

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

PERMIT

Permit Number: 031358

This is to certify that Spurwink School /DMC Painting & Construction
has permission to Change of Use from Clinic to offices, also window placement
AT 17 Bishop St Call 293 A016001

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 is procured 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. [Signature]
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 Application

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

Permit No: 03-1358	Issue Date:	CBL: 293 A016001
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Location of Construction: 17 Bishop St	Owner Name: Spurwink School	Owner Address: 899 Riverside St	Phone: 207-871-1200
Business Name: n/a	Contractor Name: DMC Painting & Contracting	Contractor Address: One City Center 4th Floor Portland	Phone: 2078711080
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Commercial	Zone: SM

Past Use: Commercial / Clinic	Proposed Use: Change of Use from Clinic to Offices, also window replacement.	Permit Fee: \$231.00	Cost of Work: \$15,000.00	CEO District: 1	IM
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 5B 11/19/03		

Proposed Project Description: Change of Use from Clinic to Offices, also window replacement.	Signature: <i>[Signature]</i>	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: 10/30/2003	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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>11/13/03</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:
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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

The Spurwink Schools

Specifications for Construction

Child Abuse Clinic

17 Bishop St.

Portland, Maine 04103

November 2003

Carpentry:

- Remove existing bathroom.
- Remove double doors to playground and replace with double windows to match existing. Patch in siding to match existing.
- Install new interior door in conference room and a door into new hallway.
- Construct 7 new offices as shown on plan using 3 ½" metal studs and ½" drywall.
- Insulate walls for sound reduction.
- Repair / replace suspended ceilings.

Electrical:

- Install electrical outlets as required to meet code in new walls.
- Rework existing lights to provide adequate lighting. Relocate light switches and add new for new offices. Install emergency lighting and exit signage.
- Permit to be obtained by electrician.

Sprinklers:

- Re-work existing heads and install new to meet codes.

HVAC:

- Re-work ducting and add new supplies for offices.

Paint:

- All paint to be eggshell latex. Color selection by Spurwink.

Flooring

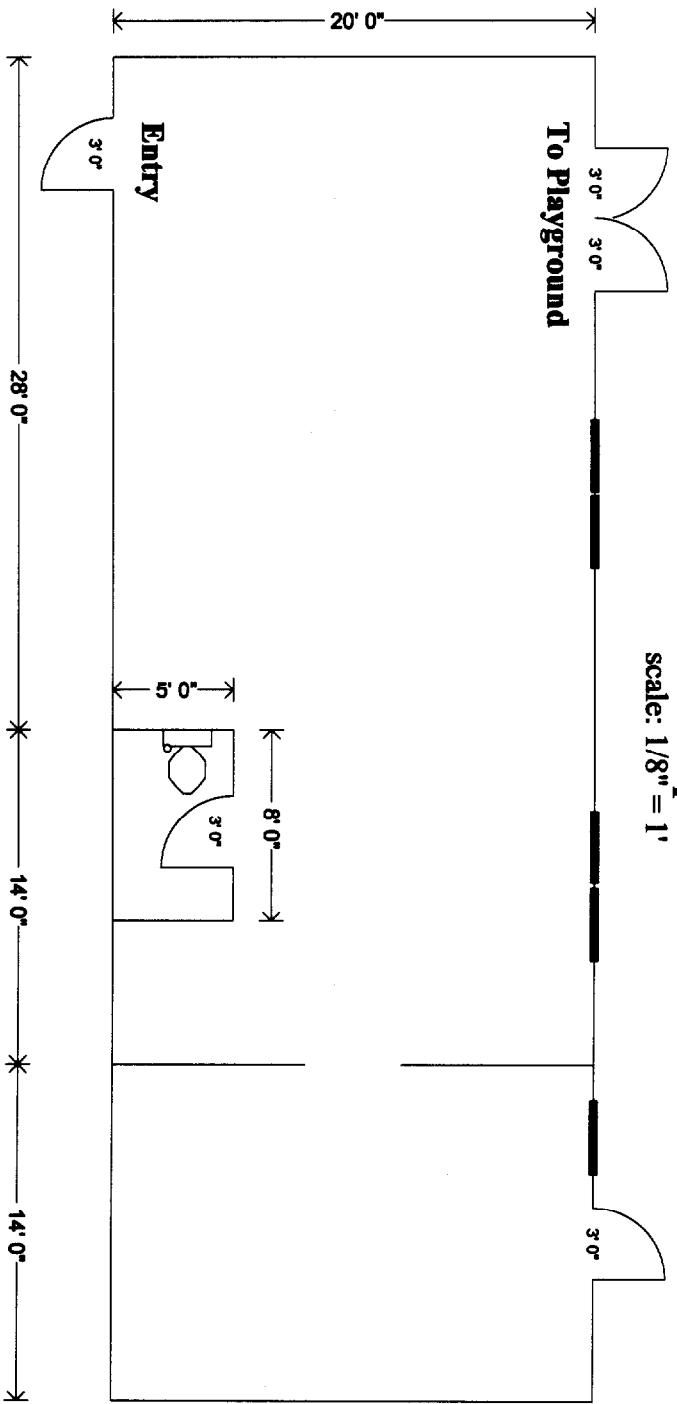
- Remove existing carpet and replace with carpet of tenant's choice from samples provided by Landlord. Vinyl cove base also selected by tenant.

Plumbing

- Remove all fixtures in bathroom and cap off below floor.
- Plumber responsible for permit.

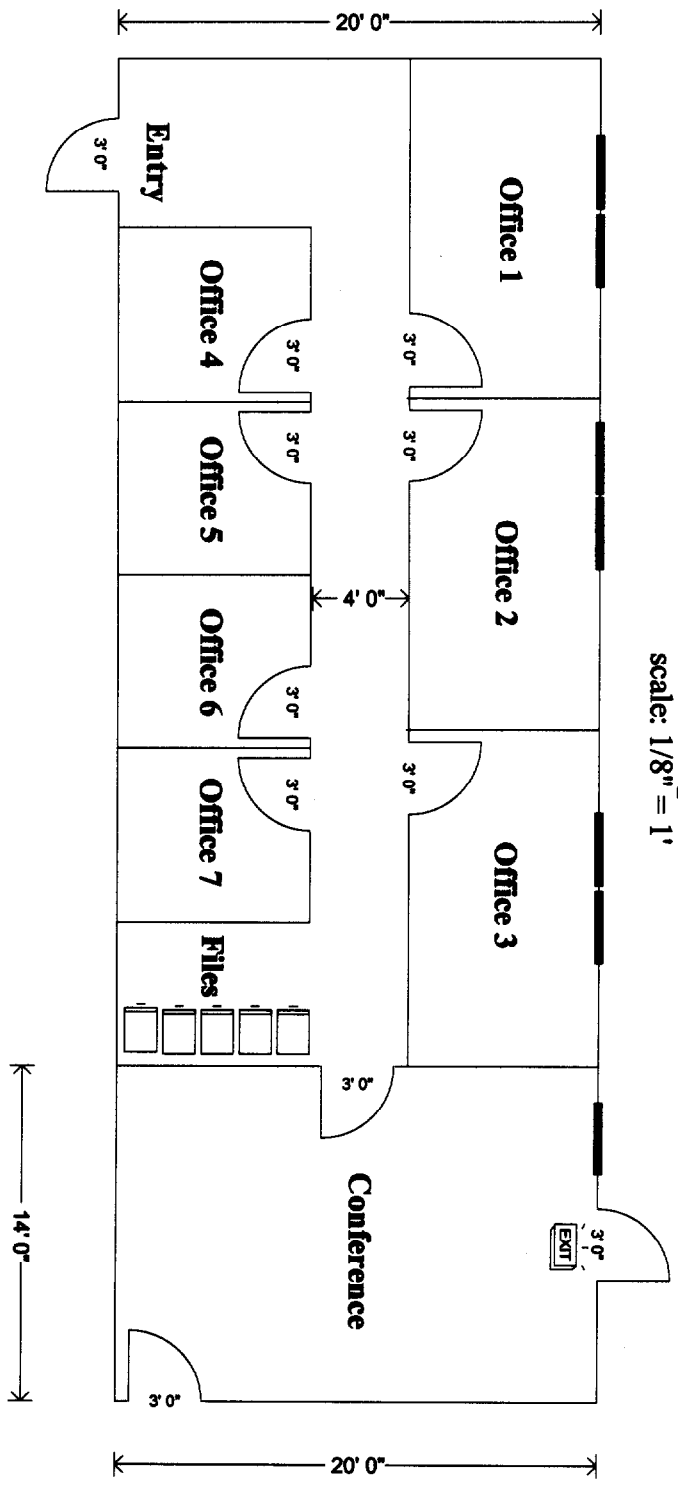
20 x 52 = 1020
= 75 x 02

Existing Layout
17 Bishop St.
scale: 1/8" = 1'



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= 75 x 02

Proposed Layout
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scale: 1/8" = 1'



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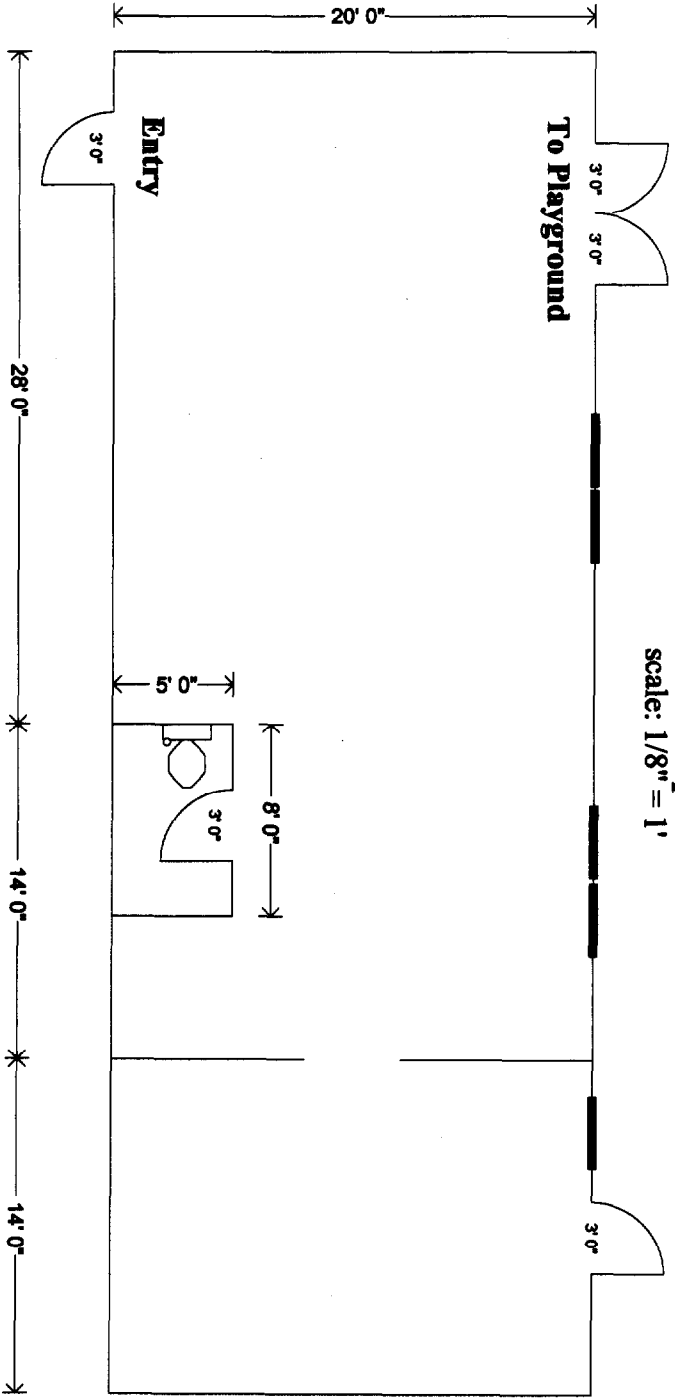
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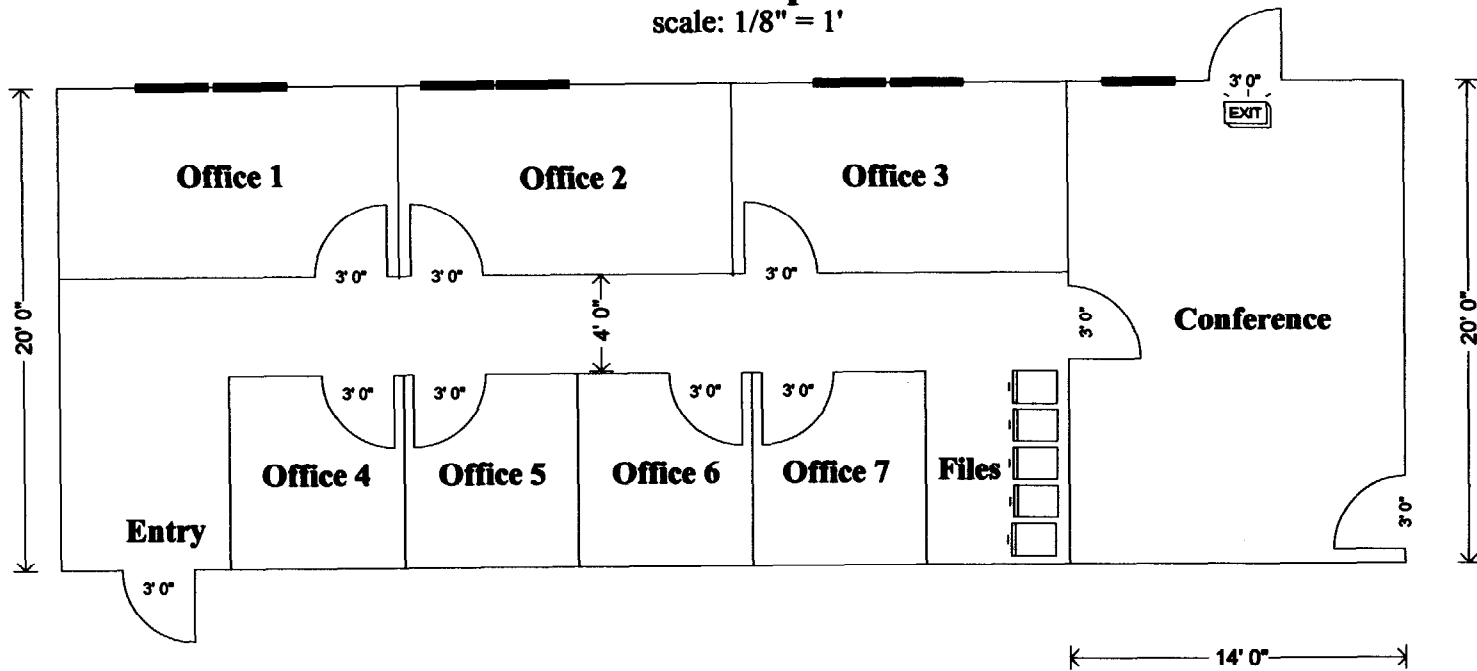
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scale: 1/8" = 1'



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All Purpose 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: 17 Bishop St., Portland - 1st floor

Total Square Footage of Proposed Structure Square Footage of Lot

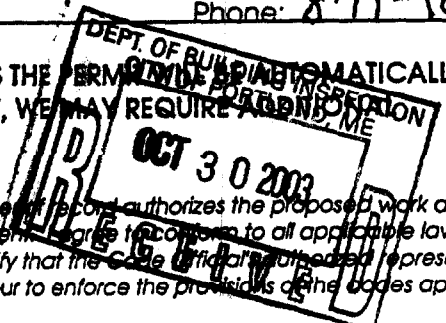
Tax Assessor's Chart, Block & Lot
 Chart# 223 Block# A Lot# 016
 Owner: Spurwink Schools Telephone: 871-1200

Lessee/Buyer's Name (If Applicable)
 Applicant name, address & telephone: Al Knight
Drigo Mgmt. Co.
One City Center
Portland, Me 04101
 Cost Of Work: \$15,000.
 Fee: \$ 156.-

Current use: Clinic 871-1080
 If the location is currently vacant, what was prior use: Change of Use
 Approximately how long has it been vacant: for about 2 years
 Proposed use: Same Owes 1/2
 Project description: Create 7 new offices + conference room.
Replace double doors w/ windows Cap

Contractor's name, address & telephone: DMC Painting + Remodeling
One City Center, Portland, Me. 04101
 Who should we contact when the permit is ready: Bruce Garrigan
 Mailing address: Drigo Management Co.
One City Center
Portland, Me. 04101 Phone: 871-1080

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 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 sole official 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: Al Knight Date: 10-30-03

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