

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	03-1196	Issue Date:	OCT 16 2003	CBL:	037 E006001
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Location of Construction:	173 High St	Owner Name:	Minc Realty Corp	Owner Address:	22 Branhall St PORTLAND	Phone:	879-0111
Business Name:		Contractor Name:	North Shore Construction	Contractor Address:	P.O. Box 2564 South Portland	Phone:	2077742800
Lessee/Buyer's Name:		Phone:		Permit Type:	Alterations - Commercial	Zone:	B3

Past Use:	Office Space/Commercial	Proposed Use:	Office Space/Commercial	Permit Fee:	\$93.00	Cost of Work:	\$8,000.00	CEO District:	2
Proposed Project Description:	Non Load-Bearing Walls Removed & Replaced/New Door			FIRE DEPT:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION:	Use Group: B 10/14/03	Type:	M/A

Signature:	<i>[Signature]</i>	Date:	10/14/03
Signature:	<i>[Signature]</i>	Date:	10/14/03

Permit Taken By:	gad	Date Applied For:	09/26/2003	Zoning Approval			
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan	<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	<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>[Signature]</i> 10/13/03	Date:	Date: <i>[Signature]</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 _____

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 031196

This is to certify that Mme Realty Corp/North Shore Construction

has permission to Non Load-Bearing Walls Re

ved & R ccess Door

AT 173 High St

037 E006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all 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 and work before this permit is issued or work is required.

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

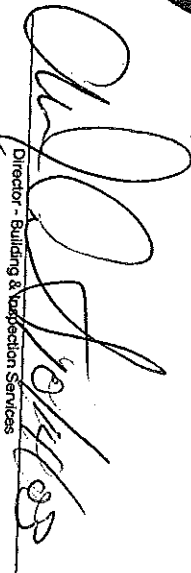
OTHER REQUIRED APPROVALS

Fire Dept. Wm J

Health Dept. _____

Appeal Board _____

Other _____ Department Name


Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

EXPIRED

03-1196

All Purpose Building Permit Application

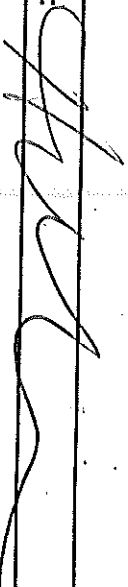
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

173-195 High St.

Location/Address of Construction: 410 Cumberland Ave.		Telephone: 879-0111	
Total Square Footage of Proposed Structure: N/A		Square Footage of Lot: N/A	
Tax Assessor's Chart, Block & Lot Chart# 037 E 002	Owner: MAINE Medical Center de Muc Realty	Applicant name, address & telephone: North Shore Const. P.O. Box 2564 So. P.O. 04116 207-774-2800	Cost of Work: \$ 8000.00 Fee: \$ 93.00
Lessee/Buyer's Name (if Applicable): N/A		Current use: OFFICE	
If the location is currently vacant, what was prior use: N/A		Approximately how long has it been vacant: N/A	
Proposed use: SAME		Project description: Move some non load bearing walls build some residuals install new door to enlarge mechanical room.	
Contractor's name, address & telephone: North Shore Construction P.O. Box 2564 So. R. 207-774-2800		Who should we contact when the permit is ready: HERR (Cell 650-2547) 04116	
Mailing address: SAME		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: 207 650 2547	

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 Officials 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: 	Date: 9/16/03
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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

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Business Name:	Contractor Name: North Shore Construction	Contractor Address: P.O. Box 2564 South Portland	Phone (207) 774-2800
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office Space/Commercial w/non Load-Bearing Walls Removed & Replaced/New Door

Proposed Project Description: Non Load-Bearing Walls Removed & Replaced/New Door

Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 10/03/2003
 Note: Ok to Issue:

Dept: Building Status: Approved with Conditions Reviewer: Mike Nugent Approval Date: 10/14/2003
 Note: Ok to Issue:

1) This permit authorizes partitions only. Additional separate permits are required for the use of the space for equipment etc. As no floor load engineering has been provided.

Dept: Fire Status: Approved Reviewer: Lt MacDougal Approval Date: 10/06/2003
 Note: Ok to Issue:

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