

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

Permit No: 02-0053	Issue Date: FEB 5 2002	CBL: 434 C001001
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Location of Construction: 331 Veranda St	Owner Name: Penobscot Bay Medical	Owner Address: Po Box 9746	Phone:
Business Name: n/a	Contractor Name: LedgeWood Inc. <i>Clint Gendreau</i>	Contractor Address: PO Box 8107 Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	767-1866	Permit Type: Alterations - Commercial
			Zone: <i>R-2</i>

Past Use: Health Care	Proposed Use: Health Care / Interior renovations of nurse station. Relocate walls. New and relocated case work.	Permit Fee: \$114.00	Cost of Work: \$12,150.00	CEO District: 2
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Proposed Project Description: Interior Renovations	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type:
	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: <i>[Signature]</i> Date:		

Permit Taken By: gg	Date Applied For: 01/18/2002	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 type="checkbox"/> MM <input type="checkbox"/>	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	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: <i>OK 1/29/02</i>	Date: <i>[Signature]</i>	Date: <i>[Signature]</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 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



Ledgewood Inc PO Box 8107, Portland ME 04104 (207)767-1866 Fax (207)767-1869

FAX COVER SHEET

Date: February 5, 2002

Please deliver the following pages to:

Name: Tammy Munson

Firm: City of Portland

Address: _____

RE: 331 Veranda Street

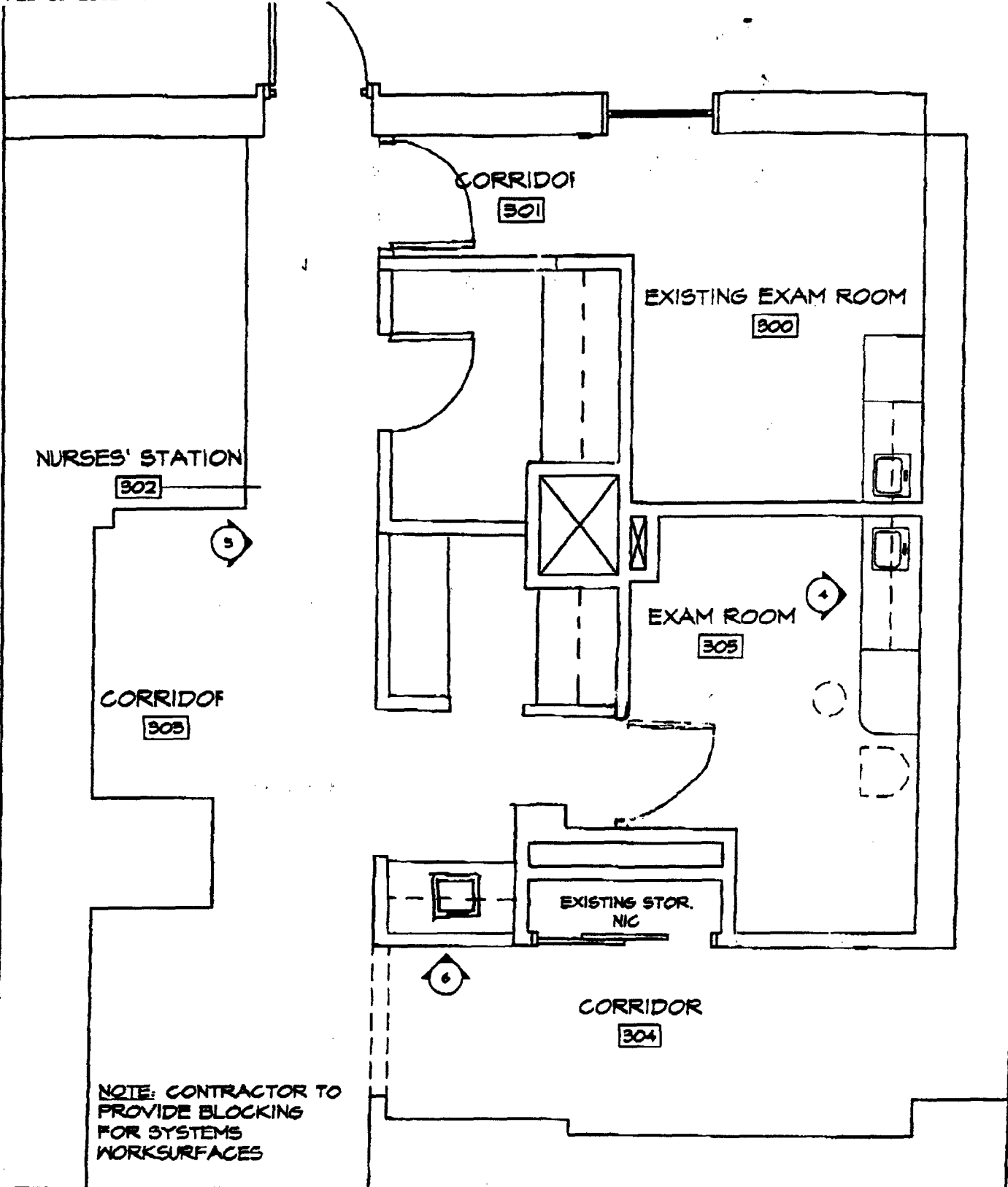
Fax number: 874-8716 **Total pages sent:** 3

From: Clint Gendreau

Comments:

Tammy,

The following two sheets show existing and proposed minor renovations to Martin's Point Health Care, 3rd Floor, 331 Veranda Street. There are no structural renovations and only minor plumbing and electrical. Please call if you have any questions, I can be reached at the office 767-1866, or on my cell phone 415-7992. I can pickup the permit when it is available. Thanks.



49 DARTMOUTH STREET
 PORTLAND, ME 04101
 207 775-1059
 207 775-2696 FAX

ARCHITECTURE
 INTERIOR DESIGN
 PLANNING

PDT ARCHITECTS

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MARTIN'S POINT HEALTH CARE
 PORTLAND, MAINE

TITLE
 FLOOR PLAN
 EXISTING

JOB # 01-094
 DATE DECEMBER 14, 2001
 SCALE 1/4" = 1'-0"

SHEET

CORRIDOR

301

EXISTING EXAM ROOM

300

NURSES' STATION

302

SLIDING WINDOW

5'-6"

2'-8"

45°
SYSTEMS WORKSURFACES BY OWNER

0"

4'-0"

CORRIDOR

303

SLIDING WINDOW

0"

5'-6"

45°
SYSTEMS WORKSURFACES BY OWNER

EXAM ROOM

305

RELOCATED
FEC

EXISTING STOR.
NIC

CORRIDOR

304

NOTE: CONTRACTOR TO
PROVIDE BLOCKING
FOR SYSTEMS
WORKSURFACES

PDT ARCHITECTS
ARCHITECTURE
INTERIOR DESIGN
PLANNING

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MARTIN'S POINT HEALTH CARE
PORTLAND, MAINE

TITLE
FLOOR PLAN
RENOVATION

JOB # 01-014
DATE DECEMBER 19, 2001
SCALE 1/4" = 1'-0"

SHEET
A1

04 0053

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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 (include Portion of Building): MARTIN POINT, 331 VERANDA ST, 3RD FLOOR CLINIC BLDG			
Total Square Footage of Proposed Structure EXISTING		Square Footage of Lot EXISTING	
Tax Assessor's Chart, Block & Lot Number Chart# 434 Block# C Lot# 001		Owner: MARTIN'S POINT HEALTHCARE	Telephone#:
Owner's Address: 331 VERANDA ST		Lessee/Buyer's Name (If Applicable)	Cost Of Work: \$ 12,150 Fee \$ 102
Proposed Project Description:(Please be as specific as possible) INTERIOR RENO OF NURSE STATION NO STRUCTURAL, RELOCATE WALLS, ELEC. + PLUMBING, NEW AND RELOCATED CASEWORK			
Contractor's Name, Address & Telephone		Rec'd By	
LEDGEWOOD INC, ATTN: CLINT GENDREAU P.O. BOX 8107, PORTLAND, ME 04104		COLO 767 1866	
Current Use:		Proposed Use: SAME	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

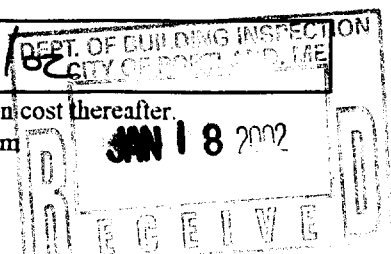
Certification

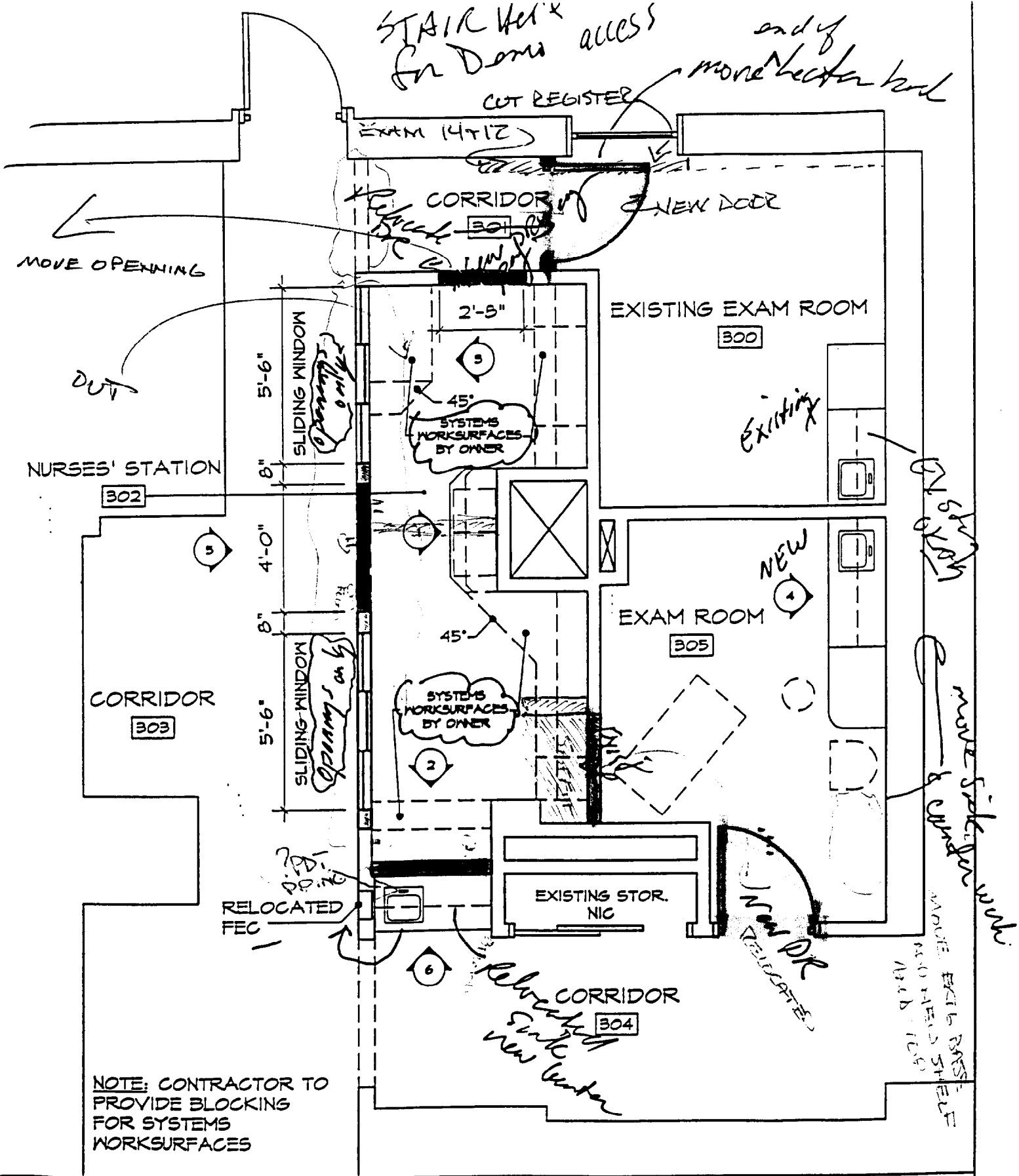
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Signature of applicant: 	Date: 1/17/02	DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME
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Building Permit Fee: \$30.00 for the 1st \$1000. cost plus \$6.00 per \$1,000.00 construction cost thereafter.

Additional Site review and related fees are attached on a separate addendum



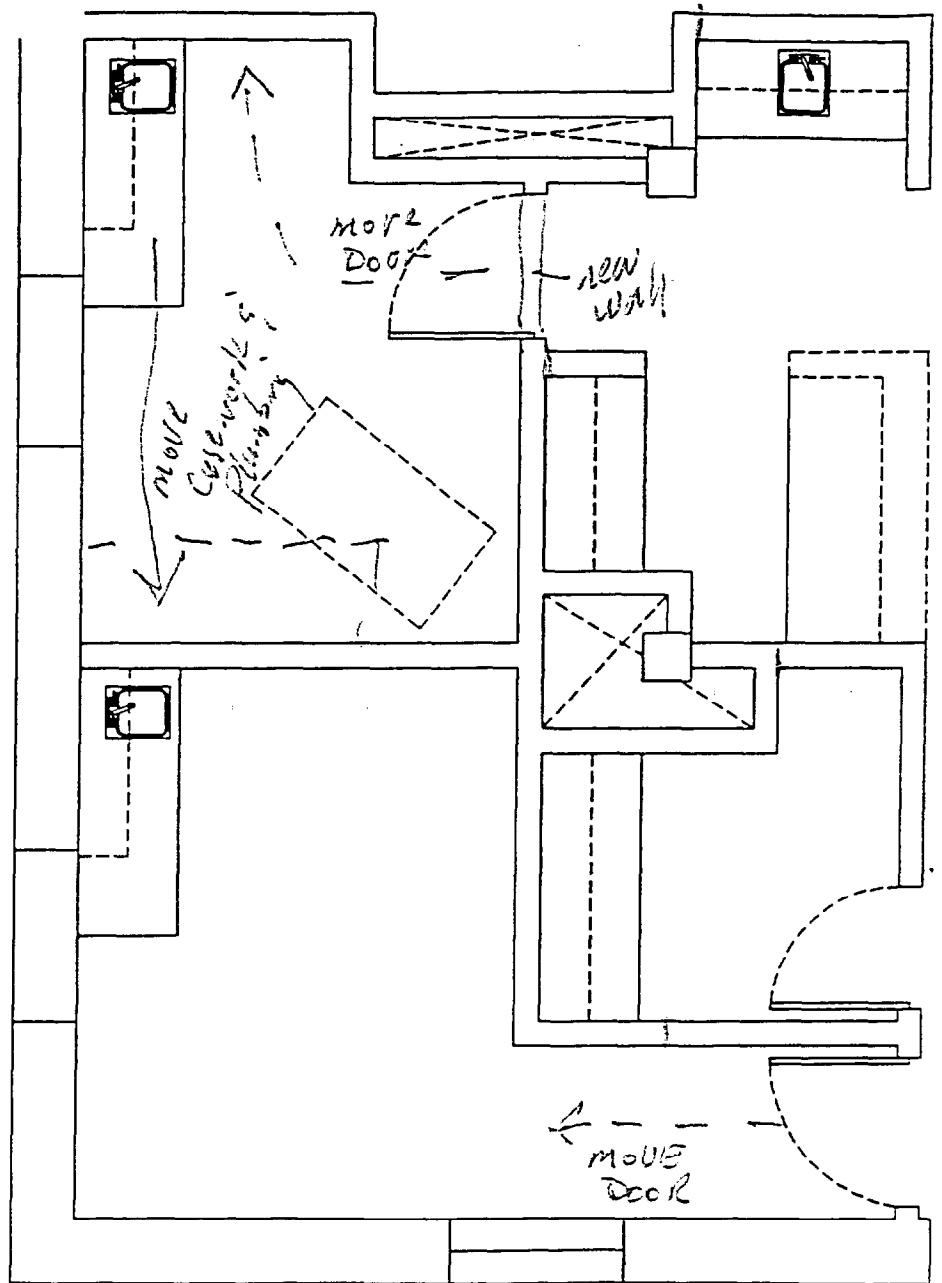


PDT ARCHITECTS
 ARCHITECTURE
 INTERIOR DESIGN
 PLANNING

49 DARTMOUTH STREET
 PORTLAND, ME 04101
 207 775-1059
 227 775-2694 FAX

MARTIN'S POINT HEALTH CARE PORTLAND, MAINE		
TITLE FLOOR PLAN	JOB # 01-094	SHEET A1
	DATE DECEMBER 19, 2001	
	SCALE 1/4" = 1'-0"	

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EXISTING FLOOR PLAN AS OF 06-19-01

General Note:

Any and all plans, drawings, presentations and/or sketches are provided by enCAD, inc. d.b.a SPACES design studio based upon studio is a registered engineer, architect or surveyor. All drawings, dimensions, specifications, ADA requirements, and Life Safety are not verified prior to construction, SPACES design studio and its employees shall be held harmless, and shall assume no liability.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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

RMK **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

N/A **Footing/Building Location Inspection:** Prior to pouring concrete

N/A **Re-Bar Schedule Inspection:** Prior to pouring concrete

N/A **Foundation Inspection:** Prior to placing ANY backfill

RMK **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

RMK **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

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

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

R. M. Kury
Signature of applicant/designee

2-7-02
Date

[Signature]
Signature of Inspections Official

2/7/02
Date

CBL: 434-C-001 Building Permit #: 020053