

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

Permit No: 06-0733	Issue Date MAY 26 2006	PERMIT ISSUED 375 C039001
Owner Address: 19 ISLAND AVE	Contractor Address: PO Box 662 Portland	Phone: CITY OF PORTLAND 75141
Business Name: Langford & Low, Inc.	Contractor Name: Langford & Low, Inc.	Phone: 75141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial
		Zone: B-2

Past Use: Commercial	Proposed Use: Commercial Creating 2 new openings interior - 2nd floor	Permit Fee: \$111.00	Cost of Work: \$10,000.00	CEO District: 5
Proposed Project Description: Creating 2 new openings		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B 5/19/06 Signature: [Signature]	
		Signature: [Signature]	Signature: [Signature]	
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: dmartin	Date Applied For: 05/15/2006	Zoning Approval
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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..	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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: 5/19/06	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



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: 117 AUBURN ST.		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 375 C 039	Owner: MERCY HOSPITAL 1	Telephone: (207) 875-3000
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: LANGFORD + LOW INC PO. BOX 662 PORTLAND, ME 04104	Cost Of Work: \$ 10,000.00 Fee: \$ _____ C of O Fee: \$ 1110
Current Specific use: MEDICAL OFFICE BLDG. (Mercy Primary Care)	Proposed Specific use: SAME	
Project description: REMOVAL OF CABINETS, CONSTRUCTION OF NEW OPENINGS IN DRYWALL + STEEL STUD WALLS. Second floor		
Contractor's name, address & telephone: LANGFORD + LOW INC. 248 WARREN AVE (207) 77-5141 PO BOX 662 PORTLAND ME 04104		
Who should we contact when the permit is ready: NICK CONLEY	Mailing address: DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME	
Phone: 307-7861	colay	
MAY 15 2006		

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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 of applicant: 	Date: 5/15/06
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0733	Date Applied For: 05/15/2006	CBL: 375 C039001
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Location of Construction: 117 AUBURN ST	Owner Name: FOREST CITY PROPERTIES LLC	Owner Address: 19 ISLAND AVE	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

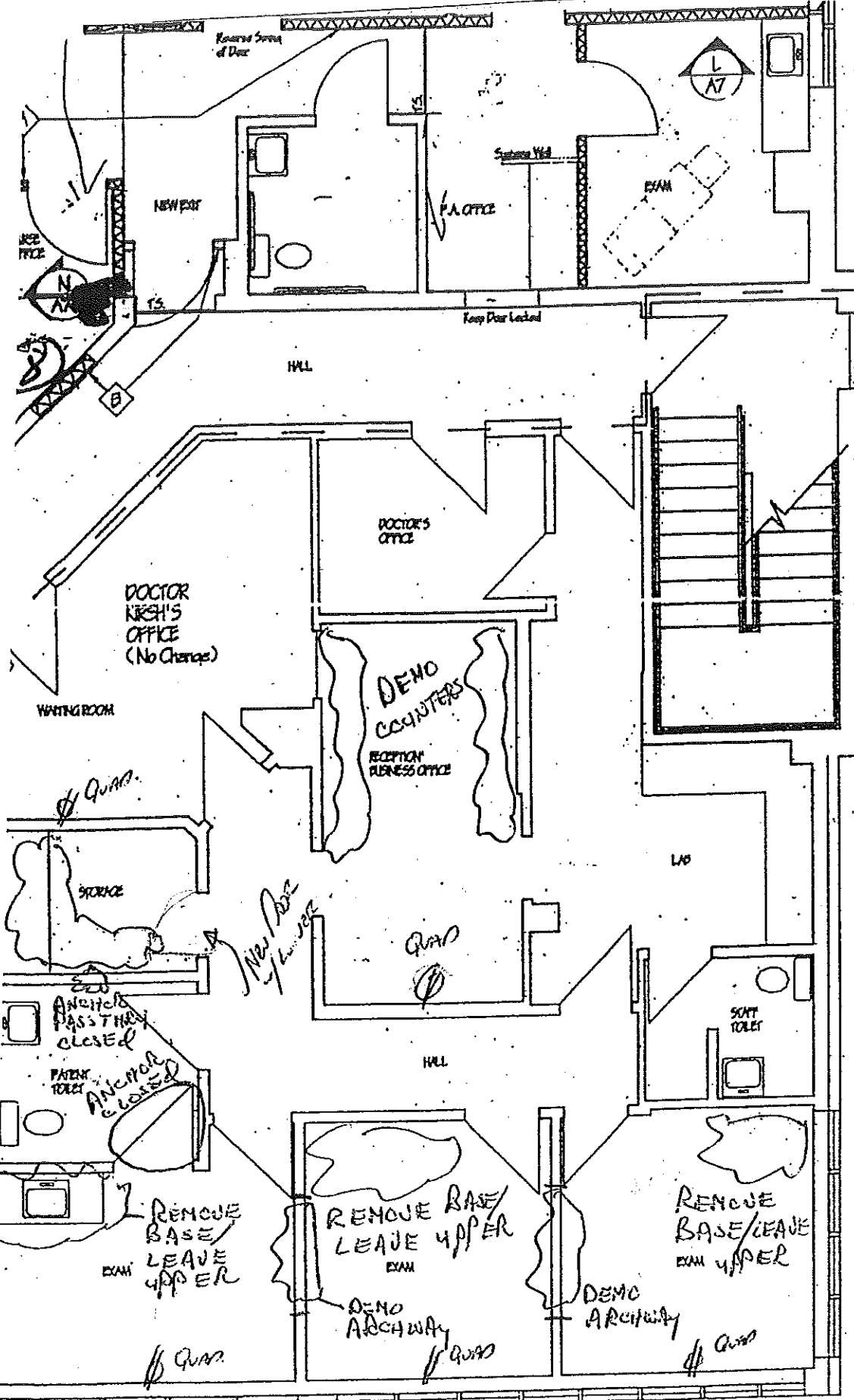
Proposed Use: Commercial Creating 2 new openings - interior on 2nd floor	Proposed Project Description: Creating 2 new openings
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 05/19/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 05/19/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Jay Kelley	Approval Date: 05/19/2005
Note:			Ok to Issue: <input type="checkbox"/>
1) Maintaine all life safety devices NFPA72 And NFPA13			
2) Maintain and properly mark all egress			

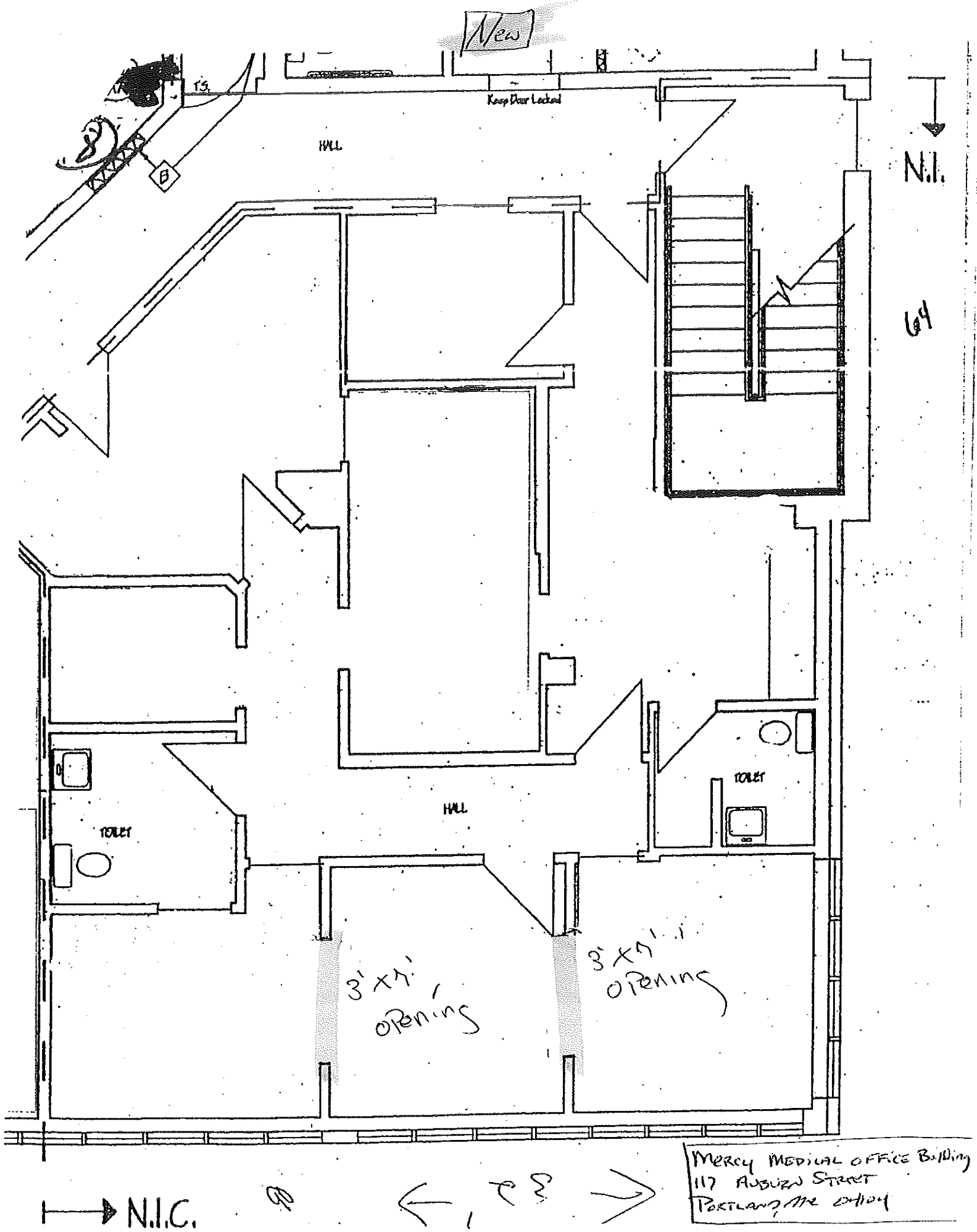
EXISTING

Mercy Medical OFFICE Bldg Wing
117 AUGUST STREET
PORTLAND, ME 04104

Page 1



- PATCH FLOORS & BASE
- PAINT ALL WALLS
- CARPETS DAILY
- ADD QUADS



New

Keep Door Locked

HALL

N.I.

69

TOILET

HALL

TOILET

3' x 7' opening

3' x 7' opening

N.I.C.

MERCY MEDICAL OFFICE Building
117 AUBURN STREET
PORTLAND, ME 04104

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

Permit Number: 060733006

CITY OF PORTLAND

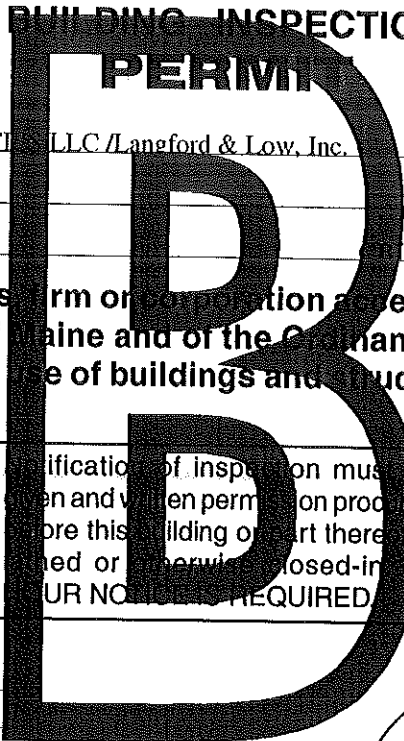
This is to certify that FOREST CITY PROPERTIES LLC / Langford & Low, Inc.

has permission to Creating 2 new openings

AT 117 AUBURN ST

375 C039001

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 opened or services closed-in. 4 OUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelley P.F.D. 5/19/06

Health Dept. J

Appeal Board _____

Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

ELECTRICAL PERMIT

City of Portland, Me.

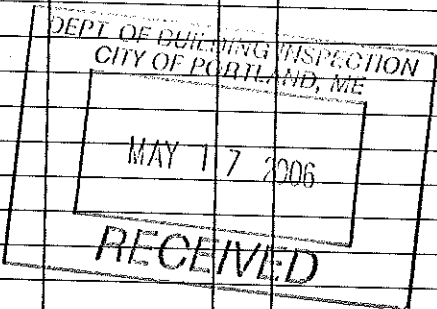


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date May 17 06
 Permit # 06-4432
 CBL# 375 C 039

LOCATION: 117 AUBURN ST. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT MERCY HOSPITAL PHONE # _____

OUTLETS	Receptacles	Switches	Smoke Detector	TOTAL EACH FEE
				.20
FIXTURES	Incandescent	Fluorescent	Strips	.20
SERVICES	Overhead	Underground	TTL AMPS <800	15.00
	Overhead	Underground	>800	25.00
Temporary Service	Overhead	Underground	TTL AMPS	25.00
				25.00
METERS	(number of)			1.00
MOTORS	(number of)			2.00
RESID/COM	Electric units			1.00
HEATING	oil/gas units	Interior	Exterior	5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens	2.00
	Insta-Hot	Water heaters	Fans	2.00
	Dryers	Disposals	Dishwasher	2.00
	Compactors	Spa	Washing Machine	2.00
	Others (denote)			2.00
MISC. (number of)	Air Cond/win			3.00
	Air Cond/cent			10.00
	HVAC	EMS	Pools	5.00
	Signs		Thermostat	10.00
	Alarms/res			5.00
	Alarms/com			15.00
	Heavy Duty(CRKT)			2.00
	Circus/Carnv			25.00
	Alterations			5.00
	Fire Repairs			15.00
	E Lights			1.00
	E Generators			20.00
PANELS	Service	Remote	Main	4.00
TRANSFORMER	0-25 Kva			5.00
	25-200 Kva			8.00
	Over 200 Kva			10.00
			TOTAL AMOUNT DUE	
	MINIMUM FEE/COMMERCIAL 45.00		MINIMUM FEE	35.00



CONTRACTORS NAME WELCH ELECTRIC INC. MASTER LIC. # MS60017058
 ADDRESS 5 HAYDEN WAY FALMOUTH LIMITED LIC. # _____
 TELEPHONE 878-0078

SIGNATURE OF CONTRACTOR [Signature] # 332