

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED
JUL 24 2006
CITY OF PORTLAND

Permit Number 0410284 2006

Please Read Application And Notes, If Any, Attached

This is to certify that Cerebral Palsy Assoc Of Greater Portland / Zachau Construction, Inc.

has permission to Interior renovations

AT 331 R Veranda St R C 434 C010001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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.

Notification of inspection must be given and when permission procured before this building or part thereof is laid or closed-in. 24 HOUR NOTICE IS 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

[Signature] 7/24/06
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: 06-1008	Issue Date: JUL 24 2006	City: 434 C010001
Owner Address: 331 Veranda St	Contractor Address: PO Box 1185 US Route One Freeport	Zone: R-F

Location of Construction:
331 R Veranda St R

Owner Name:
Cerebral Palsy Assoc Of Greater

Business Name:

Contractor Name:
Zachau Construction, Inc.

Lessee/Buyer's Name

Phone:

Past Use:
Educational Treatment Center including School, day care, and admin. Offices

Proposed Use:
same use - interior renovations

Permit Type:
Alterations - Commercial

Permit Fee: | Cost of Work: CEO District:

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION Use Group: E Type: 3B 7/24/06 Signature: <i>[Signature]</i>
signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: **dmartin** Date Applied For: **07/07/2006**

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1.	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.	<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> 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..	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
	Date: <i>7/13/06</i>	Date: _____	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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1008	Date Applied For: 07/07/2006	CBL: 434 C010001
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Location of Construction: 331 R Veranda St R	Owner Name: Cerebral Palsy Assoc Of Greater	Owner Address: 331 Veranda St	Phone:
Business Name:	Contractor Name: Zachau Construction, Inc.	Contractor Address: PO Box 1185 US Route One Freeport	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: same use - interior renovations	Proposed Project Description: Interior renovations
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Dept: Fire **Status:** Approved **Reviewer:** Cptn Greg Cass **Approval Date:** 07/19/2006
Note: **Ok to Issue:**

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



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.

Total Square Footage of Proposed Structure 11,895		Square Footage of Lot .996 acre	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Morrison Developmental Center	Telephone: 874-1125	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Morrison Developmental Center 331 Veranda Street Portland, ME 04103 874-1125	Cost Of Work: \$ 8,000	Fee: \$ 100.00
Current Specific use: <u>Preschool / Commercial</u>	Proposed Specific use: <u>Preschool</u>		
Project description: <u>make an opening of 11 feet between 2 rooms Place smoke detectors, close off doors in 2 rooms Add door to room, construct a fire door - Add counter top desk + shelves.</u>			
Contractor's name, address & telephone: <u>Zachau Construction 1185 Rte 1 Freeport, Me</u>			
Who should we contact when the permit is ready: <u>Jim DeCamillis</u>			
Mailing address: _____ Phone: <u>874-1125</u>			

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

JUL - 7 2006

RECEIVED

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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.



Date: 7/7/06

Do not commence ANY work until the permit is issued.

Handwritten initials

331 Veranda Street
Portland, Me. 04103-5596
Jim DeCamillis
Executive Director
Email: mdc1@zwi.net
Fax: (207) 874-1127

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 of 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
		NONE	NONE
		NONE	NONE
		NONE	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





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 331 Veranda St

Issued to Cerebral Palsy Center

Date of Issue 23 Sept '94

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. 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 PREMISES

APPROVED OCCUPANCY

Entire

Education Treatment Center

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

23 Sept 1994 *A. Lowe*
(Date) Inspector

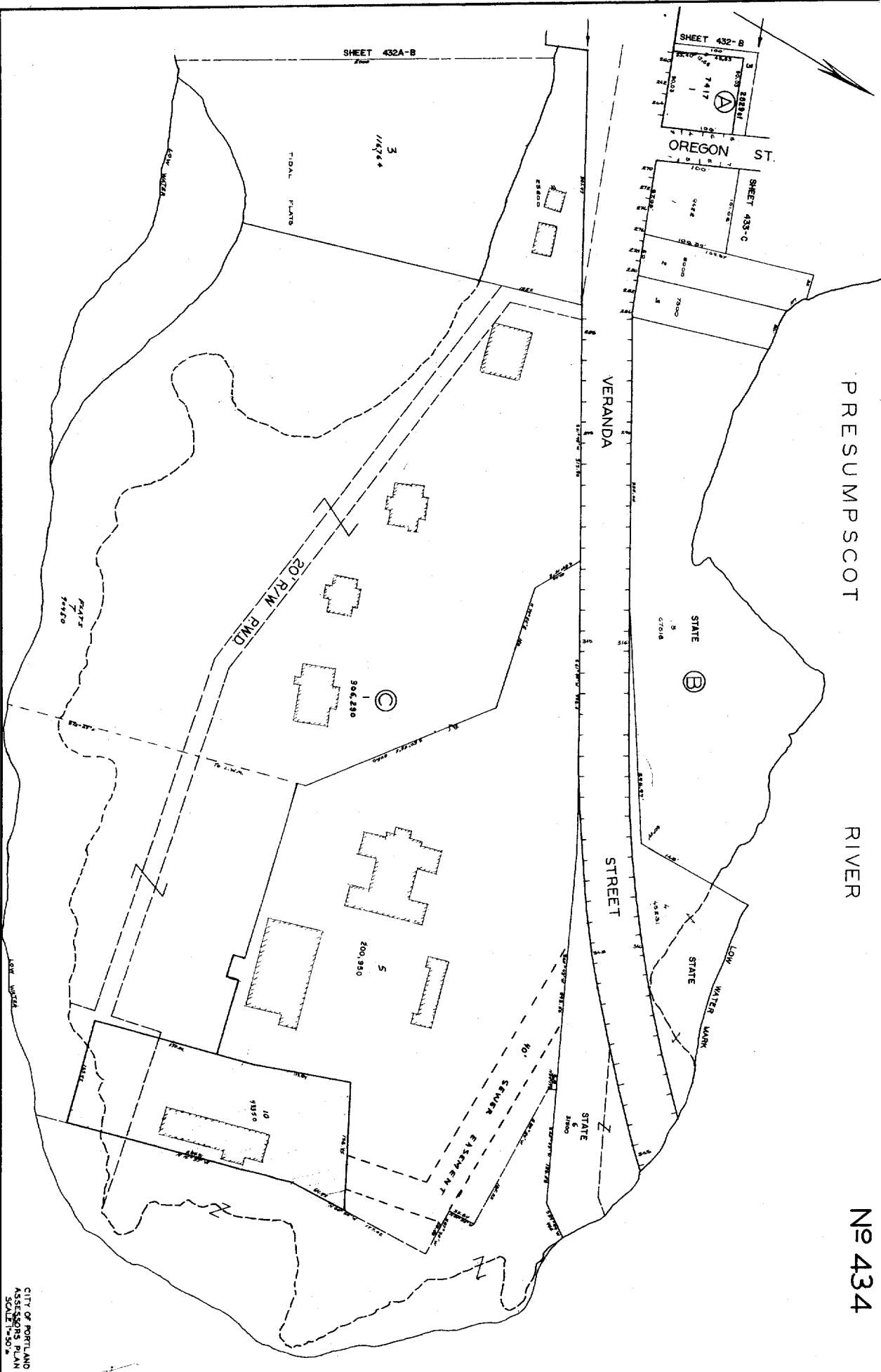
Walter Schmuckel
Inspector of Buildings

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.

PRESUMPTSCOT

RIVER

№ 434



CITY OF PORTLAND
 ASSESSORS PLAN
 SCALE 1"=50'

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 place upon receipt of your building permit.

- Footing/Building Location Inspection; Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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.

~~CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED~~

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL: 434 C001

Building Permit #: 061008

PROPOSED CHANGES @
MORRISON DEVELOPMENTAL CENTER
6/16/06

1. Make an opening of 11 feet in the wall between the preschool classroom and the physical therapy room.
2. Place smoke detectors in each side of classroom.
3. Close off existing doorways on either side of wall.
4. Put door on the opening in proposed **PT/OT** space # 2.
5. Construct counter-top across wall in **PT/OT** space #3.
6. Construct fire door in hallway beside elevator.