

**City of Portland, Maine - Building or Use Permit Application**

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

**PERMIT ISSUED**

Permit No: 02-0131	Issue Date: APR 9 2002	CBL: 437 A001001
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Location of Construction: 1334 Washington Ave	Owner Name: 1334 Washington Avenue	Owner Address: P.O. Box 361	Phone: 207-772-1333
Business Name: n/a <i>Tom McDonald</i>	Contractor Name: n/a	Contractor Address: n/a Portland	Phone/FAX: 871-1288
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use - Commercial	Zone: <i>R-P</i>

Past Use: Commercial / Dental Office, part daycare.	Proposed Use: Commercial / Change of use; from dental office, day care to 293 +- sq. ft dental office expansion.	Permit Fee: \$233.00	Cost of Work: \$29,300.00	CEO District: 3
Proposed Project Description: Change of Use; from day care to 293+_ sq. ft. dental office expansion.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>BOCA 1999</i>	

*has applied for site plan exemption  
ADA ADA letter enclosure*

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:	Date:

Permit Taken By: gg	Date Applied For: 02/12/2002	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan Request Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>[Signature]</i> 2/21/02	<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 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>zoning off</i> <i>Sarah Approved - 2/26/02</i> <i>As site plan exemption</i>		

*20020039*

**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

5/6/02 Framing OK to this point. AL.

6/4/02 - Framing for 2nd part of job complete and  
OK to close in after Mike Collins completes job  
on Thursday.

Tom M

7/19/02 - Final for addition - no problems seen  
Mike Collins still to do electric final.

Tom M.

Close out

permit # 02-0131

CBL # 437-A-1

# facsimile transmittal

**To:** Tony MacDonald **From:** Mike Nugent  
**Fax:** 772-2647 **Date:** March 6, 2002  
**Phone:** 772-1333 **Pages:** 1  
**Re:** 1334 Washington Ave.(437 A001) **CC:**

Urgent  For Review  Please Comment  Please Reply  Please Recycle

**Notes:** In reviewing the permit for the above property, please forward the following details:

- ✓ 1. Footing Dimensions / *first wall - inspected*
- ✓ 2. Header Details for new and renovated areas
- ✓ 3. Roof Truss specs
- ✓ 4. Detail of Roof system connection to existing structure
- ✓ 5. Step / stair & guard rail details
6. Electrical detail
7. Plumbing plan if applicable
- ✓ 8. Foundation Drilling and Pinning detail
9. Ramp details including footings etc. and grade elevation information for the purpose of determining length of ramp. *footing & slab on grade*
- ✓ 10. Is the existing wall that the roof is proposed to be loading a bearing wall? Also girder and column design in the basement to carry the new load.

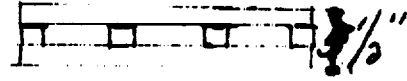
*4/3/02 left message w/ Tony to call regarding required info.*

001-0131

Building permit questions

- 1 Footing dimensions: 18' W x 12" D
- 2 Header details:

Interior doors: double 2x4  
 Exterior doorways: double 2x8 with spacer blocks (min. possible 2x10)  
 Windows: double 2x8 " " "



- 3. Roof truss: Will be using "I" joists to be engineered by Wood Products. Drawings available on request *once ordered.*

- 4. Roof system connection:  
 A 2x6 (min) ledger will be lag bolted to the existing wall structure and bearing supports (additional posts) will be added as necessary

- 5. Step/stair & guard rail details:  
 Precast by Durastone. 6'x6' platform, 7" rise, 11" tread. Aluminum 1 3/8" tubular railing, which extends 10-11" over bottom step for ADA. *Pickets: 4" spacing*

- 6. Electrical detail: *IN process*

- 7. Plumbing plan ~~IN process~~ *IN process*

- 8. Foundation drilling and pinning detail:

Attachment of new foundation to existing *foundation using #4 Rebar dowels epoxied in 1 1/2" holes*

- 9. Ramp details: ~~IN process~~ *IN process - will be to code & ADA specs.*
- 10. Bearing wall: (which wall) If "mid" wall, this will be posted as necessary for additional load, but it is now an exterior wall carrying the bottom end of the flat roof. This wall sits on existing foundation. If end wall, this will be a typical exterior 6" wall and will sit on a new foundation.

1334 Washington

437-A001

# **CB Richard Ellis** **The Boulos Company**

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**Date:** Wednesday, March 13, 2002  
**To:** Mike Nugent

**From:** Tony McDonald, CCIM/SIOR, Partner  
CBRE/The Boulos Company  
Phone:207-772-1333,Ext.509  
Fax:207-871-1288  
Cell:207-756-0400  
Email:tmcdonald@boulos.com

**Pages After This Sheet: 1**

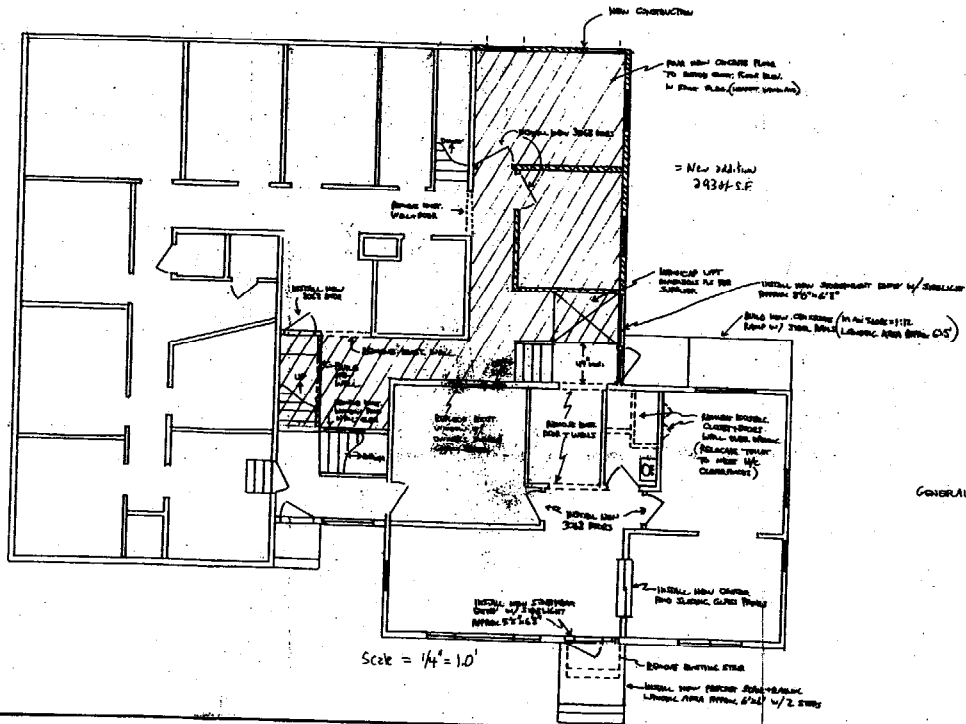
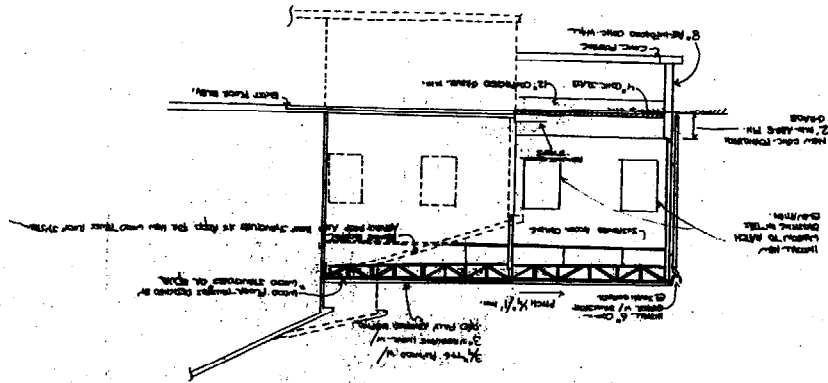
**Subject: 1334 Washington Avenue Permit Questions**

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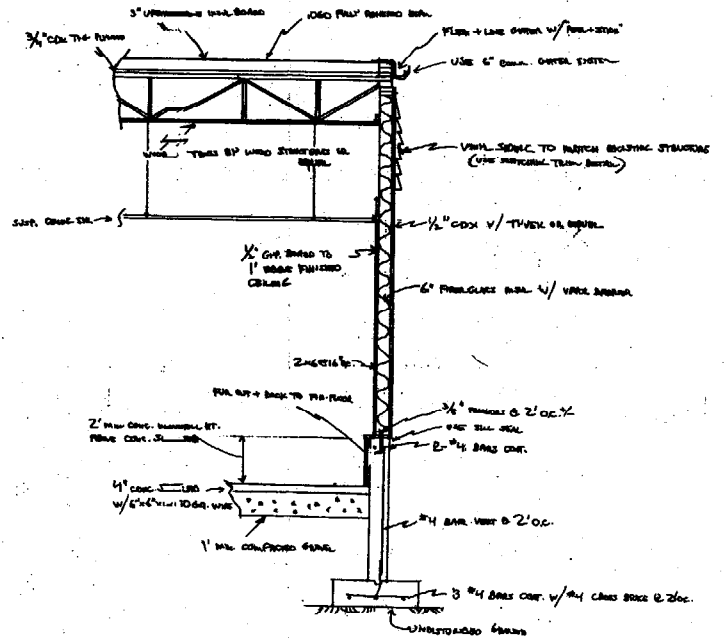
**NOTICE**

The information contained in this communication is confidential and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited. If you receive this communication in error, please notify us by telephone immediately at (207) 772-1333 so that we may arrange for the retrieval of the documents at no cost to you.

SOUTHEAST ELEVATION



Scale = 1/4" = 1.0'



TYPICAL EXTERIOR WALL SECTION

N.T.S.

GENERAL NOTES: CONTRACTOR TO VERIFY ALL DIMENSIONS AND FINISH AS NOTED TO ACCOMMODATE EXISTING CONDITIONS.  
 HANDLIFT LIFT TO BE DIMENSIONED BY CONTRACTOR AS PER MANUFACTURER'S SPECS.  
 SHOW LOAD ON MEZAN PLAT LOCF + 70 LB.  
 ALLOW FOR HVAC POINT LOADS OF 500 LB.  
 OVER FIN 3/8" ALUMINUM.

354 WASH AVE ADDN		
SCALE & SHEET	APPROVED BY	DATE
DATE 1/23/02		



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

Permit No: 02-0186	Issue Date: MAR 07 2002	CBL: 437 A001001
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<b>Location of Construction:</b> 1334 Washington Ave	<b>Owner Name:</b> 1334 Washington Avenue	<b>Owner Address:</b> P.o. Box 301	<b>Phone:</b> 207-773-1333
<b>Business Name:</b>	<b>Contractor Name:</b> Macdonald, Tony	<b>Contractor Address:</b> P.O. Box 361 South Freeport	<b>Phone:</b> 2077721333
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Commercial	<b>Zone:</b>

<b>Past Use:</b> Dental office/daycare	<b>Proposed Use:</b> change of use from day care to complete dental office 293 s.f. Expansion FOUNDATION ONLY	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> 293 S.F. FOUNDATION ONLY		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See 020131</i>	<b>INSPECTION:</b> Use Group: B Type: 513 <i>3/5/02</i>	
		<b>Signature:</b>	<b>Signature:</b>	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		<b>Signature:</b>	<b>Date:</b>	

<b>Permit Taken By:</b> jodinea	<b>Date Applied For:</b> 03/05/2002	<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: <i>NA</i>	<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:
	<i>SEE PERMIT #020131</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



3/12/02 checked Grestwall. Footing all  
poured. Setbacks OK, Ready to  
pour wall for.

# All Purpose 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.

Location/Address of Construction: <u>1334 Washington Avenue</u>		
Total Square Footage of Proposed Structure <u>29371-S.F.</u>	Square Footage of Lot <u>12,056 +/- S.F.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>437</u> Block# <u>A</u> Lot# <u>142</u>	Owner: <u>1334 Washington Ave Assoc</u> <u>Attn: Tony McDonald</u>	Telephone: <u>772-1333 x509</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>1334 Wash Ave Assoc</u> <u>P.O. Box 361</u> <u>South Freeport, ME 04078</u> <u>Attn: Tony McDonald 772-1333 x509</u>	Cost Of Work: <u>\$29,300</u> Fee: <u>\$228.10</u>
Current use: <u>Part Dental Office, Part daycare</u>		Total <u>233.00</u> owe <u>4.90</u>
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Expansion of dental office</u>		
Project description: <u>Construct 29371-S.F. addition to connect 2 portions of building at different levels in 2v ADA compliant manner along with adjustments to interior to expand dental office into new areas</u>		
Contractor's name, address & telephone: _____		
Who should we contact when the permit is ready: <u>Tony McDonald 772-1333 x509</u>		
Mailing address: <u>P.O. Box 361, South Freeport, ME 04078</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>772-1333 x509</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

Signature of applicant: <u>[Signature]</u>	Date: <u>2/7/02</u>	FEB 12 2002
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

By mail 2/12/02

# **1334 Washington Avenue Associates**

PO Box 361  
South Freeport, ME 04078

February 7, 2002

City of Portland  
Codes Enforcement Division  
City Hall  
389 Congress Street  
Portland, ME 04101

**Re: 1334 Washington Avenue Associates (Chart 437, Block A, Lots 1 & 2)  
Application for Building Permit**

Dear Sir/Madam:

Enclosed please find the subject permit application along with the following items:

- A copy of a dimensioned floor plan showing the addition along with construction details.
- A reduced size copy of the plan (11" x 17") as called for in the permit application.
- A copy of a plot plan showing the lot lines and footprint of the existing structure, along with setbacks.
- A check made payable to the City of Portland in the amount of \$228.10 representing the Building Permit fee based on the projected construction cost of \$29,300.
- A copy of the "Application for Exemption from Site Plan Review" which I have submitted on this date to the Planning Department. I am submitting these applications simultaneously in hopes of expediting the process.

The general description of this project is as follows:

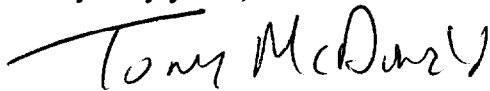
Currently, North Deering Dental Associates occupies the front portion of this building with Playcare Learning Center occupying the rear portion. These two sections are at different levels and in order to accommodate the dental office's expansion requirements, they wish to occupy the space currently occupied by the daycare center. To accommodate that request, we need to provide an ADA compliant access route to allow wheelchair access from one section of the building to the other. That is the driving force

City of Portland  
February 7, 2002  
Page Two

behind the work and at the same time, we will accomplish a variety of minor interior modifications to facilitate the expansion of the dental office into the daycare area. As part of the footprint modifications for the ADA lift, we will also incorporate an additional office area, all within the 293 ± SF footprint addition.

Should you have any questions on any of this, please don't hesitate to contact me at 772-1333 ext. 509, and I would be glad to answer any questions you might have and/or meet with you. Thank you for your attention to this matter and we look forward to a favorable response in the near future.

Very truly yours,

A handwritten signature in black ink that reads "Tony McDonald". The signature is written in a cursive style with a long horizontal stroke at the beginning.

C. ANTHONY MCDONALD  
Maine P.E. #5050

CA/sw

# **1334 Washington Avenue Associates**

PO Box 361  
South Freeport, ME 04078

February 7, 2002

City of Portland  
Planning Department  
389 Congress Street  
Portland, ME 04101

**Re: 1334 Washington Avenue (Chart 437, Block A, Lots 1 & 2)  
Application for Exemption from Site Plan Review**

Dear Sir/Madam:

Enclosed please find the subject Application for Exemption from Site Plan Review for a minor addition to the subject property to provide for ADA compliance. These modifications meet all the provisions of Standards A-H of Section 14-523 (4) and simultaneous to this submittal, I am submitting an application for a Building Permit to the Code Enforcement Division. I realize that both of these permits are required and am in hopes that I can pursue them simultaneously to expedite the process.

I have enclosed a copy of that application as well as the enclosures to that application in hopes that they assist you in evaluating this request for Exemption from Site Plan Review. Should you have any questions, don't hesitate to contact me at 772-1333 ext.509. Thank you in advance for your consideration.

Very truly yours,



C. ANTHONY MCDONALD  
Maine P.E. #5050

CA/sw

APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

1334 Washington Avenue Assoc.

2/7/02

Applicant  
 P.O. Box 361, South Freeport, ME 04078  
 Applicant's Mailing Address  
 Tony Mc Donald 772-1333 x509  
 Consultant/Agent/Phone Number

Application Date  
 ADA lift enclosure  
 Project Name/Description  
 1334 Washington Avenue  
 Address of Proposed Site

Description of Proposed Development:  
 Construct 2937 S.F. addition to connect 2 portions of building at different levels in an ADA compliant manner along with adjustments to existing interior to expand dental office into new area.

CBL: 437-A-1#2

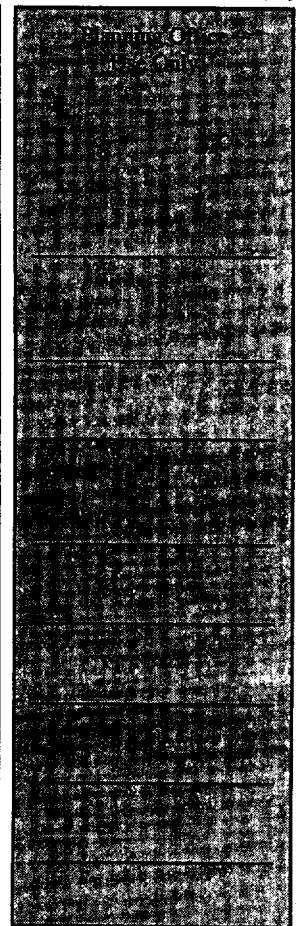
Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:

See Section 14-523 (4)

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/ Comply with ADA
- e) No Additional Parking / No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

Applicant's Assessment (Yes, No, N/A)
N/A
Yes (2937 S.F.)
Yes
Yes
Yes
Yes
Yes
Yes



Planning Office Use Only

Exemption Granted \_\_\_\_\_ Partial Exemption \_\_\_\_\_ Exemption Denied \_\_\_\_\_

Planner's Signature \_\_\_\_\_ Date \_\_\_\_\_

1334 Washington Ave  
437-A-1

# 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.

~~AR/BM~~ 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.

~~AR/BM~~ Footing/Building Location Inspection: Prior to pouring concrete

~~AR/BM~~ Re-Bar Schedule Inspection: Prior to pouring concrete

~~AR/BM~~ Foundation Inspection: Prior to placing ANY backfill

~~N/A~~ Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

~~N/A~~ 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

~~AR/BM~~ 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**

~~X~~ [Signature]  
Signature of applicant/designee

3/6/02  
Date

[Signature]  
Signature of Inspections Official

3/6/02  
Date

CBL: 437-A001 Building Permit #: 000186



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

Feb. 13 2002

Received from 1334 Washington Ave

Location of Work 1334 Washington Ave

Cost of Construction \$ 29,300.00

Permit Fee \$ 233.00 PD, 228.10

Building (I1)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other

CBL: 437 A 001

Check #: 1413 Total Collected \$ 228.10

### THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

*Mayb*  
*874-2703*