

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

BUILDING INSPECTION

PERMIT

Permit Number: 0131006  
AUG 23 2006

RECEIVED

Please Read Application And Notes, If Any, Attached

This is to certify that CITY OF PORTLAND /Ledwood Inc.

has permission to Renovations to the Marine Hospital

AT 309 VERANDA ST

434 C005001

provided that the person or persons performing or 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 procedure before this building or part thereof is loaded or services closed-in. 4 HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*AW Cray* 8/23/06  
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: 06-1116	Issue Date: AUG 23 2006	DEPARTMENT OF PERMITTING & REGULATION CITY OF PORTLAND, ME 4347 C005001
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Location of Construction: 309 VERANDA ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone: 4347 C005001
Business Name:	Contractor Name: Ledgewood Inc.	Contractor Address: PO Box 8107 Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: School Department Admin Offices	Proposed Use: Phase 1 Martins Point Health Offices	Permit Fee:	Cost of Work: \$0.00	CEO District: 4
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**Proposed Project Description:**  
Renovations to the Marine Hospital

<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: 3 Type: 3B 8/23/06 Signature: <i>[Signature]</i>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: mjn	Date Applied For: 07/28/2006	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <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:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input 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

11/29/06 - Checked plumbing for 3 floors in front -  
 Tests on holdens - all OK - JMM

Appointment Date Between 1/1/2000 And 7/13/2008

Dist. #	Sch. Date:	ParcelNo:	Appl. Type	Schedule Type	Appl #:	Location
Fire Insp. Contact:			Inspector	Comments		
4	07/14/2006	434 C005001	Building Permit	Pre-Demolition Inspection	06-0669	309 VERANDA ST
CITY OF PORTLAND			Tammy Munson	Please call Scott @ 767-1866 to arrange for a time certain.		
Ledgewood Inc.						
(207) 767-1866						
4	08/21/2006	434 C005001	Electrical Permit Comme	Electrical Service	2006-4733	309 VERANDA ST
CITY OF PORTLAND			Michael Collins	This is a reschedule from a reschedule E-mailed CMP that MC was out sick and that we would inspect at a later date		
4	11/29/2006	434 C005001	Plumbing	Inspection	2006-8312	309 VERANDA ST
CITY OF PORTLAND			Tom Markley	In wall plb.		
4	12/20/2006	434 C005001	Electrical Permit Reside	Electrical Service	2006-4733	309 VERANDA ST
CITY OF PORTLAND			Michael Collins	New service lateral. Cell # 318-2289. WN# 3-00170894 CMP# 441-006-0422-012.		
Chris Corrow						
4	03/15/2007	434 C005001	Building Permit	Close-in/Elec./Plmb./Framing	06-1116	309 VERANDA ST
CITY OF PORTLAND			Tammy Munson	framing only Steve Clark 632-5779		
Ledgewood Inc.						
(207) 767-1866						
(207) 767-1866						
4	05/02/2007	434 C005001	Electrical Permit Comme	Electrical Only	2006-4733	309 VERANDA ST
MARTIN'S POINT HEALTH			Michael Collins	Electrical only explained we like to do it all at once said he needs electric only - 318-2289 Chris		
4	05/25/2007	434 C005001	Building Permit	Electrical Only	06-1116	309 VERANDA ST
CITY OF PORTLAND			Michael Collins	Above ceiling flooding flood out with tile - 632-5779 Steve 1st & 2nd floor		
4	04/01/2008	434 C005001	Complaint	Construction Activity	01-1577	309 VERANDA ST
MARTIN'S POINT HEALTH			Mike Menario	Check the progress of the building construction may be working either beyond the scope of permit or building with out permit		
4	04/04/2008	434 C005001	Building Permit	Close-in/Elec./Plmb./Framing	06-1116	309 VERANDA ST
MARTIN'S POINT HEALTH			Michael Collins	Close-in inspection. See Dan DiMatteo/Ledgewood		
			Mike Menario			

Total Listed: 9

4-2-08 Review permits + schedule elec + plumb. → 4-4-08  
 4-4-08 OK rough-in 3rd floor by Euy  
 4-18-08 Pre-inspection for CO, note need better for test fire alarm disturbance to be per code and control, trip hazards, secure light fixtures  
 5-6-08 Working on site app. (Phil) by Euy  
 5-12-08 CO approved. by Euy



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 309 VERANDA ST

CBL 434 C005001

Issued to CITY OF PORTLAND /Ledgewood Inc.

Date of Issue 05/12/2008

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1116 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

3rd floor-commercial office space  
Use Group-B Type-3B  
IBC 2003

**Limiting Conditions:** Phaze II floors 1st and 2nd tenant fit-up  
Separate permits needed

This certificate supersedes  
certificate issued

Approved:

5-12-08  
.....  
(Date) Inspector

.....  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

## 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.

*Thomas R. Moulton* 9/12/06  
Signature of Owner/Applicant Date

Thomas R. Moulton - 83120749

PORTLAND PERMIT # 10015 TOWN COPY

Date Permit Issued: 9/12/06 \$ 1216 FEE Charged  Double Fee

*Thomas R. Moulton* L.P.I. # 017189  
Local Plumbing Inspector Signature

431-C-5

## 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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 # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.	1	Hosebibb / Sillcock		Bathtub (and Shower)
	3	Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Urinal		Sink
		Drinking Fountain		Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]	6	Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
	1	Other: _____	1	Water Heater
	13	Fixtures (Subtotal) Column 2	21	Fixtures (Subtotal) Column 1
			25	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>