

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

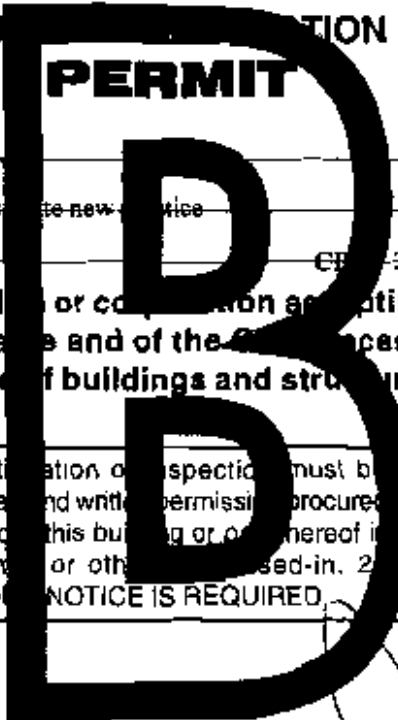
BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: **NOA 3893 2010**

CITY OF PORTLAND



Please Read Application And Notes, if Any, Attached

This is to certify that Gager Arthur Owner

has permission to Minor interior alterations to facade new service

AT 1250 FOREST AVE Units 6 & 7

CE# 292 E001006

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 written permission procured before this building or portion thereof is lathed or otherwise finished-in. 2 HOURLY 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. R. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature] 11/23/10
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: 10-1389	Issue Date:	CBL: 292 E001006
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Location of Construction: 1250 FOREST AVE Units 6 & 7	Owner Name: Gager Arthur	Owner Address: 2 Medical Center Drive	Phone: 207-632-3443
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Business Name:	Contractor Name: Owner	Contractor Address:	Phone:
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Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Commercial	Zone: B-4 <i>Perme</i>
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Permit Fee: \$280.00	Cost of Work: \$26,000.00	CEC District: 5	B-2 <i>Sub</i>
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Proposed Use: Medical Office	Proposed Use: Medical/Dental Office - Minor interior alterations to facilitate new practice	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>*See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>IBC-2003</i>
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Proposed Project Description:
Minor interior alterations to facilitate new practice

Signature: <i>[Signature]</i>	Signature: <i>JMB 11/23/10</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: 11/05/2010	Zoning Approval	
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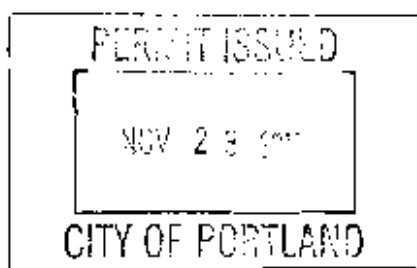
- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Special Zone or Review
<input type="checkbox"/> Shoreland
<input type="checkbox"/> Wetland
<input type="checkbox"/> Flood Zone
<input type="checkbox"/> Subdivision
<input type="checkbox"/> Site Plan

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

May Minor MM Denied
 Date: *11/9/10* 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.

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1389	Date Applied For: 11/05/2010	CBL: 292 E001006
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Location of Construction: 1250 FOREST AVE Units 6 & 7	Owner Name: Gager Arthur	Owner Address: 2 Medical Center Drive	Phone: 207-632-3443
Business Name:	Contractor Name: Owner	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Medical/Dental Office - Minor interior alterations to facilitate new practice	Proposed Project Description: Minor interior alterations to facilitate new practice
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckel	Approval Date: 11/09/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) This property shall remain professional offices. Any change of use shall require a separate permit application for review and approval. 2) Separate permits shall be required for any new signage. 3) 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: 11/23/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial kitchen exhaust hood systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process. 			

Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 11/16/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) No means of egress shall be affected by this renovation 2) Fire extinguishers required. Installation per NFPA 10 3) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit. 4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required. 5) All construction shall comply with City Code Chapter 10. 6) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval. 			

Comments: 11/5/2010-ldol

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 read 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.**

 X **Underground electrical or plumbing inspection prior to pouring concrete**

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating, drywalling or covering.**

 X **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 Arthur Geyer

Location of Work 1250 Forest Ave.

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 280

Building (I1) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other _____

CBL: 292-2-1

Check #: 8897

Total Collected \$ 280⁰⁰/₁₀

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

Taken by: [Signature]

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



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.

Location/Address of Construction: <u>1250 FOREST AVENUE PORTLAND, ME</u>		
Total Square Footage of Proposed Structure/Area <u>Condo 2340 ft²</u>		Square Footage of Lot <u>Condo -</u>
Tax Assessor's Chart, Block & Lot Chart# <u>292</u> Block# <u>E</u> Lot# <u>1</u> <u>Condo units 637</u>	Applicant 'must be owner, Lessee or Buyer' Name <u>ARTHUR GAGER</u> Address <u>2 MEDICAL CENTER DR.</u> City, State & Zip <u>BIDDEFORD, ME 04403</u>	Telephone: <u>(207) 283-4867</u> <u>(207) 632-3443</u>
Lessee/DBA (If Applicable) <u>NA</u>	Owner (if different from Applicant) Name <u>SAME</u> Address City, State & Zip	Cost Of Work: <u>\$26,000</u> C of O Fee: \$ Total Fee: <u>\$280.⁰⁰/₁₀₀</u>
Current legal use (i.e. single family) <u>MEDICAL OFFICE</u> If vacant, what was the previous use? Proposed Specific use: <u>MEDICAL / DENTAL OFFICE</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>MINOR ALTERATION to FACILITATE NEW PRACTICE</u> <u>- SEE ENCLOSED -</u>		
Contractor's name: <u>OWNER</u>		
Address: _____		<u>nr = 283-4867</u>
City, State & Zip: _____		Telephone: _____
Who should we contact when the permit is ready: <u>OWNER</u>		Telephone: _____
Mailing address: <u>2 MEDICAL CENTER DR. BIDDEFORD, ME 04403</u> <u>CALL 632-3443</u>		

Please submit all of the information outlined on the applicable 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 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.

Signature: Arthur Gager Date: 11/4/2010

RECEIVED

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

NOV - 5 2010
Dept. of Building Inspections
City of Portland Maine

Arthur H. Gager, D.D.S.

Practice Limited to Periodontics and Implants

11/9/10

To: Lanni Sobow

Re: Building permit

Enclosed is a copy of the Warranty deed to show ownership per your request.

Thanks

Art Gager

last page

WARRANTY DEED**Maine Statutory Short Form**

KNOW ALL MEN BY THESE PRESENTS, I, Jeffrey P. York, M.D., F.A.C.S., of 1130 Decca Drive, Harrisonburg, and State of Virginia for consideration paid, grant 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 Cumberland, 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:

1. 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 Elements appurtenant 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:

1. 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 time, 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. Future 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.

1250 Forest 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 Plans 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 interests, 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 seals this 15th day of October, 2010.

Signed, sealed and delivered in
presence of

Debra D. Gage
Witness

Jeffrey P. York, M.D., F.A.C.S.

October 15, 2010

Commonwealth of Virginia
County of Schubert

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.

Before me,

Jennifer L. Taylor
Notary Public/Attorney at Law
Commission expires:



March 31, 2014

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 studs 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 1/2" 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.

Arthur H. Gager, D.D.S.

Practice Limited to Periodontics and Implants

Dear Sir or Madam: *(Portland Building Inspector)*

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

Full 1/4" 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

Arthur H. Gager, D.D.S.

Practice Limited to Periodontics and Implants

Dear Sir or Madam: (Fire Dept)

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.



Office: 283-4867
Cell: 632-3443

Fire Dept Sprinkler

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

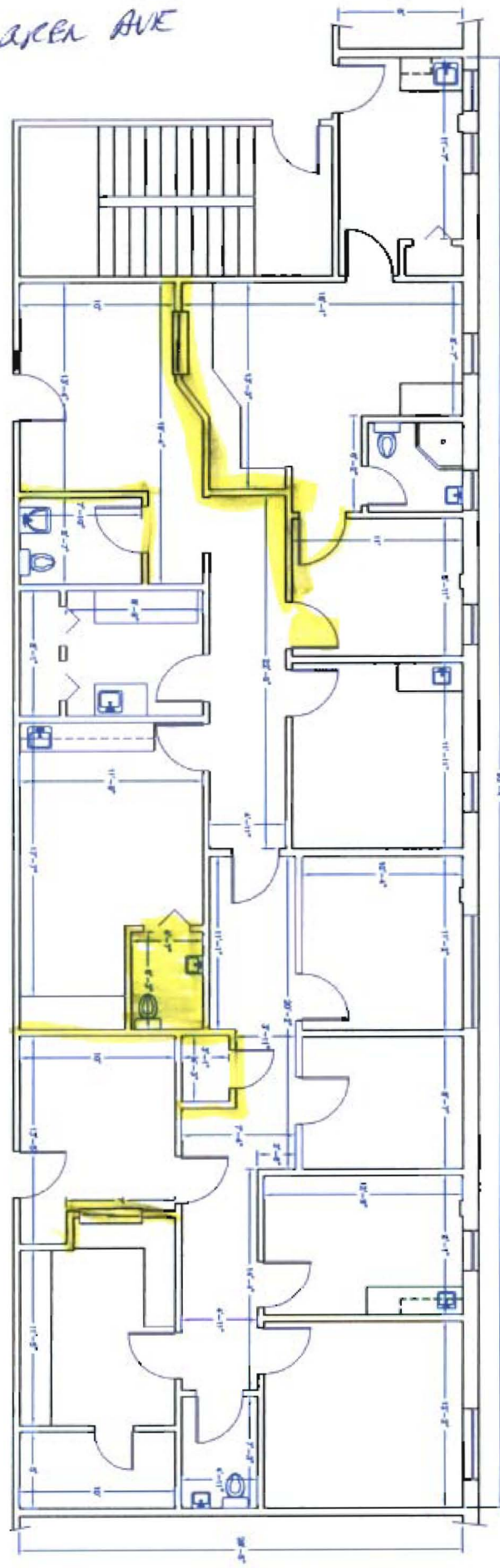
Construction: Exterior walls are block. Floors are poured concrete. Interior walls are metal studs with 5/8 sheetrock.

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.

Solution Army

N. W. Acker Ave



wall being changed.
(non bearing)

Forest Ave

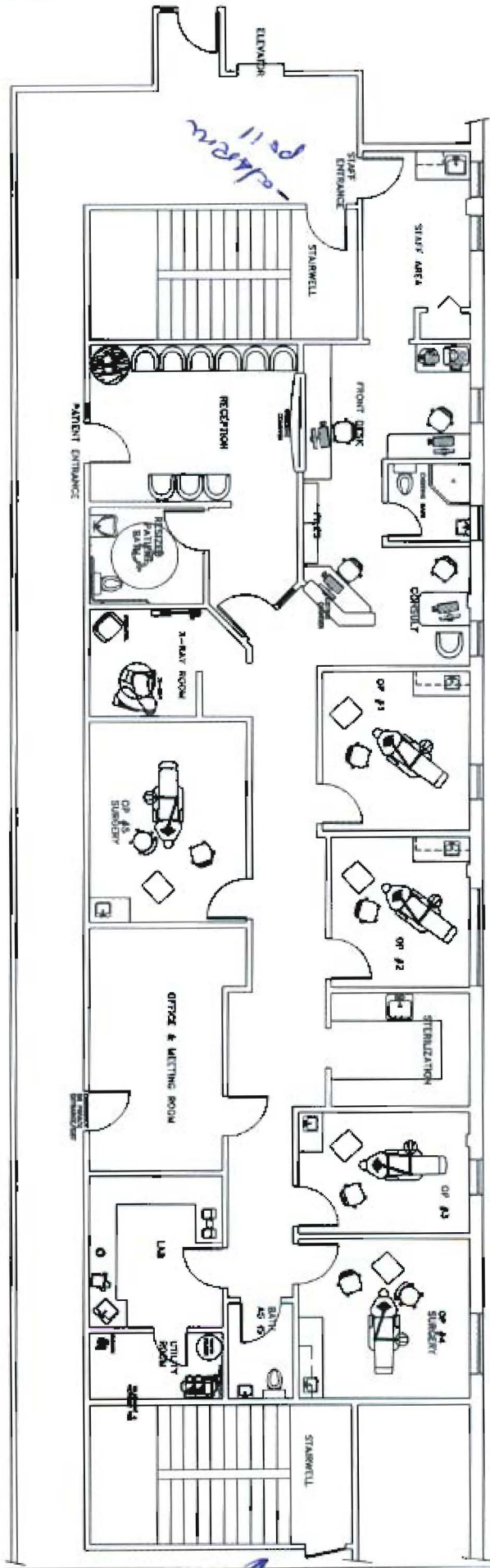
1250 Forest Avenue
Forest Ave Units 6 & 7
Second Floor

No concrete walls are load bearing

SALVATION ARMY

1250 FACES AVE UNIT 617 2nd FLOOR

Proposed 11/5/2010



↓ FACES AVE

↑ alarm pull

↑ W. GREEN AVE



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. 10-1389, 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:

4-6-11
.....
(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.