| Form # P 04 | DISPLAY | | | | | | FRONT | | OF WORK | |
|--|----------------------------|--------------|------------|-----------------------|-------------------------|-------------------------------------|----------|--------------|--|------------|
| Please Read Application And Notes, If Any, Attached | | | B | | | ITA | ION | | Number: 041577 | |
| This is to certify the | nat Downe | ast Veterina | ary Emerge | <u>//N G</u> | B | | | | <u> </u> | |
| has permission to | | interior wa | <u>11s</u> | | | | . 303 C | 6001007 | | <u>X</u> |
| provided the of the provision the construct this department | sions of th ction, main | e Statu | tes of N | ne a | nd of the | | inces of | the City | nit shall comply of Portland re he application o | gulating |
| Apply to Pub and grade if i such informat | nature of wor | | | and e this d or | wr n perm a t dina o | his on prod t there alosed-in | cu eo | procure | icate of occupancy d by owner before the art thereof is occupie | his build- |
| | REQUIRED APP | | | | | | | | | |
| Health Dept. | | | | | | | \sim | \sim | 1 | |
| Appeal Board | | | | | | | | . ()/ | N. La | (|
| Other | Department Name | | | | | | Cu | Oirector - I | Building & Inspection Services | 04 |
| | | | PENA | LTY FC | R REMO | VINGTH | IIS CARD | , C | | |
| | | | | | | | | | | |

EXPIRED

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 |
| use. | to any occupancy of the structure or NOTE: There is a \$75.00 fee per ction 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.

| N l | CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, |
|-------|--|
| BEFO | DRE THE SPACE MAY BE OCCUPIED |

| Al Run | |
|-------------------------------------|-------------|
| Stgnature of Applicant/Designed | Date H/4/04 |
| Signature of Inspections Official | Date / 7 |
| CBL: 303 6001 Building Permit #: 04 | 1507 |

| City of Portland, Maine | Duilding on Lice | Dommit Applicati | en Pe | rmit No: | Issue Date: | CBL: | |
|--|-------------------|-----------------------|--|--------------------------|-----------------------|-----------------------|----------------|
| 389 Congress Street, 04101 | | | | 04-1577 | | 303 G0 | 01007 |
| Location of Construction: | Owner Name: | | Owne | r Address: | | 7004 Phone: | |
| 352 Warren Ave | Downeast Vet | erinary Emergency | 352 | Warren Ave # | #7 | | |
| Business Name: | Contractor Name | 2 | Contr | actor Address: | | Phone | |
| | N G Bailey IN | ĩC | 2 Ba | iley Dr Gray | E. | 20765732 | 200 |
| Lessee/Buyer's Name | Phone: | | Permi | it Type: | | | Zone: / |
| | | | | Alterations - Commercial | | | 124 |
| Past Use: | Proposed Use: | | Perm | uit Fee: | Cost of Work: | CEO District: | |
| commercial | commercial bu | uild 4 interior walls | | \$183.00 | \$18,000.00 | 5 | |
| | | | FIRE | DEPT: | Approved INSI | PECTION: | |
| | | | | | Denied Use | Group: | Type: 50 |
| | | | | L | Jenned | | (100) |
| | | | | | | 11/8 | NOV, |
| Proposed Project Description: | | | -1 | | | | A L |
| build 4 interior walls | | | Signa | ture: | へよみの Sign | ature MUL | in |
| | | | PEDE | STRIAN ACTI | VITIES DISTRICT | Г (Р.А. D.) 7 | |
| | | | Action: Approved Approved w/Conditions Den | | | | Denied |
| | | | | | | L | |
| | | | Signa | iture: | | Date: | |
| Permit Taken By: | Date Applied For: | | | Zoning | Approval | | |
| dmartin | 10/20/2004 | | | | | | - |
| 1. This permit application do | | Special Zone or Rev | views Zoning Appeal | | Historic Pres | ervation | |
| Applicant(s) from meeting applicable State and | | Shoreland | | Variance | | Not in Distric | ct or Landmark |
| Federal Rules. | | | | | | | |
| 2. Building permits do not include plumbing, | | Wetland | | Miscellaneous | | Does Not Re | quire Review |
| septic or electrical work. | | | | | | | |
| 3. Building permits are void | Flood Zone | | Conditional Use | | Requires Review | | |
| within six (6) months of th | | | | | | | |
| False information may inv | Subdivision | | Interpretation | | Approved | | |
| permit and stop all work | | | | | | | |
| | Site Plan | | Approved | | Approved w/Conditions | | |
| | | | | | | | |
| | | Maj Minor M | ⊎⊡ | Denied | | Denied | |
| | | NH HE | 5 | | | (| ノ |
| | | | / | 1 | | | |
| | | Date: 1120 | | Date: | | 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.

| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
|---|---------|------|-------|
| | | | |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | DATE | PHONE |

| | | ilding or Use Permit (207) 874-8703, Fax: (2 | | 4-8716 | Permit No: 04-1577 | Date Applied For: 10/20/2004 | CBL: 303 G00100 |
|------------------------------------|-----------------|---|---------|---------|------------------------------|---------------------------------|--------------------------------|
| Location of Construction: | | Owner Name: | | | Owner Address: | | Phone: |
| 352 Warren Ave | | Downeast Veterinary E | mergena | cy | 352 Warren Ave # | 7 | |
| Business Name: | | Contractor Name: | | | Contractor Address: | | Phone |
| | | N G Bailey INC | | | 2 Bailey Dr Gray | | (207) 657-320 |
| Lessee/Buyer's Name | | Phone: | | | Permit Type: | | and at an |
| | | | | | Alterations - Com | mercial | |
| Proposed Use: | | | | Propose | d Project Description: | | |
| commercial build 4 int | erior walls - s | ame vet use | | - | interior walls | | |
| Dept: Zoning Note: | Status: | Approved | Rev | viewer: | Marge Schmucka | l Approval D | Date: 11/02/20 Ok to Issue: |
| Dept: Building Note: | Status: | Approved | Rev | viewer: | Mike Nugent | Approval D | Date: 11/03/20 Ok to Issue: |
| | Status: | Approved with Conditions | Rev | viewer: | Lt. MacDougal | Approval D | Date: 11/02/20 Ok to Issue: |
| Dept: Fire Note: | | | | | | | |
| Note: | ockable in the | nath of travel | | | | | |
| Note: 1) doors shall not be l | | • | | | | | |
| - | | • | | | | | |

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: 352 | Warren arenae. | Partland . | 1 mits 7+8 |
|--|---|---|--|
| Total Square Footage of Proposed Structu | | otage of Lot | |
| Tax Assessor's Chart, Block & LotChart#Block#Lot#303GCO | Owner: Animal & | Emergency Ol | F7F-3121 |
| Lessee/Buyer's Name (If Applicable) | Applicant name, addre telephone: Nr. Gr. Ailay | THE | Cost Of Vork: \$ <u>18,000.</u> ee: \$ 183.00 |
| Current use: <u>Iteletionary</u> Ulerice If the location is currently vacant, what wa | s prior use: | | |
| Project description: | vior walls | | |
| Contractor's name, address & telephone: Who should we contact when the permit is Malling address: SAME | M. D. Barley, J y. ME04039 Heady: <u>N. J. Ba</u> | ac. 2 Baile iley In- | y Drive, |
| We will contact you by phone when the per review the requirements before starting any and a \$100.00 fee if any work starts before t | / work, with a Plan Revie | wer. A stop work | order will be issued |
| F THE REQUIRED INFORMATION IS NOT INCLUE DENIED AT THE DISCRETION OF THE BUILDING/ NFORMATION IN ORDER TO APROVE THIS PER | PLANNING DEPARTMENT, | | |
| hereby certify that I am the Owner of record of the name have been authorized by the owner to make this application urisdiction. In addition, if a permit for work described in the hall have the authority to enter all areas covered by this to this permit. | ation as his/her authorized age his application is issued, I certify | nt. I agree to confor / that the Code Offici | n to all applicable laws of this at's authorized representative |
| Signature of applicant: Mol De | × | Date: 10-14 | 9-04 |
| This is NOT a permit, you may not | | ork until the pe | ormit is issued. |

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

CELVE

N.G. Bailey, Inc.

GENERAL CONTRACTORS 2 Bailey Drive - Gray, Maine 04039 (207) 657-3200 FAX 657-3646

October 20, 2004

Scope of Work at Emergency Animal Clinic, 352 Warren Avenue, Portland, ME

Second floor currently used as open work area, kitchen and bath. Area will be divided by partitions into Conference Room, Staff Lounge, Work Area, Kitchen and Bath.

Remove and dispose of lunch bar and refigure counter and kitchen cabinets; Install approximately 60' of dyrwall partitions; Patch ceiling and walls; Shelving for x-ray storage; Paint entire area and install new VCT floor tile.



| 157-3446 |
|--|
| THE WAR AND THE |
| CITY OF PORTLAND, MAINE Department of Building Inspections |
| CCE 20 20 CM |
| Received from A G Raday Cy |
| Location of Work 352 / Card Care |
| Cost of Construction \$ 18 (CCC |
| Permit Fee \$ 183.00 |
| Building (IL) X Plumbing (I5) Electrical (I2) Site Plan (U2) |
| Other |
| CBL: 303 GLCCL |
| Check #: 12.829 Total Collected \$ 187.00 |
| THIS IS NOT A PERMIT No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater. |
| WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy |

