

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 060733006
CITY OF PORTLAND

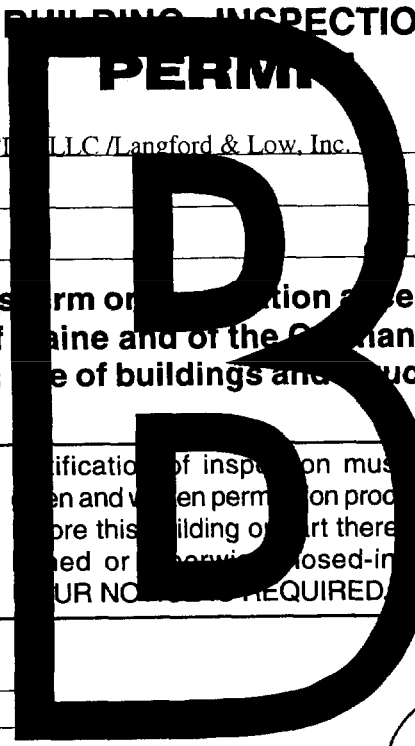
This is to certify that FOREST CITY PROPERTY LLC / Langford & Low, Inc.

has permission to Creating 2 new openings

AT 117 AUBURN ST

375 C039001

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 closed or services closed-in. 4 HOUR 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.E.D. 5/19/06

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
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: 06-0733	Issued On: PERMIT ISSUED MAY 26 2006	City: 375	CD: C039001
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Location of Construction: 117 AUBURN ST	Owner Name: FOREST CITY PROPERTIES LLC	Owner Address: 19 ISLAND AVE	Phone: 41
			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
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B Type: 2B 5/19/06 [Signature]	

Proposed Project Description: Creating 2 new openings	Signature: [Signature] 5/19/06	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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<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"/> MMD 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#	Owner:	Telephone:
375 C 039	MERCY HOSPITAL	(207) 879-3000
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	cost Of Work: \$
	LANGFORD + LOW INC PO. BOX 662 PORTLAND, ME 04104	10,000.00
		Fee: \$
		Cost of Fee: \$ 111.00
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) 747-5141 PO BOX 662		
Who should we contact when the permit is ready: NICK CONLEY		PORTLAND ME
Mailing address: CITY OF PORTLAND, ME		04104
Phone: 807-7861		

Two walls

RECEIVED
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: *[Signature]* Date: **5/15/06**

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	

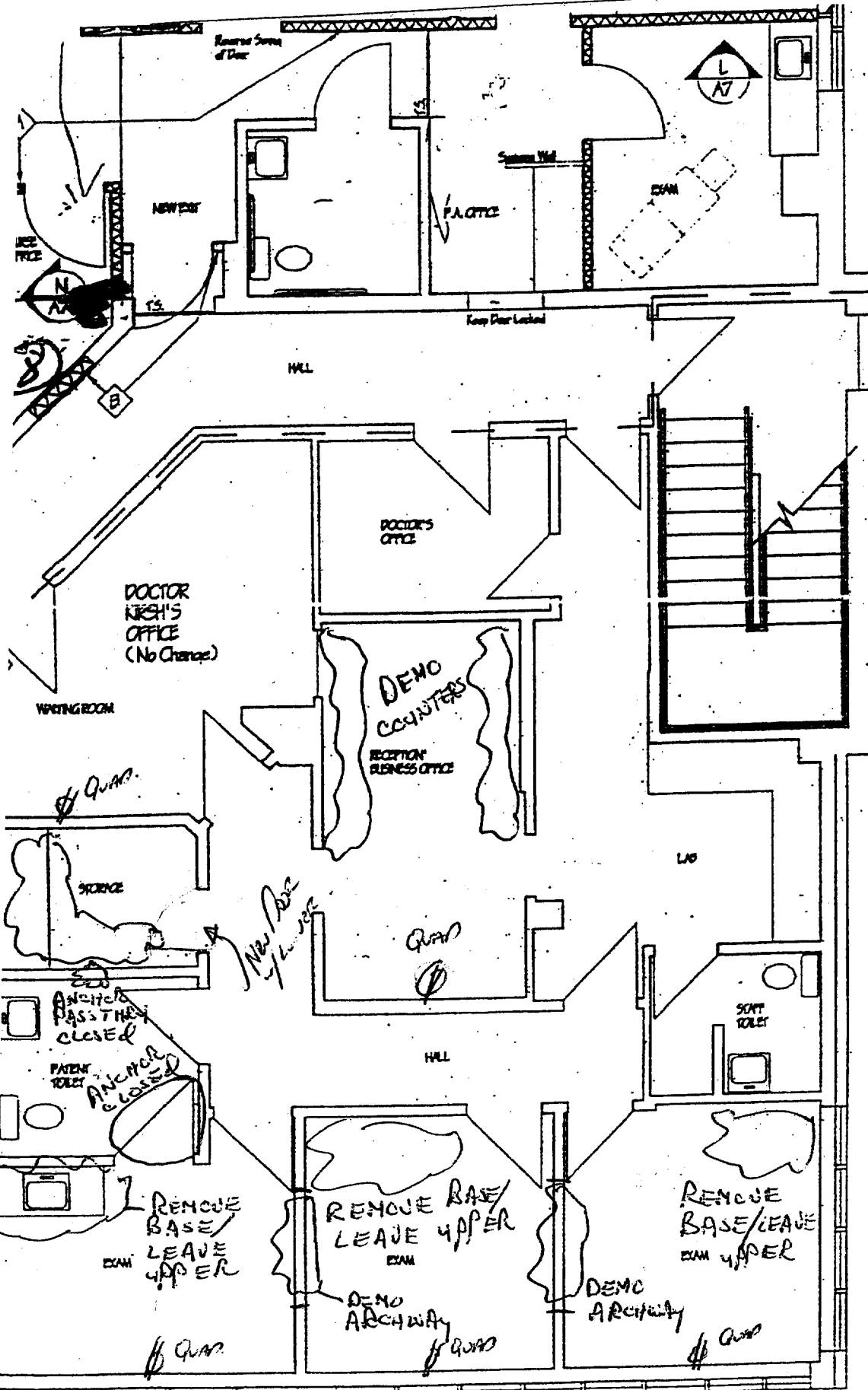
Proposed Use: Commercial Creating 2 new openings - interior on 2nd floor	Proposed Project Description: Creating 2 new openings
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 05/19/2006
Note:			Ok to Issue: <input checked=""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

Existing

Mercy Medical Office Building
117 ANSBO STREET
PORTLAND, ME 04104

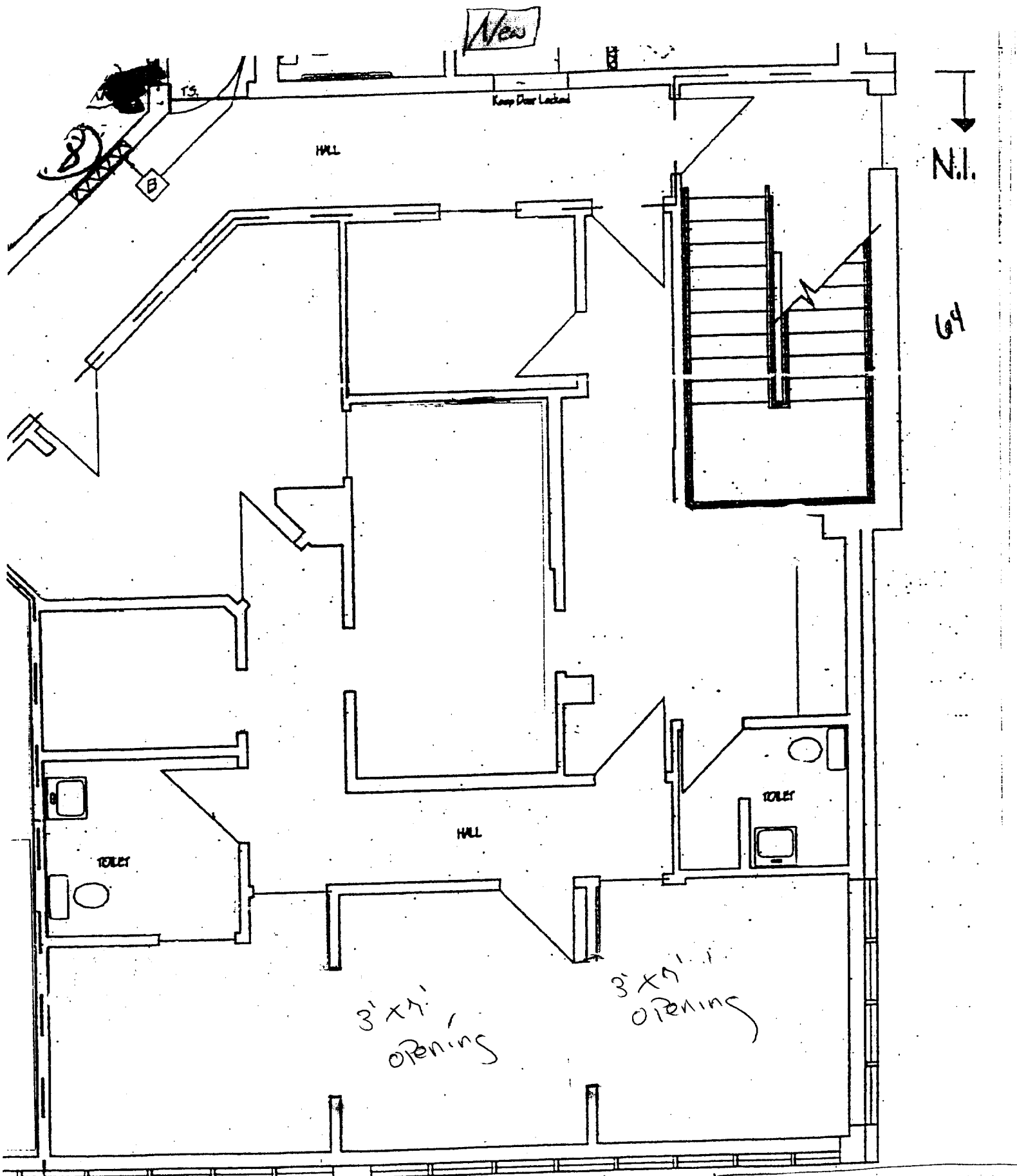
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N.I.C.

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- PATCH FLOORS & BASE
- PAINT ALL WALLS
- CARE SMOKES DAILY
- ADD QUADS

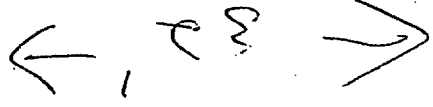


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→ N.I.C.

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MERCY MEDICAL OFFICE Building
117 AUGUST STREET
PORTLAND, ME 04104