

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 08-0313	<b>Issue Date:</b>	<b>CBL:</b> 321 A004001
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<b>Location of Construction:</b> 470 RIVERSIDE ST	<b>Owner Name:</b> PENDE ASSOCIATES INC	<b>Owner Address:</b> 42 SOUTH ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> property owner	<b>Contractor Address:</b> Portland	<b>Phone</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b>

<b>Past Use:</b> Commercial office warehouse	<b>Proposed Use:</b> Commercial office warehouse - build 3 oxygen storage closets, Build vestibule w/ door into office area	<b>Permit Fee:</b> \$110.00	<b>Cost of Work:</b> \$8,500.00	<b>CEO District:</b> 5
<b>Proposed Project Description:</b> build 3 oxygen storage closets, Build vestibule w/ door into office area		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 04/07/2008	<b>Zoning Approval</b>		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<b>Location of Construction:</b> 470 RIVERSIDE ST	<b>Owner Name:</b> PENDE ASSOCIATES INC	<b>Owner Address:</b> 42 SOUTH ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> property owner	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 04/09/2008  
**Note:** for "Acadia Home Care Inc."      **Ok to Issue:**

- 1) This property shall remain a professional office with warehousing. 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:** 05/04/2008  
**Note:**      **Ok to Issue:**

- 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.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 04/10/2008  
**Note:** Storage incidental to business use.      **Ok to Issue:**

- 1) Doors to oxygen storage areas to be self closing and latching.  
No other storage above "ordinary hazard class" with out proper seperation.

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SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

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DATE

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PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

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DATE

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