		ns - 12 4 24	. Pe	rmit No:		BERM	IT ISS	UED.		
City of Portland, Maine -			anon	06-10	OR		grand metalographic or agranda	43	C01	0001
389 Congress Street, 04101		, Fax: (207) 67		r Address		JUL.	2 4 7	Phone		
	otton of Construction: Owner Name:			Veranda	1	"	, ,,,	1 11011	•	
Business Name:	31 R Veranda St R Cerebral Palsy Assoc Of Greater usiness Name: Contractor Name:							Phone	<u> </u>	<u> </u>
Business ivame;	Zachau Constr		PO	Box 1185	USI	Collegone	Freeport	JAWL) 	
Lessee/Buyer's Name	Phone:		Perm	t Type:						Zone:
			Alte	erations -						15.5
Past Use:	Proposed Use:		Perm	it Fee:	- 1	Cost of Wor		EO Distr	ict:	
Educational Treatment Center		rior renovations		\$100.	1		00.00	4	·····	
including School, day care, and admin. Offices			FIRE	Approved 116			1	SPECTION; se Group: Type: 38		
admin, Offices			•			Denicd	030 0100	Ψ.Κ.	/	
								7/25	4/0	D6
Proposed Project Description:							ĺ		1 N	
Interior renovations			Signa	iture: 6-6	ea	Coss	Signature		u)(lus
			PEDI	ESTRIAN	ACTIV	ITIES DIS	FRICT (P.	A.D.)	7	$\overline{}$
			Actio	on: [] A	Approve	ed [Ap	proved w/C	onditions		Denied
			Signs	ature:			I	Date:		
Permit Taken By:	Date Applied For:			Z 01	ing	Approva	al			·····
dmartin	07/07/2006				B				,	
1. This permit application does	es not preclude the	Special Zone	r Reviews		Zonin	g Appeal		Histori	c Pres	ervation
Applicant(s) from meeting Federal Rules.	applicable State and	Shoreland		V	ariance			Not in	Distric	t or Landma
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Review			
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		Flood Zone	Conditional Use		[Requires Review				
		Subdivision		☐ In	terpreta	ation		Appro	ved	
-		Site Plan		☐ A ₁	pprove	i] [Appro	ved w/0	Conditions
		Maj [] Minor[_ MM □	D D	enied		(_ Deniec	1	\supset
		OKNA	(CO) M	Date			Dat	e.		
		Date: ~ C	-71(3) 6	Date:		4 -, , , , , , , , , , , , , , , , , , , 	Dat			
I hereby certify that I am the ow I have been authorized by the ov jurisdiction. In addition, if a per shall have the authority to enter such permit.	vner to make this appl rmit for work describe	amed property, o ication as his aut d in the applicat	horized ager on is issued	nt and I a , I certify	gree to that t	to conform the code of	ı to all ap; fficial's aı	plicable ithorize	laws d repr	of this esentative
SIGNATURE OF APPLICANT		A	DDRESS			DAT	E		PHC	ONE
DESPONSIBLE BEDSON IN CHAPG	E OF WORK TITLE	44-yersenperson on the second of the second				DAT	E	· · · · · · · · · · · · · · · · · · ·	PHC	NE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

	ON PRINCIPAL FRON	TAGE OF WORK
Please Read Application And Notes, If Any, Attached	OF PORTLAN PERMIN	Permit Number 10610684 2006
This is to certify that Cerebral Palsy Assoc Of Green has permission to Interior renovations	/Zachau Construction, Inc.	CITY OF PORTLAND
AT 331 R Veranda St R		C010001
provided that the person or persons of the provisions of the Statutes of the construction, maintenance and utility this department.	ine and of the carrances o	this permit shall comply with all f the City of Portland regulating , and of the application on file in
Apply to Public Works for street line g	fication inspet in must be and with an error of the first ding or to the first ding or the first ding or to the fi	A certificate of occupancy must be

such information.

ed or community osed-in. JR NOTICE IS REQUIRED.

must be ared by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. __ Appeal Board Other ____ Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716			06-1008	07/07/2006	434 C010001
Location of Construction:	Owner Name:				Phone:
331 R Veranda St R	Cerebral Palsy Assoc (Of Greater	331 Veranda St		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Zachau Construction, I	Inc.	PO Box 1185 US I	Route One Freeport	
Lessee/Buyer's Name	Phone:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Permit Type:	, , , , , , , , , , , , , , , , , , ,	
			Alterations - Com	mercial	
Proposed Use:		Propose	d Project Description:		The state of the s
same use - interior renovati	ons		r renovations		
Dept: Zoning	Status: Approved with Conditions	s Reviewer:	Marge Schmucka	l Approval Da	ite: 07/13/2006
Note:			· ·		Ok to Issue: 🔽
 This permit is being app work. It is understood the 	roved on the basis of plans submit at alterations are interior only.	ted. Any deviat	ions shall require a		
2) This is not a change of t	se permit.				
Dept: Building S	tatus: Approved with Conditions	Reviewer:	Mike Nugent	Approval Da	te: 07/24/2006
Note:					Ok to Issue: 🔽
1) No change in use or occ	apant load, simply a rearrangemen	t of the space.			
		-	" 1 : - OI	. T. f.d. IDG	
a) in how micros doors to	at penetrate the rated hallways mu	si de me doors	as required in Ch	apter / of the IBC.	
Dept: Fire S	tatus: Approved	Reviewer:	Cptn Greg Cass	Approval Da	te: 07/19/2006
Note:			1 6		Ok to Issue:
				`	N 10 1920C; (F)

Comments:

7/21/2006-mjn: meeting w/ applicant on Monday 7/24./06

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1

Parcel ID 434 C010001 Location VERANDA ST R

Land Use BENEVOLENT & CHARITABLE

Owner Address CEREBRAL PALSY ASSOC OF GREATER PORTLAND

331 VERANDA ST PORTLAND ME 04103

Book/Page 7138/247 Legal 434-C-10

VERANDA ST REAR UPLAND 40305 SF FLATS 3045 SF

Current Assessed Valuation For Fiscal Year 2006

Land Building Total \$47,780 \$511,350 \$559,130

Estimated Assessed Valuation For Fiscal Year 2007*

Land Building Total \$145,800 \$665,200 \$811,000

* Value subject to change based upon review of property status as of 4/1/06. The tax rate will be determined by City Council in May 2006.

Building Information

Bldg # Year Built # Units Bldg Sq. Ft. Identical Units

1 1935 1 9362 1

Total Acres Total Buildings Sq. Ft. Structure Type Building Name
0.995 9362 SCHOOL CEREBRAL PAL, SCHOOL

Exterior/Interior Information

Section	Levels	Size	Use
1	B1/B1	2006	MULTI-USE STORAGE
1	01/01	5146	SCHOOL
1	02/02	2210	SCHOOL

Height	Walls	Heating	A/C
7		NONE	NONE
12	BRK/CONC BLK	HW/STEAM	NONE
10	BRICK/STONE	HW/STEAM	NONE
		NONE	NONE

Building Other Features

•		
Line	Structure Type	Identical Units
2	PORCH - OPEN	1
2	PORCH - COVERED	1
2	PORCH - ENCL	1
2	GREENHOUSE AVG	1
		1





CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 331 Veranda 8:

Issued to . Cerebal Palsy Center

Date of Issue 23 Sept 194

Olyto to to tertify that the building, premises, or past thereof, at the above location, built-altered —changed as to use under Building Permit No. 94/0384, 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 PARMISES

APPROVED OCCUPANCY

Entira

Umiting Conditions:

Education Treatment Center

This certificate supersedes certificate issued

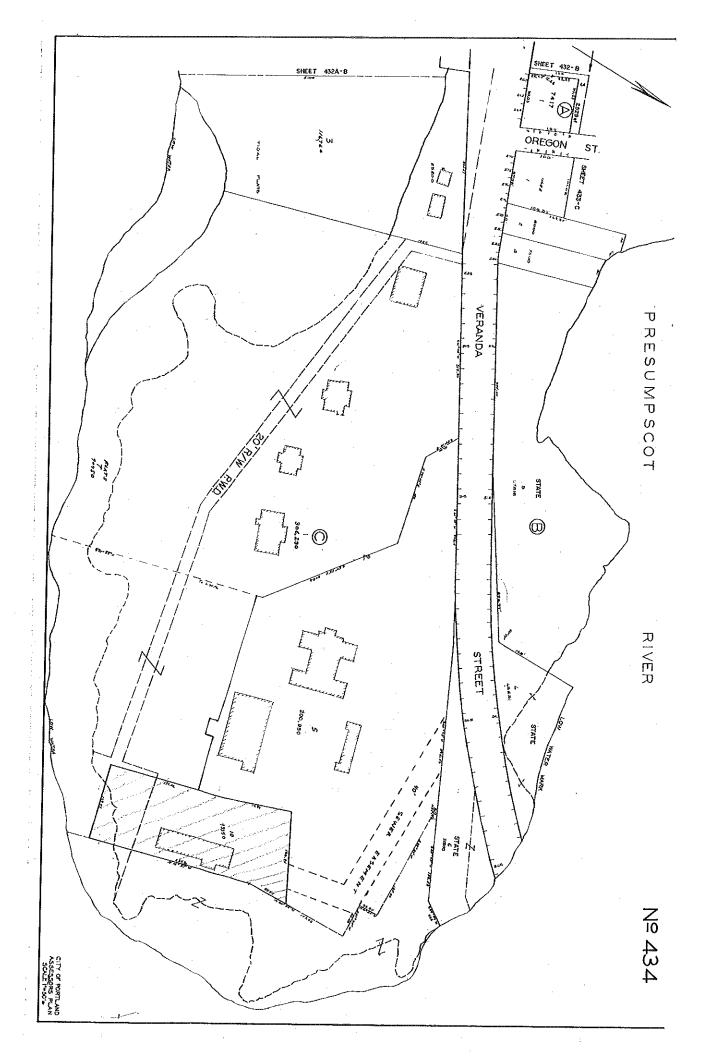
Approved:

25/19/

Inspector

May Schmueld Pypector 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 lesses for one dollar.



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.

property within the City, payment arrai	igenients into to many
Location/Address of Construction: 37/1	Veranda Street Portland
Total Square Footage of Proposed Structure	Square Poolage of Lot
11,895	196 acre
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Morrison Developmental (exter) (exter)
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Cost Of Morris ONI Developmental Columbia Work: \$ 8, 000
	Partland me 04/03 Fee: \$ 100.00 Cof O Fee: \$
Current Specific use: Reschud	/ Commercial.
Project description: Make a Money Plage Smoke de lectors	ins of 11 feet between 2 rooms close off doors in 2 rooms nistructa fine door -
7 1 M G 1 1 G G A	- 1- 1 NOTV 3
Contractor's name, address & telephone: Z Who should we contact when the permit is rea Mailing address:	each au construction Its
	DEPT. OF BUILDING INSPE CITY OF PORTLAND. I
Failure to do so will result in the auton	natic denial of your permit. Full scope of the project, the Planning and Development Department may see of a permit. For further information visit us on-line at pections office, room 315 City Hall or call 874-8703.
I hereby certify that I am the Owner of record of the na been authorized by the owner to make this application	amed property, or that the owner of record authorizes the proposed work and that I have as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. cation is issued, I certify that the Code Official's authorized representative shall have the reasonable hour to enforce the provisions of the codes applicable to this permit.
Morrison	Date: 7/7/06
evelopmental	2
331 Veranda Street	not commence ANY work until the permit is issued.

Email: <u>mdc1@gwi.net</u>
Phone: (207) 874-1125 Fax: (207) 874-1127

Portland, Me. 04103-5596 Jim DeCamillis Executive Director

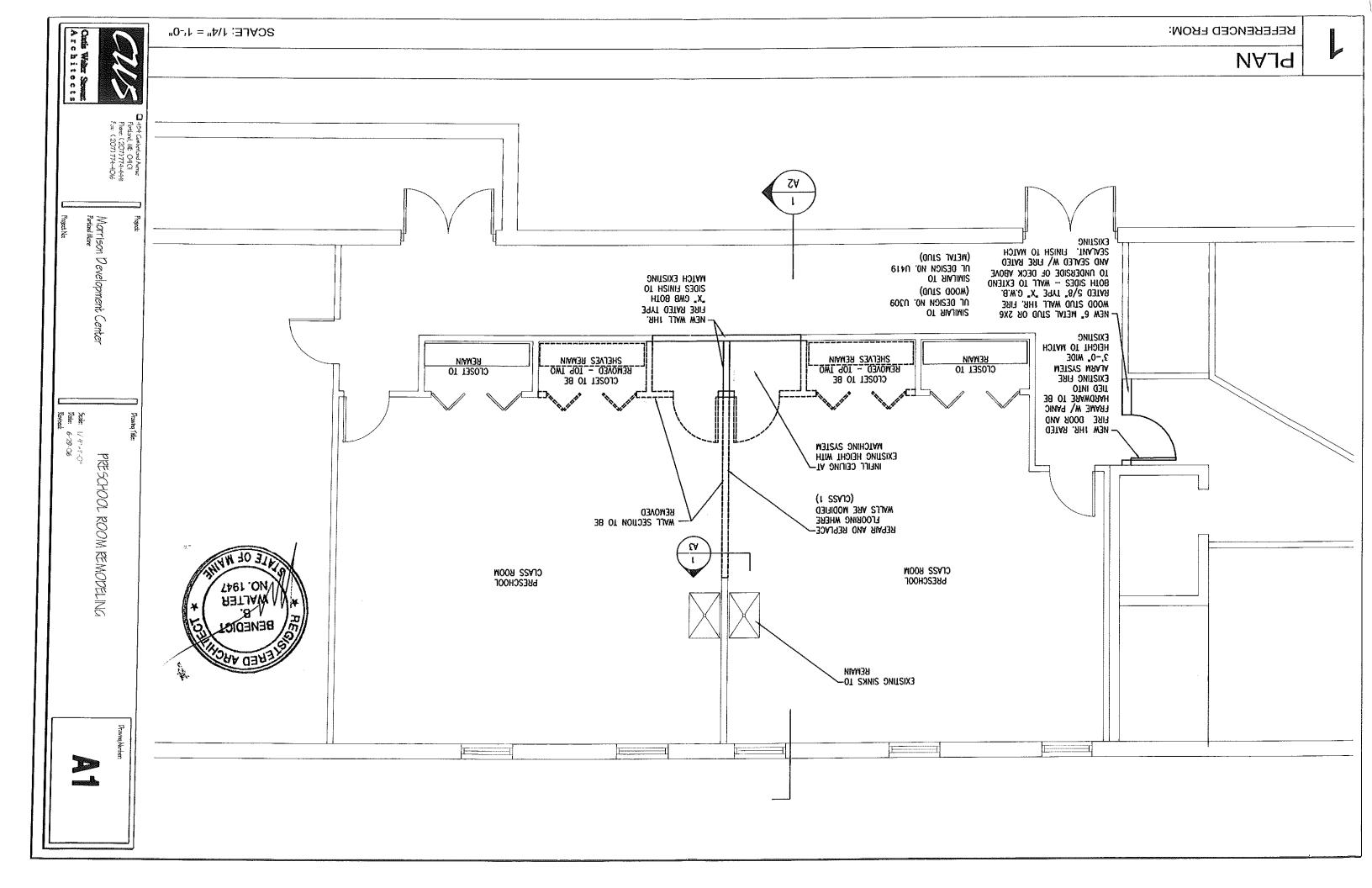
BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

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.

A Pre-construction Meeting will take pla	ce upon receipt of your building permit.
Footing/Building Location Inspec	
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electric	ical: Prior to any insulating or drywalling
Final/Cerdificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
phase, REGARDLESS OF THE NOTICE	Cocupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES.
Signature of Applicant/Designee Signature of Inspections Official CBL: 434 CCO (Building Permit #	Date Date Date Date

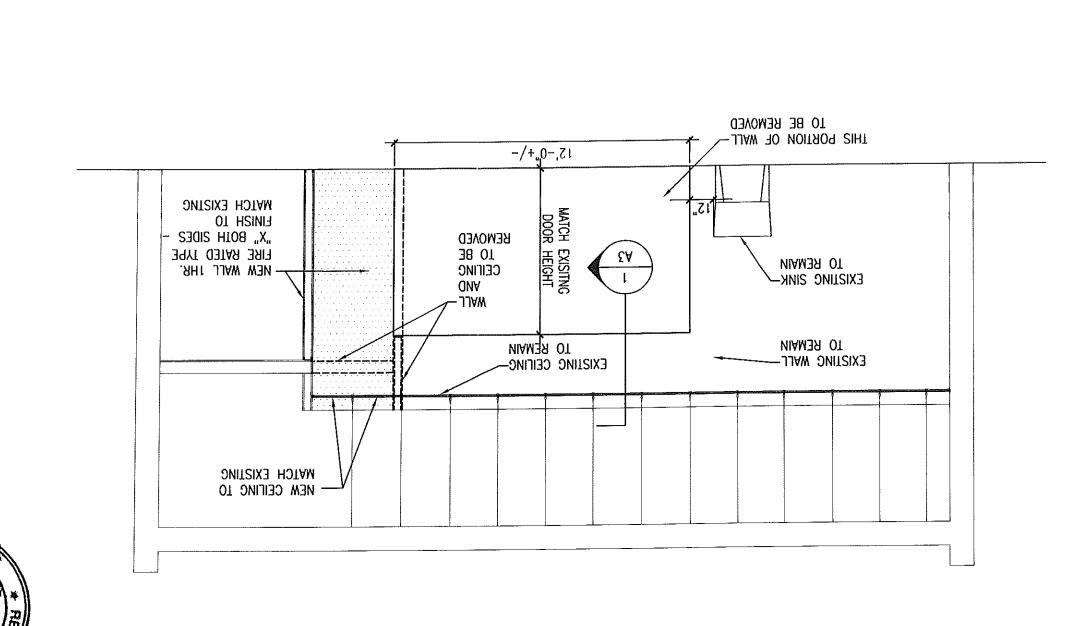




Morrison Development Center

PRESCHOOL ROOM REMODELING

N



EXISITIG WALL WITH NEW OPENING

WITH MATCHING FLOORING (CLASS 1) REPAIR AND REPLACE DISTURBED AREAS EXISTING CEILING HEIGHT EXISTING

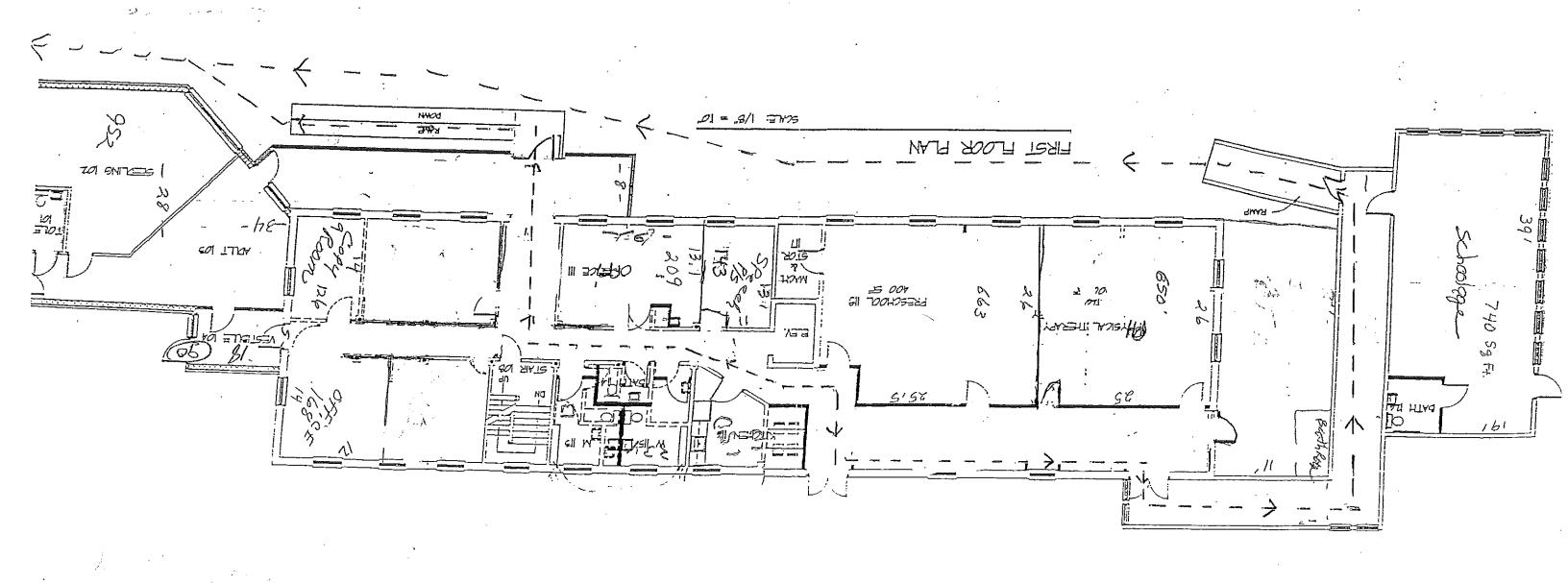
CASED OPENING FINISH TO MATCH

CASED OF HEADER - GWB NEW (2) 2X10 HEADER W/PLYWOOD EXISTING WALL EXTENDS APROX. 8" ABOVE CEILING ADD BRACING TO STRUCTURE ABOVE AS NEEDED



Morrison Development Center Partiand Name

PRESCHOOL ROOM REMODELING



EXISTING