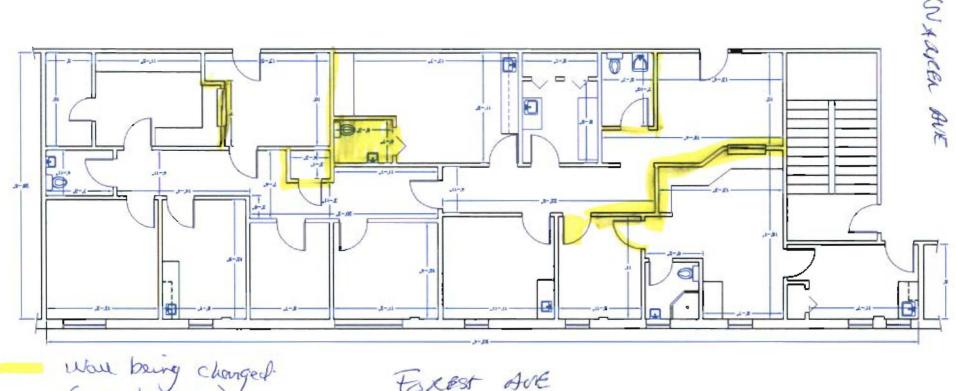
Alarm: Pull stations on each floor

Construction: Exterior walls are block. Floors are poured concrete. Interior walls are metal studs with 5/8 sheetrock.

Emergency lighting: As previously approved throughout building and in this office

Exit signs: Illuminated over all three office exits. At least one illuminated from main hallway to exit.

Schother Axing



(non boaring)

FOXEST AVE

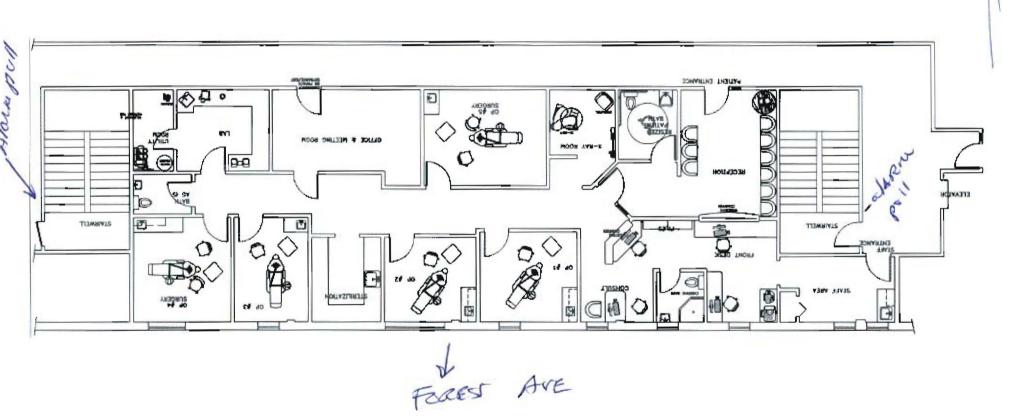
1250 FOREST AVENUE FORSTU, UNTS 657

No cuterior would are load bearing

SALWATION Account

PROPOSED 11/5/2010

Wassen SM



CITY OF PORTLAND, MAINE Department of Building Inspection



Certificate of Occupancy

LOCATION

1250 FOREST AVE Units 6 &7

CBL 292 E001006

Issued to

Gager Arthur/Owner

Date of Issue

04/06/2011

— changed as to use under Building Permit No.

10-1389 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

Unit 6

APPROVED OCCUPANCY

Dental Office 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.



CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION

1250 FOREST AVE Units 6 &7

CBL 292 E001006

Issued to

Gager Arthur/Owner

Date of Issue

04/06/2011

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. 10-13,8 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

Unit 6

APPROVED OCCUPANCY

Dental Office Use Group B Type 2B IBC-2003

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings