

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

424 WARREN AVENUE LLC /Garronteed Construction

Located at

429 WARREN AVE

PERMIT ID: 2013-00026

CBL: 304 B032001

has permission to **Change of Use from retail to Gym, Divide office area to add bathroom and a changing room.**

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise cloosed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A 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: 2013-00026	Issue Date: 2/28/2013	CBL: 304 B032001
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Location of Construction: 429 WARREN AVE	Owner Name: 424 WARREN AVENUE LLC	Owner Address: 401 WARREN AVE PORTLAND , ME 04103	Phone: (207) 899-7770
Business Name: Cross Fit MF	Contractor Name: Garronteed Construction	Contractor Address: 27 St. Mary's Street Biddeford ME 04005	Phone: (207) 468-8476
Lessee/Buyer's Name Drew Crandall	Phone: (207) 899-7770	Permit Type: Alterations - Commercial & Chg of use	Zone: B4
Past Use: Commercial -retail tools	Proposed Use: Gym <i>(Health Club & Gymnasium)</i>	Permit Fee: \$165.00	Cost of Work: \$7,000.00
Proposed Project Description: Change of Use from retail to Gym, Divide office area to add bathroom and a changing room.		FIRE DEPT: 2/28/13 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	INSPECTION: Use Group: A-3 Type: 2 MUBEL 2009
		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i> 2/26/13
		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 <i>[Signature]</i>	Date Applied For: 01/04/2013	Zoning Approval	
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<ol style="list-style-type: none"> 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 <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"/> M <i>[Signature]</i> Date: <i>5/2/11</i>	Zoning Appeal <input type="checkbox"/> Variance <i>[Signature]</i> 429 Warren A Post 14103 04103	Historic Preservation <input type="checkbox"/> Not in District or Landmark Not Require Review Review /Conditions 3
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the _____ authorized by the owner of record and that I have been authorized by the owner to make this application as his authorize _____ 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 (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 Inspections 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.**

REQUIRED INSPECTIONS:

Plumbing Rough
Close-in Plumbing/Framing
Electrical Close-in
Above Ceiling Inspection
Final - Fire
Certificate of Occupancy/Final

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF 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 - Building or Use Permit

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

Permit No: 2013-00026	Date Applied For: 01/04/2013	CBL: 304 B032001
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Business Name: Cross Fit MF	Contractor Name: Garranteed Construction	Contractor Address: 27 St. Mary's Street Biddeford	Phone: (207) 468-8476
Lessee/Buyer's Name: Drew Crandall	Phone: 2078997770	Permit Type: Change of Use - Commercial	

Proposed Use: Gymnasium/ Health Club	Proposed Project Description: Change of Use from retail to Gym, Divide office area to add bathroom and a changing room.
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Dept: Zoning **Status:** Approved w/Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 01/07/2013**Note:** **Ok to Issue:**

- 1) This portion of the property shall remain a Health Club/ Gymnasium. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of revised plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved w/Conditions **Reviewer:** Jeanie Bourke **Approval Date:** 02/26/2013**Note:** **Ok to Issue:**

- 1) This project includes alterations that Maine state law requires for compliance with the 2010 ADA Standards for Accessible Design.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM E 814 or UL 1479, per IBC 2009 Section 713.
- 3) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 4) Ventilation of this space is required per ASHRAE 62.2 or 62.1, 2007 edition.
- 5) Permit approved based upon information provided by the applicant or design professional, including additional details received 2/26/13. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved w/Conditions **Reviewer:** Ben Wallace Jr **Approval Date:** 02/28/2013**Note:** Spoke with Drew Crandall on the phone to inform him of the requirement for a master box fire alarm system **Ok to Issue:**
with voice evac on 2/28/13 at 2:30 pm.

- 1) Fire extinguishers are required per NFPA 1.
- 2) Any cutting and welding done will require a Hot Work Permit from Fire Department.
- 3) Fire walls, fire barriers, fire partitions, smoke barriers and smoke partitions or any other wall required to have protected openings or penetrations shall be effectively and permanently identified with signs or stenciling in accessible concealed floor, floor-ceiling or attic spaces at intervals not exceeding 30 feet with lettering not less than 0.5 inches in height.
- 4) Street addresses shall be marked on the structure and shall be as approved by the City E-911 Addressing Officer. Contact Michelle Sweeney at 874-8682 for further information.
- 5) Application requires State Fire Marshal approval.
- 6) Through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance rated horizontal assemblies shall be protected by firestop systems or devices in conformance with NFPA 101:8.3.5 (ASTM E 814 or ANSI/UL 1479). Providing firestop labels at each firestop system or device and an onsite manual containing the detail for each firestop system or device used for the project will streamline final inspection approvals.

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Lessee/Buyer's Name: Drew Crandall	Phone: 2078997770	Permit Type: Change of Use - Commercial	

- 7) ****The sprinkler system shall be reviewed by a licensed sprinkler contractor for compliance with code. A compliance letter is required prior to final inspection****
A separate Suppression System Permit is required for all new suppression systems, including standpipe systems, and sprinkler work effecting more than 20 heads. This review does not include approval of system design or installation.
- 8) A firefighter Building Marking Sign is required.
- 9) Construction or installation shall comply with City Code Chapter 10.
- 10 Notice: The first scheduled final inspection fee is at no charge. Additional inspections shall be billed at \$75 for each inspector.
- 11 Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
- 12 ****A master mox fire alarm system with voice evac is required due to use and occupant load.****
A separate Fire Alarm Permit is required. This review does not include approval of fire alarm system design or installation.



PORTLAND MAINE

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Jeff Levine, AICP, Director
Marge Schmuckal, Zoning Administrator

January 7, 2013

Drew Crandall
@ Cross Fit MF
429 Warren Avenue
Portland, ME 04103

See Revised Application

RE: 429 Warren Avenue – 304-B-032 – B-4 Zone – application #2013-00026

Dear Mr. Crandall,

Sign App under 2013-00193

I am in receipt of a permit application to make alterations to your business CrossFit MF at 429 Warren Avenue. Please note that your permit application is being denied based on the fact that the underlying use has never been established. This office has never received the required permit(s) for a change of use. No certificate of occupancy has been issued for your use. No permits for any of your signage, either attached to the building or the sign panel on the free-standing sign are on record.

Before this office can approve any renovations to the your business, we require a change of use permit with alterations along with a separate permit for your signage.

Please either go on-line for the permit application for "Commercial Change of Use" application or come into our offices in room 315 City Hall to pick up a paper copy of the application. We will certainly need very good, scaled building plans and a parking site plan showing available parking for your use. Follow the directions and submit the required paperwork to Inspection Services.

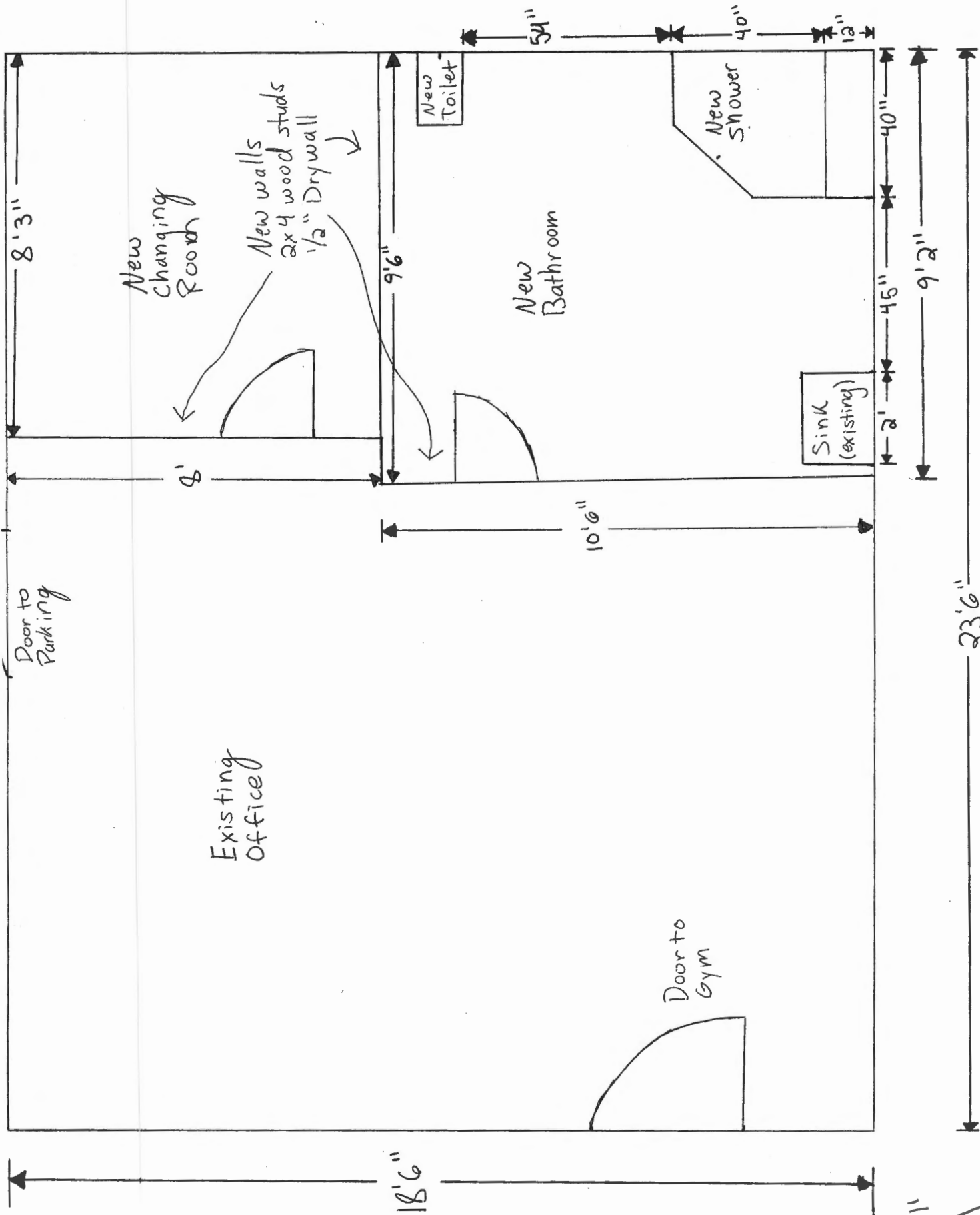
If you have any questions regarding this letter, please feel free to contact me at 874-8695.

Very truly yours,

Marge Schmuckal
Zoning Administrator

Cc to: Garronteed Construction, 27 St Mary's Street, Biddeford, ME 04005
Peter Holmes, 401 Warren Avenue, Portland, ME 04103

NOTE: Lannie apparently lost the paper application - it is not here



"A"

(within existing office) (upside down)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		CONTACT NAME: Mass Merchandising PHONE (A/C, No. Ext): 1-800-506-4856 FAX (A/C, No): 1-260-459-5590 E-MAIL ADDRESS: info@fitnessinsurance-kk.com	
INSURED MisFit LLC DBA: CrossFit MF 429 Warren Avenue. Unit 3 Portland, ME 04103 A Member of the Sports, Leisure & Entertainment RPG	2000035040	CP# 80	INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Mutual Insurance Company INSURER B: INSURER C: INSURER D:
			NAIC # 23787

COVERAGES CERTIFICATE NUMBER: 2000082498 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS R LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			6BMAS0000005164300	06/22/12 12:01 AM	06/22/13 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS	\$1,000,000 \$300,000 \$5,000 \$1,000,000 \$5,000,000 \$1,000,000 \$1,000,000 \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Not provided while in Hawaii			6BMAS0000005164300	06/22/12 12:01 A.M.	06/22/13 12:01 A.M.	COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL EXCESS MEDICAL	

RECEIVED
JAN 29 2013
Dept of Building Inspections
City of Portland Maine

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Facility #1: 429 Warren Avenue Unit 3, Portland, ME 04103
On-Site & Off-Site coverage
Professional liability is included for 1 independent instructor(s) at listed facility.
The Certificate Holder is added as an Additional Insured, but only with respect to the liability arising out of the operations of the Insured named above.
This Certificate Effective 01/25/13-06/22/13

CITY OF PORTLAND 389 Congress Street Portland, ME 04101 Owner/Manager/Lessor of Premises	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Scott Furbush</i>

(X) CROSSFITMF

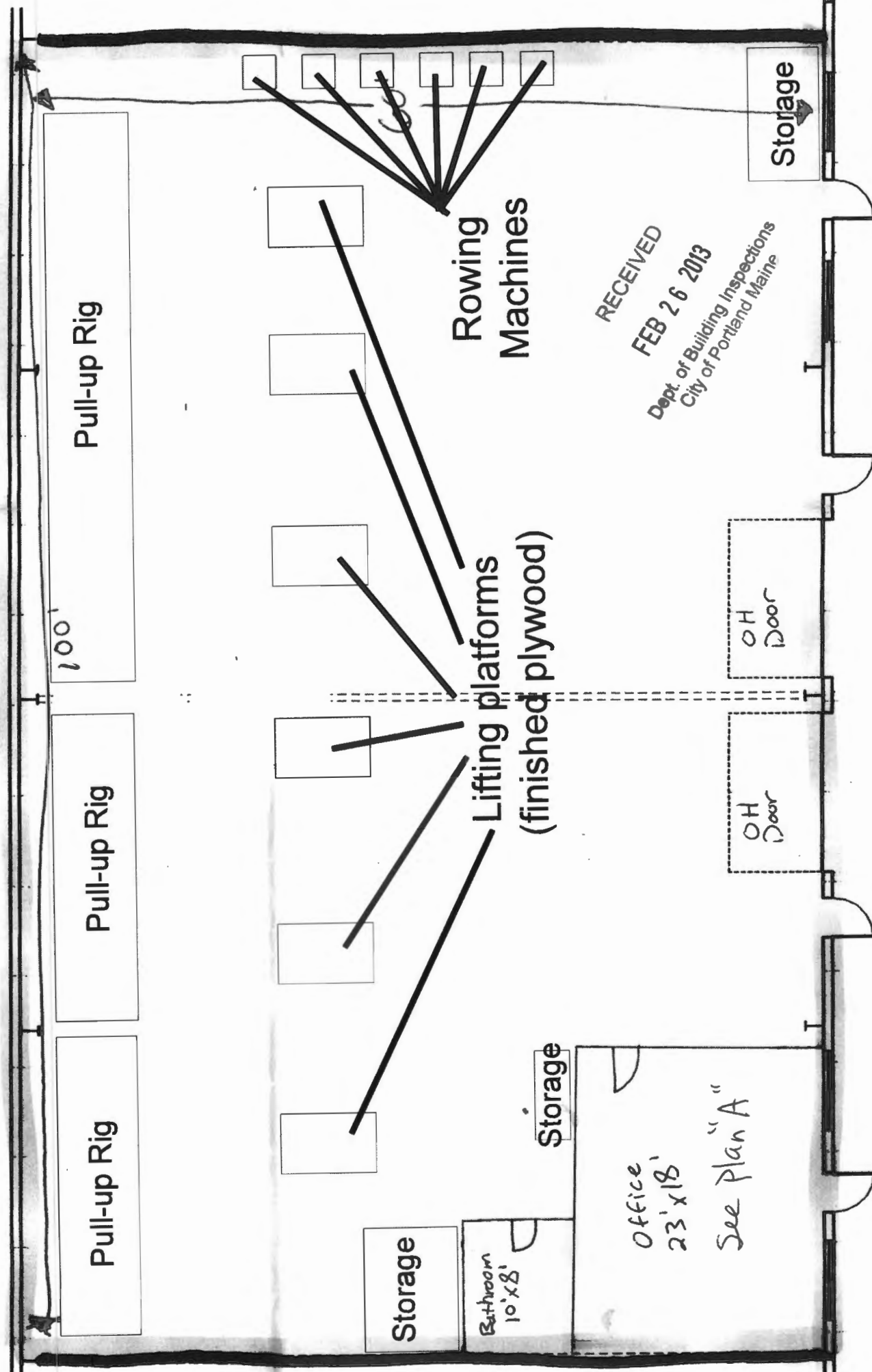
CrossFit MF is a 6,000sf strength and conditioning facility located at 429 Warren Avenue in Portland. The majority of open business time is occupied by group classes that range from 2-20 people in size. A small portion of time is set aside for open gym which is occupied by 10 or less experienced members along with a member of the coaching staff.

Our facility has an open concept layout with the majority of our space being empty for our patrons to be able to move around in. Equipment is very limited and spends the majority of the time in storage along the walls. The majority of floor space is covered in $\frac{3}{4}$ inch rubber matting.

All members begin in our beginner's course which is at specific times outside of group classes and normally contains 2-8 people along with a coach. Once they graduate that program they advance to our normal group classes.

Drew Crandall
Owner
CrossFit MF

RECEIVED
FEB 26 2013
Dept. of Building Inspections
City of Portland Maine



Pull-up Rig

100'

Pull-up Rig

Pull-up Rig

Storage

Bathroom
10'x8'

Storage

Office
23'x18'

See Plan "A"

Rowing
Machines

Lifting platforms
(finished plywood)

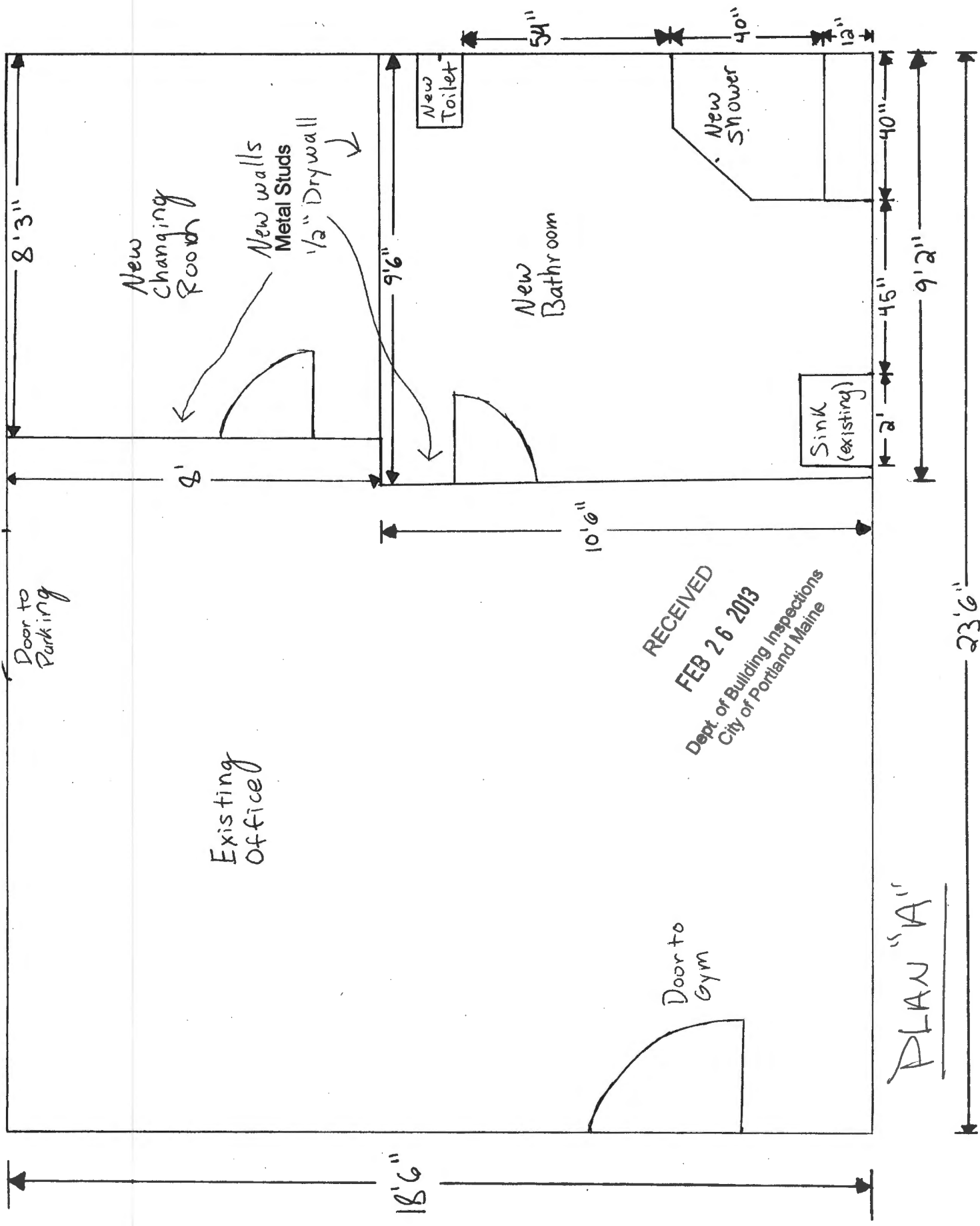
Storage

OH
Door

OH
Door

RECEIVED
FEB 26 2013
Dept. of Building Inspections
City of Portland Maine

Egress with
Panic hardware



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 City of Portland, Maine

PLAN "A"