

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: R-P

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
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: <i>BOCA 1999</i>	

Proposed Project Description:
Change of Use; from day care to 293+_ sq. ft. dental office expansion.

*has applied for site plan exemption
ADA ADA enclosure*

Signature: *[Signature]* **Signature:** *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ **Date:** _____

Permit Taken By: gg	Date Applied For: 02/12/2002	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan Request</p> <p><i>Sarah Approved - 2/26/02</i></p> <p><i>As site plan exemption</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>[Signature]</i> 2/21/02</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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 _____

389 Congress St.
Portland, ME 04101
Phone: (207)874-8700
Fax: (207)874-8716

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.

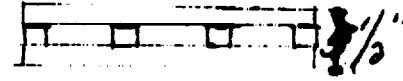
4/3/02 left message w/ Tony to call regarding required info.

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

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

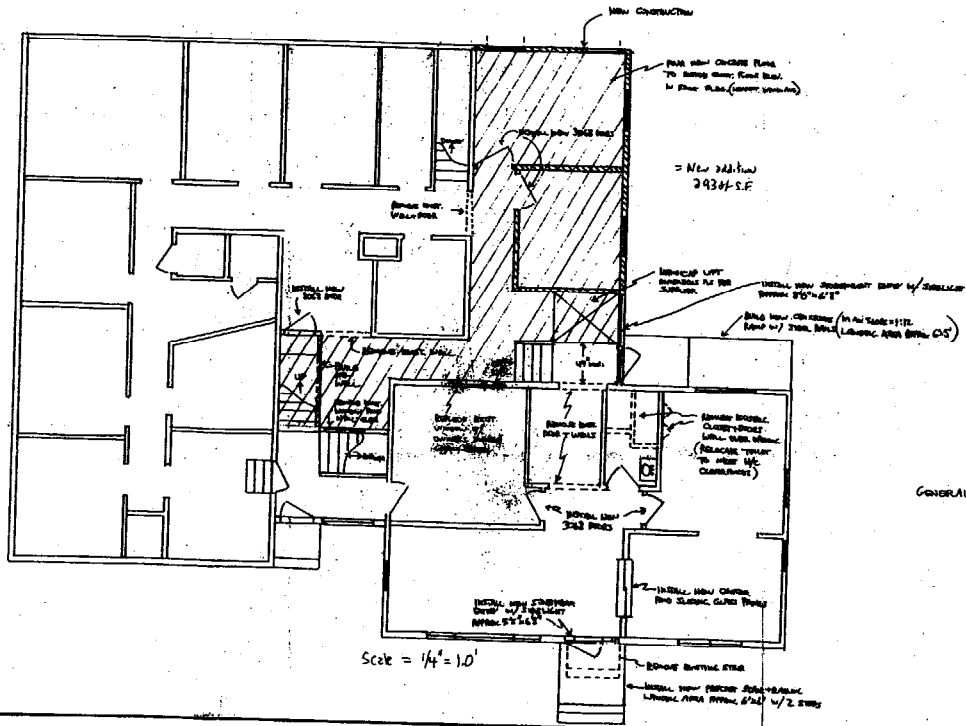
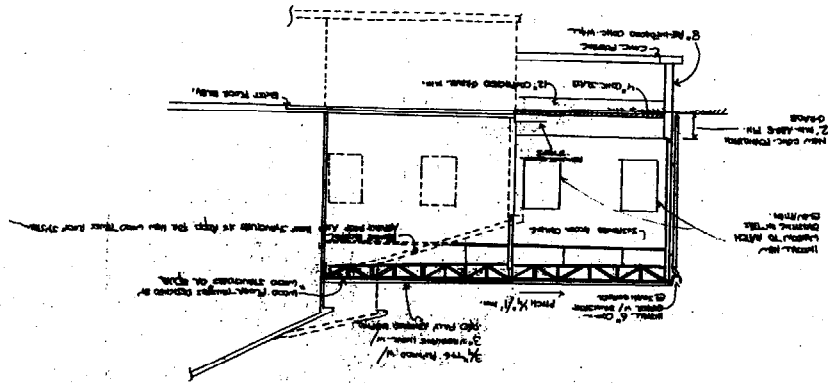
Pages After This Sheet: 1

Subject: 1334 Washington Avenue Permit Questions

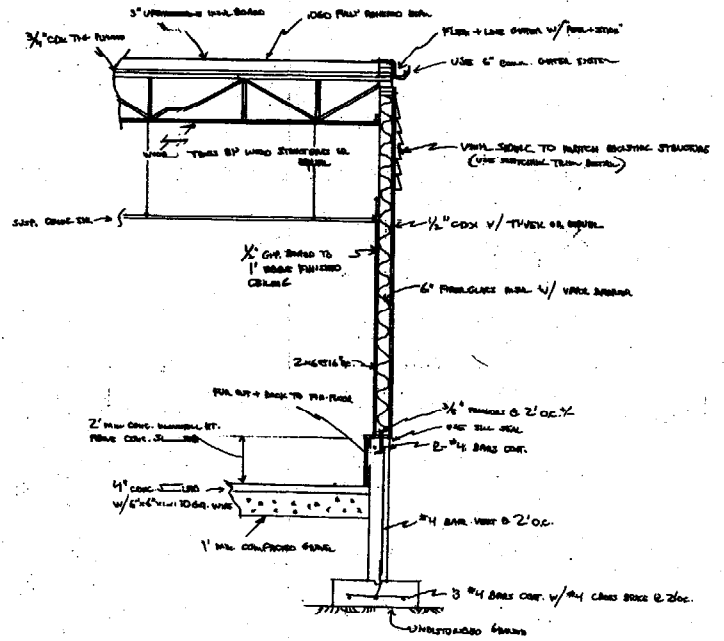
NOTICE

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'



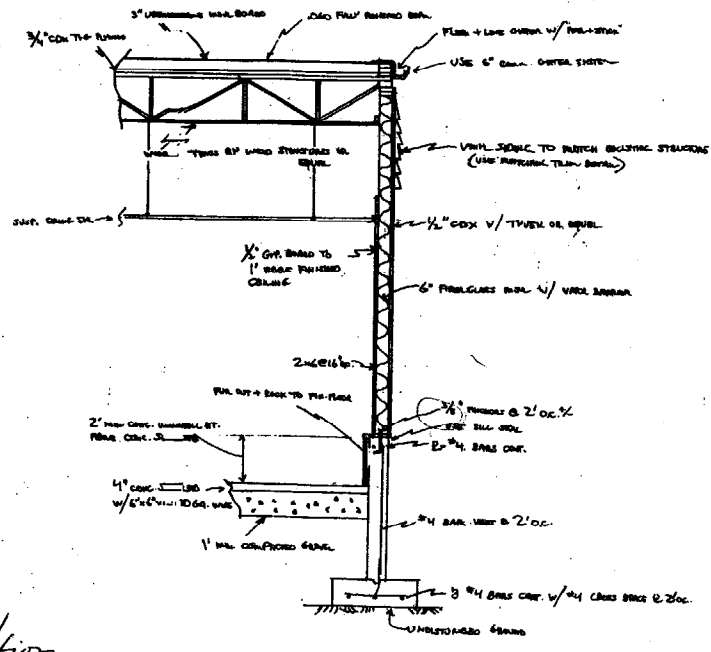
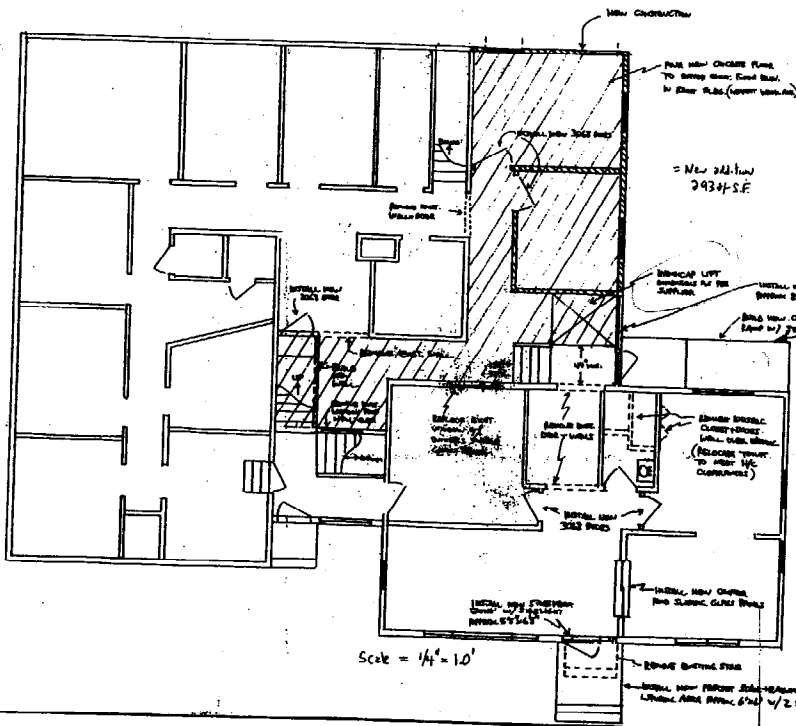
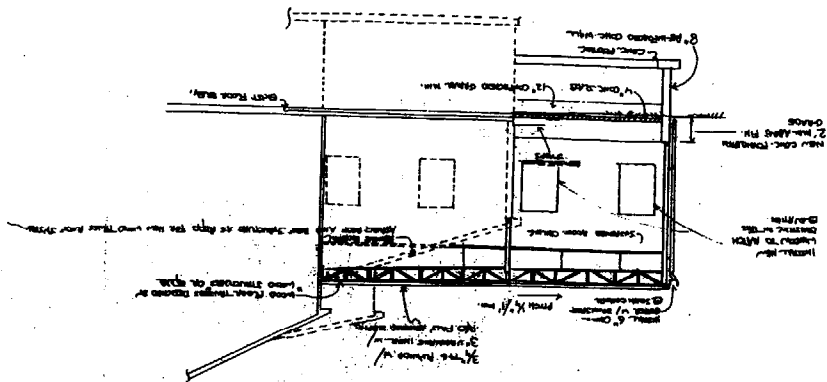
TYPICAL EXTERIOR WALL SECTION

N.T.S.

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

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

SOUTHEAST ELEVATION



TYPICAL EXTERIOR WALL SECTION
N.T.S.

GENERAL NOTES: CONTRACTOR TO VERIFY ALL DIMENSIONS AND REPORT AS NEEDED TO RECOMMEND EXISTING CONDITIONS.
HANDICAP LIFT TO BE DIMENSIONED BY CONTRACTOR AS PER MANUFACTURER'S SPECS.
SNOW LOAD ON WOODEN FLAT ROOF = 70 LBS.
ALLOW FOR HVAC POINT LOADS OF 500 LBS OVER 3'x3' AREA.

11" Tread
7" Rise

354 WASH AVE ADD			
DATE: 1/13/00	DESIGNED BY:	DRAWN BY:	

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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Location of Construction: 1334 Washington Ave	Owner Name: 1334 Washington Avenue	Owner Address: P.o. Box 301	Phone: 207-773-1333
Business Name:	Contractor Name: Macdonald, Tony	Contractor Address: P.O. Box 361 South Freeport	Phone: 2077721333
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone:

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

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: jodinea	Date Applied For: 03/05/2002	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"/> Date: <i>NA</i>	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 Date: _____	Historic Preservation <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>		<u>Total \$33.00</u> <u>owe \$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: 772-1333 x509		

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>
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FEB 12 2002

**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

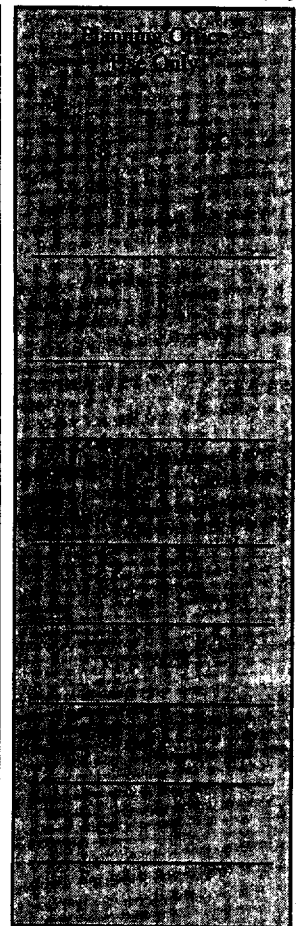
Please Attach Sketch/Plan of Proposal/Development

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 _____