

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080856

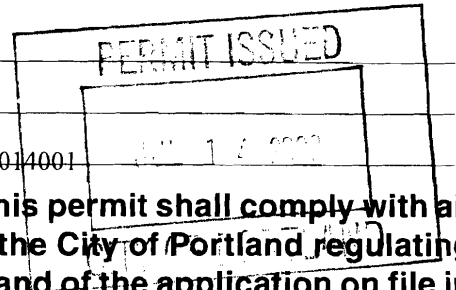
Please Read
Application And
Notes, If Any,
Attached

This is to certify that MCLEOD SCOTT A ETAL Jack Reynolds

has permission to Dividing wall between office

AT 844 STEVENS AVE

293 D014001



provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 service is provided. 4 HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Thomas M. Mankley 7/14/08
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: 08-0856	Issue Date:	CBL: 293 D014001
-----------------------	-------------	---------------------

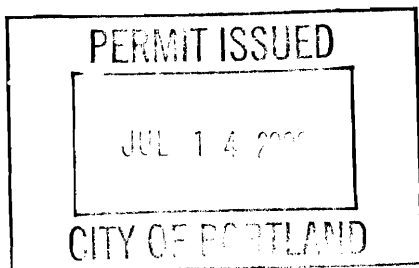
Location of Construction: 844 STEVENS AVE	Owner Name: MCLEOD SCOTT A ETAL	Owner Address: 21 CORNERSTONE DR	Phone:
Business Name:	Contractor Name: Rick Reynolds	Contractor Address: 8 Forst Heaven Road E Baldwin	Phone 2078381387
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B2

Past Use: Commercial	Proposed Use: Commercial - Dividing wall between offices	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 5
Proposed Project Description: Dividing wall between offices		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>SB</i> <i>IBC 2003</i>	
		Signature:	Signature: <i>Jm 7/14/08</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: 07/14/2008	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone <i>NA</i>	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>Jm</i>	Date:	Date: <i>Jm 7/14/08</i>



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

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

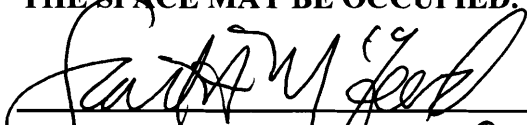
 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

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.

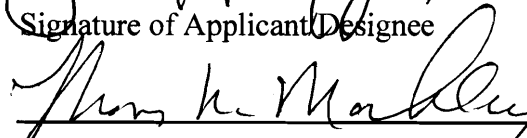
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

 7/14/08
Date



Signature of Inspections Official

 7/14/08
Date



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>844 Stevens Avenue</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>Scott McLeod</u> Address <u>21 Cornerstone</u> City, State & Zip <u>Portland, ME 04105</u>	Telephone: 207-878-2727 <u>878-2727</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>- SAME -</u> Address City, State & Zip	Cost Of Work: \$ <u>10,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>commercial</u> Number of Residential Units <u>0</u> If vacant, what was the previous use? <u>n/a</u> Proposed Specific use: <u>offices</u> Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: <u>dividing wall between offices.</u>		
Contractor's name: <u>G. Rick Reynolds</u> Address: <u>8 Frosthaven Rd</u> City, State & Zip <u>E. Baldwin, ME 04024</u> Telephone: <u>207-935-1307</u> Who should we contact when the permit is ready: <u>Scott McLeod</u> Telephone: _____ Mailing address: <u>844 Stevens Ave. Portland, ME 04103</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: <u>[Signature]</u>	Date: <u>7/14/08</u>
-------------------------------	----------------------

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0856	Date Applied For: 07/14/2008	CBL: 293 D014001
------------------------------	--	----------------------------

Location of Construction: 844 STEVENS AVE	Owner Name: MCLEOD SCOTT A ETAL	Owner Address: 21 CORNERSTONE DR	Phone:
Business Name:	Contractor Name: Rick Reynolds	Contractor Address: 8 Forst Heaven Road E Baldwin	Phone (207) 838-1387
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Dividing wall between offices	Proposed Project Description: Dividing wall between offices
--	---

Dept: Zoning	Status: Approved	Reviewer: Tom Markley	Approval Date: 07/14/2008	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 07/14/2008	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.				
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				