

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-06-4222-ALTCOMM	Date Applied: 6/12/2012	CBL: 401- A-005-015	
Location of Construction: 15 NORTHPORT DR (1321 Washington Ave.) – 2 nd floor	Owner Name: 1321 ASSOCIATES, LLC – Peter Hogland	Owner Address: 1976 WASHINGTON AVE PORTLAND, ME 04103	Phone:
Business Name:	Contractor Name: Turner Contracting – Bob Turner	Contractor Address: PO Box 2106, Windham, ME 04062	Phone: (207) 892-2056
Lessee/Buyer's Name: Maine Orthodontics	Phone: 207-878-5918	Permit Type: BLDG - Building	Zone: B-2
Past Use: Professional Office	Cost of Work: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> CLOSED </div>		CEO District:
Proposed Project Description: Upgrade space; relocate partitions etc.		Activities District (P.A.D.)	Inspection: Use Group: B Type: 2B IBC 2009 Signature: <i>[Signature]</i> 6/2/12
Permit Taken By: brad	Zoning Approval		

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 informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: 02 6/23/12 <i>[Signature]</i>	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 Dist 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: <i>ABU</i>
	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 appication 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

8-7-12 DWM/BKL Bob 329-4217 close-in OK

8-16-12 GF close in OK

1st phase pass FD will issue
NOV for common area ceiling

12/20/12 See minor revisions of Floor plan A-2 JMB

12-28-12 DWM Bob 329-4217 ray room close-in OK
BKL?

1-4-13 GF/JM - FAIL - NOT READY

1-7-13 GF/JM/BKL - NEED PIC OF LISTED AAV

LETTER OF
COM

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that 1321 ASSOCIATES, LLC – MAINE
ORTHODONTICS

Located At 15 NORTHPORT DR

Job ID: 2012-06-4222-ALTCOMM

CBL: 401- A-005-015

has permission to Upgrade the orthodontic unit on the 2nd fl; relocate partitions, new administrative, reception, staff areas 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 closed-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

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

SCANNED



15 NORTH PORT DR.

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	<u>1321 WASHINGTON AVE</u>
CBL:	<u>401 ADD 5</u>
PROPERTY OWNER(S) NAME	
NAME:	<u>MAINE ORTHODONCS.</u>
Applicant Name:	<u>SCOTT NASON</u>
Mailing Address of Owner/Applicant (if Different)	<u>P.O. Box 3324 PORTLAND, ME. 04104</u>
Owner/Applicant Statement	
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.	
Signature of Owner/Applicant	Date <u>8/1/12</u>

Town/City	PORTLAND	Permit #	<u>201246639</u>
Date Permit Issued	<u>8/2/12</u>	Fee: \$	<u>50</u> Double Fee Charged []
Local Plumbing Inspector Signature		L.P.I. # 360	
The Intr issued b installer		# 11953	
Caution: Inspection Required			
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
LPI Signature		Date Approved (Final)	
Date Approved (Rough-in)		Date Approved (Final)	

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY <u>DENTIST OFFICE</u>	Plumbing to be Installed by: NAME: <u>SCOTT NASON</u> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>8168</u>
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RECEIVED
AUG 02 2012
 Dept. of Building Inspections
 City of Portland Maine

SCANNED
 Please call 874-8703 with your permit # to schedule inspections!

	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)
	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)
	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink
	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Dish Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
OR	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
			<u>3</u>	TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures @ \$40 Over 4 = \$10/fixture + \$10 Surchage		<input type="checkbox"/>	Fixture Fee
			<input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!			<u>50.00</u>	PERMIT FEE (TOTAL)

TURNER

Contracting & Remodeling, LLC

P.O. Box 2106 Windham, ME 04062
207-892-2056



8/17/12

RE: Maine orthodontics
15 Northport dr 1321 Washington Ave Portland office 2nd floor
Job 2012-06-4222-altcomm

Attn.: Brian Laflamme

It is our intention to upgrade the existing spaces client, private office, and any addition area that is not part of phase #1.

We will upgrade the existing electrical panel and wiring to medical grade M.C wiring and hospital grade receptacles, switches, etc.

This work shall be called phase #2 and work will start late fall of 2012.

We will review the upgrades when we apply for permit for phase #2.

We appreciate your time and support on this project and helping us get through this project knowing it was a fast track job.

Regards

Bob turner

Turner contracting & remodeling

RECEIVED

AUG 17 2012

Dept. of Building Inspections
City of Portland Maine

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

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.



PORTLAND MAINE

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Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-06-4222-ALTCOMM

Located At: 15 NORTHPORT DR

CBL: 401- A-005-015

Conditions of Approval:

Fire

1. Installation shall comply with City Code Chapter 10.
2. All construction shall comply with City Code Chapter 10.
3. <http://www.portlandmaine.gov/citycode/chapter010.pdf>
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. All outstanding code violations shall be corrected prior to final inspection.
6. Central Station monitoring for addressable fire alarm systems shall be by point.
7. Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.
8. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
9. Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.
10. The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
11. All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP labeled "FIRE ALARM RECORDS".
12. Records cabinet, FACP, annunciator(s), and pull stations shall be keyed alike.
13. All smoke detectors and smoke alarms shall be photoelectric.
14. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
15. A sprinkler supervisory system shall be provided in accordance with NFPA 101, *Life Safety Code*, and NFPA 72, *National Fire Alarm and Signaling Code*. Sprinkler supervisory systems shall monitor for water flow and sprinkler supervisory signals via an approved fire alarm panel to central station. One smoke detector shall be located over the panel, a manual pull station located at the front door, and an audible water flow alarm provided.
16. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
17. Fire department connection type and location shall be approved in writing by fire prevention bureau. The Fire Department will require Knox locking caps on all Fire Department Connections on the exterior of the building.
18. System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

19. Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.
20. Fire extinguishers are required per NFPA 1.
21. Notification: Two means of egress are required from every story. "MRSA Title 25 § 2453"
22. Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
23. 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.
24. Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work. As per Bob Turner, an as built plan will be submitted for minor changes in the scope of work.
2. 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.

COPY A1

B-2

2012-06-4222

Entered 6/12/12

(B)



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: <u>15 Northport</u> <u>1321 Washington AVE Northport Prof. Bldg.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>401-405915</u> <u>402 A022</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Maine Orthodontics</u> Address <u>1321 Washington Ave</u> City, State & Zip <u>Portland ME</u>	Telephone: <u>878 5918</u>
Lessee/DBA (If Applicable) <u>Maine Orthodontics</u>	Owner (if different from Applicant) Name <u>Peter Hayward</u> Address <u>1321 Washington Ave</u> City, State & Zip <u>Portland, ME 04103</u>	Cost Of Work: \$ <u>35,000.-</u> C of O Fee: \$ _____ Total Fee: \$ <u>370.00</u>
Current legal use (i.e. single family) <u>Business - Orthodontic Office</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Renovation</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Upgrade of professional space. Re-location of interior partitions, New flooring, paint, lighting.</u>		
Contractor's name: <u>Turner Contracting</u> Address: <u>PO Box 2106</u> City, State & Zip: <u>WINDHAM, ME 04062</u> Telephone: <u>892-2056</u> Who should we contact when the permit is ready: <u>Bob Turner 329-4217</u> Telephone: Mailing address: <u>PO Box 2106 WINDHAM, ME 04062</u>		

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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: [Signature] Date: 6/4/12

This is not a permit; you may not commence ANY work until the permit is issued

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JUN 12 2012
Dept. of Building Inspections
City of Portland Maine



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Receipts Details:

Tender Information: Check , Check Number: 3170

Tender Amount: 370.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 6/12/2012

Receipt Number: 44893

Receipt Details:

Referance ID:	6868	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	370.00	Charge Amount:	370.00
Job ID: Job ID: 2012-06-4222-ALTCOMM - Upgrade space; relocate partitions etc.			
Additional Comments: 1321 Washington			

Thank You for your Payment!



Accessibility Building Code Certificate

Designer:

Don Dyer, ARCHITECT

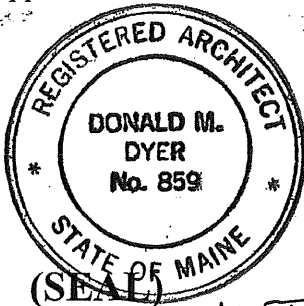
Address of Project:

1321 Washington Ave. - Northport Professional Building

Nature of Project:

INTERIOR RENOVATIONS and
Upgrade of Professional Offices -
MAINE ORTHODONTICS

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



(SEAL)
Donald M. Dyer

Signature:

Donald M. Dyer

Title:

Principal

Firm:

Don Dyer, ARCHITECT

Address:

21 Papoose Lane
Limington, Maine

Phone:

207-423-5371

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



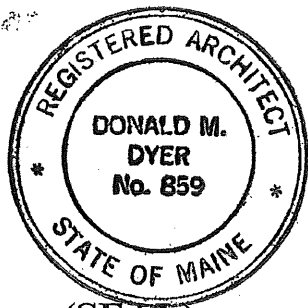
Certificate of Design

Date: JUNE, 2012

From: TON DYER, ARCHITECT

These plans and / or specifications covering construction work on: INTERIOR
Renovations to MAINE ORTHODONTICS at 1321
Washington Avenue - Northport Professional Building

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the **2003 International Building Code** and local amendments.



(SEAL)
Donald M. Dyer

Signature: Donald M. Dyer

Title: Principal

Firm: TON DYER, ARCHITECT

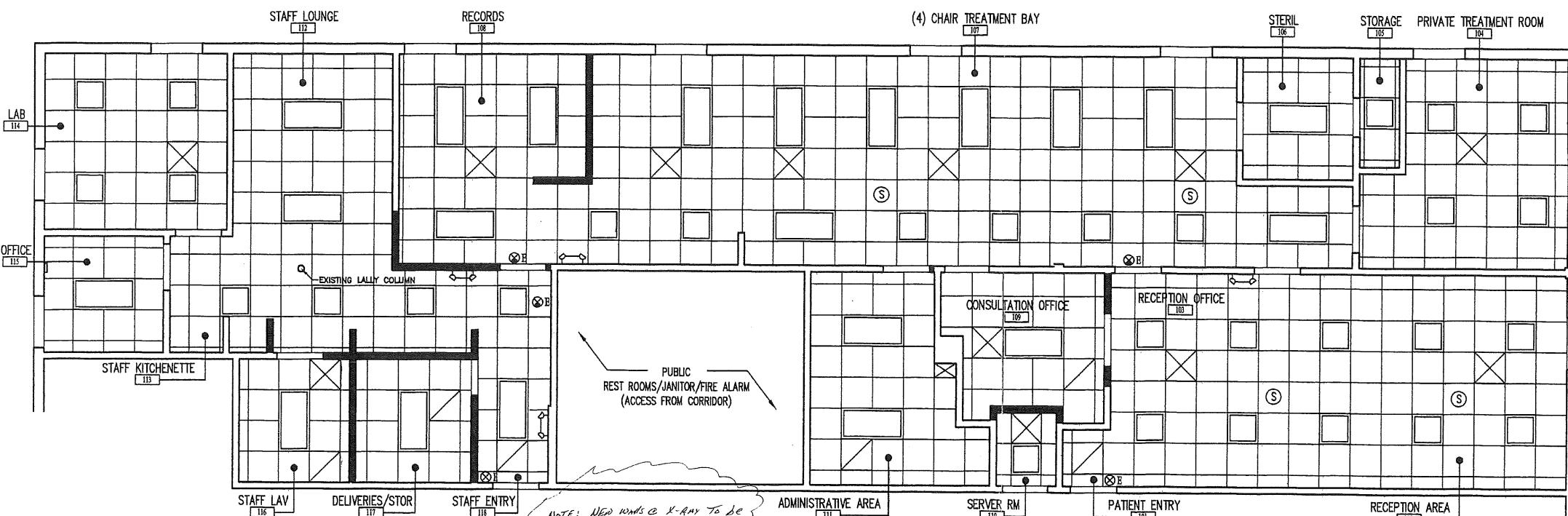
Address: 21 Papoose Lane

Limington, Maine

Phone: 207-423-5371

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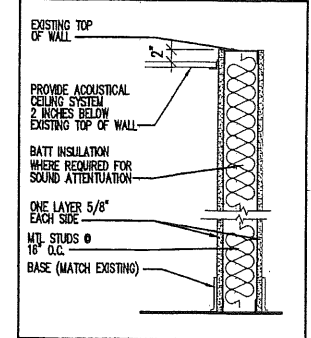
SYSTEMS SYMBOLS LEGEND

- 2' X 4' LAY-IN FLUORESCENT FIXTURE
- 2' X 2' LAY-IN FLUORESCENT FIXTURE
- WALL MOUNTED EMERGENCY LIGHT.
- EXIT LIGHT
- MECHANICAL SUPPLY DIFFUSER
- MECHANICAL RETURN DIFFUSER
- SPEAKER

NOTE: LIGHTING IS FOR REFERENCE ONLY. FINAL LIGHTING LAYOUT AND FIXTURE SELECTION SHALL BE DESIGNED BY ELECTRICAL CONTRACTOR.

GC SHALL COORDINATE WITH OWNER FOR LIGHT SELECTION.

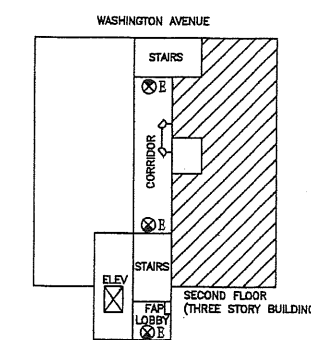
MECHANICAL CONTRACTOR TO MODIFY EXISTING HVAC SYSTEM TO MEET REQUIREMENTS OF NEW PLAN LAYOUT AND SPACE USAGE.



3 WALL TYPE
NOT TO SCALE

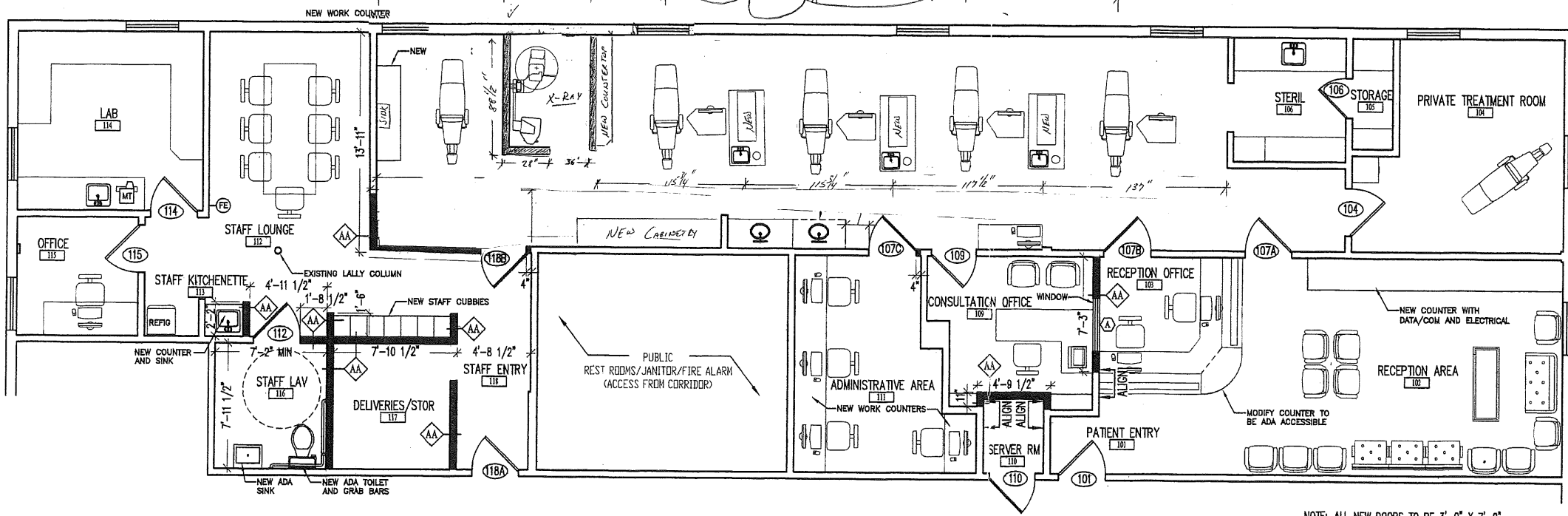
LEGEND

- NEW WALLS



KEY PLAN
NOT TO SCALE

2 REFLECTED CEILING PLAN
SCALE: 1/4" = 1'-0"



1 PROPOSED FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE: New walls @ X-RAY to be 2x4 framing w/ 1/2" drywall each side, unless directed otherwise.
12/21/12
per Bob Turner
steel studs

NOTE: MECHANICAL CONTRACTOR TO PROVIDE CONDITIONED AIR TO OFFSET HEAT GAIN OF SERVER/COMPUTER EQUIPMENT

NOTE: ALL NEW DOORS TO BE 3'-0" X 7'-0".

ISSUED: 06/04/12 INITIAL MEETING WITH PORTLAND CODE ENFORCEMENT
07/10/12 REVISIONS PER OWNERS REQUEST

DRAWN BY: BUB
CHECKED BY: DMD
DATE: JULY 10, 2012
SCALE: AS SHOWN
JOB NUMBER:

MAINE ORTHODONTICS
1321 WASHINGTON AVE
PORTLAND, ME 04103

Don Dyer, Architect
Maine Registered Architect
PO Box 191
Limaington, ME 04049
Phone: 207-423-5371
dde@maine.rr.com

TITLE:
PROPOSED FLOOR PLAN & REFLECTED CEILING PLAN

SHEET NO.

A2

2 of 2

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City of Portland Maine

minor revision