

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080460

PERMIT ISSUED

JUN - 6 2008

This is to certify that PRESUMPCOT STREET PROPERTIES LLC/Reagan & Company

has permission to Interior Tenant Fit-up.

AT 125 PRESUMPCOT ST

L 425 A002001

provided that the person or persons who are responsible for accepting 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.

ification of inspection must be
 when and when permission proceed
 before this building or part thereof is
 shed or service closed-in 4
 YOUR NOTICE REQUIRED

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

OTHER REQUIRED APPROVALS

Fire Dept. Area Class

Health Dept. _____

Appeal Board _____

Other _____

Department Name

James Bond 6/5/08
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

| PROPERTY ADDRESS | |
|---|--|
| Town or Plantation | Portland |
| Street Subdivision Lot # | 125 Presumpscot St |
| PROPERTY OWNERS NAME | |
| Presumpscot Street Property LLC | |
| Applicant Name: | Steve C. 19220 Pinsky Ave |
| Mailing Address of Owner/Applicant (If Different) | 17 Burnham Rd Scarborough, ME 04074 |

08-0460

| | |
|---|--|
| PORTLAND Date Permit Issued: 6/23/08 | PERMIT # 10674 STATE COPY |
| Local Plumbing Inspector Signature: [Signature] | \$ 1166 <input type="checkbox"/> If Double Fee Charged |
| | L.P.I. # 110109 |

425 A2

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 Inspectors to deny a Permit.

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

| PERMIT INFORMATION | | |
|---|--|---|
| This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Commercial</u> | Plumbing To Be Installed By: 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>7844</u> |

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Type of Fixture | | Column 1 Type of Fixture | |
|--|-----------------------------|--|-----------------------------|------------------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebib / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 2 | Sink |
| | | Drinking Fountain | 4 | Wash Basin |
| OR TRANSFER FEE [\$6.00] | | Indirect Waste | 4 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 10 | Fixtures (Subtotal) Column 1 |
| | | | 10 | Fixtures (Subtotal) Column 2 |
| | | | | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

660 / 1160

City of Portland, Maine - Building or Use Permit Application

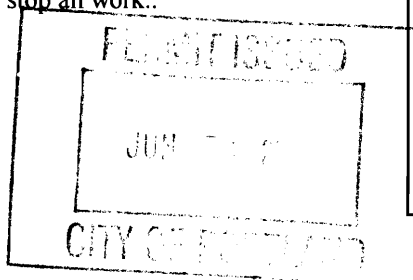
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 08-0460 | Issue Date: | CBL: 425 A002001 |
|-----------------------|-------------|---------------------|

| | | | |
|---|---|---|----------------------|
| Location of Construction: 125 PRESUMPSCOT ST | Owner Name: PRESUMPSCOT STREET PROPE | Owner Address: PO BOX 403 | Phone: |
| Business Name: | Contractor Name: Reagan & Company | Contractor Address: 106 Merrill Rd. Gray | Phone: 2076536353 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: I-161 |

| | | | | |
|--|---|--|---|--------------------|
| Past Use: Commercial - Manufacturing | Proposed Use: Commercial - Pediatric Development Center/ Interior Tenant Fit-up. <i>legal use: Professional Offices</i> | Permit Fee: \$2,345.00 | Cost of Work: \$225,000.00 | CEO District: 4 |
| Proposed Project Description: Interior Tenant Fit-up. | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: B Type: S IBC-2003 | |
| | | Signature: <i>C. Cross</i> | Signature: <i>JMB 6/5/08</i> | |
| 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: lmd | Date Applied For: 05/01/2008 | Zoning Approval | | |
|-------------------------|---------------------------------|------------------------|--|--|

| | | | |
|---|---|---|--|
| <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"/> MM <input type="checkbox"/> Date: _____ | 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: _____ |
| |  | | |

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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

 X Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.

NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

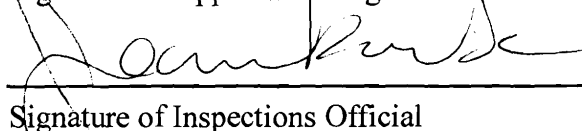
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

6/6/08
Date



Signature of Inspections Official

6/5/08
Date

City of Portland, Maine - Building or Use Permit

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

| | | |
|------------------------------|--|----------------------------|
| Permit No: 08-0460 | Date Applied For: 05/01/2008 | CBL: 425 A002001 |
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| | | | |
|---|---|--|--------------------------------|
| Location of Construction: 125 PRESUMPCOT ST | Owner Name: PRESUMPCOT STREET PROPE | Owner Address: PO BOX 403 | Phone: |
| Business Name: | Contractor Name: Reagan & Company | Contractor Address: 106 Merrill Rd. Gray | Phone (207) 653-6353 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | |

| | |
|--|---|
| Proposed Use: Commercial - Pediatric Development Center/ Interior Tenant Fit-up. | Proposed Project Description: Interior Tenant Fit-up. |
|--|---|

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 05/09/2008
Note: **Ok to Issue:**

- 1) This property shall remain a professional office. 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:** 06/05/2008
Note: **Ok to Issue:**

- 1) This adjacent vacant space will need a separate permit and approval for occupancy
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 3) 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:** 05/09/2008
Note: **Ok to Issue:**

- 1) Emergency lights are required to be tested at the electrical panel.
- 2) Walls in structure are to be labeled according to fire resistance rating.
IE; 1 hr. / 2 hr. / smokeproof.
- 3) Fire extinguishers required. Installation per NFPA 10
- 4) Emergency lights and exit signs are required
- 5) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 6) A single source supplier should be used for all through penetrations.
- 7) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance

Comments:
6/2/2008-jmb: Left voicemail with Earle R. For details on the demising wall and adjacent use, suite #, bathroom count which looks ok based on actual number of staff and clients.

| | | |
|---|-------------------------------------|--|
| Name: SCOT ST | Owner Name: PRESUMPCOT STREET PROPE | Owner Address: PO BOX 403 |
| Lessee/Buyer's Name | Contractor Name: Reagan & Company | Contractor Address: 106 Merrill Rd. Gray |
| 6/3/2008-jmb: Earle called back to confirm it is a demising wall, he thinks they are trying to emailed Mark G. At Cubellis for revised wall type detail. Bathroom count is ok | Phone: | Permit Type: Alterations - COMM |
| 6/5/2008-jmb: Received revision of fire rated wall type C from architect, ok to issue | | |