Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that WOICIK JOSEPH B JR

has permission to Change of use from vacant size to Will 7- Dig Industrial

AT 184 ANDERSON ST

provided that the person or persons rm or perso

provided that the person or persons arm or provided that the person or persons arm or provided that the person or persons arm or persons are epting this permit shall comply with all of the provisions of the Statutes of the City of Portland regulating the construction, maintenance and the of buildings and functions, 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.

ificatio if insper on muster in and with en permitting or process of the process

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

PENALTY FOR REMOVING THIS CARE

City of Portland, M	Iaine - Buil	lding or Use	Permi	t Applicatio	n Pe	rmit No:	Issue Date	:	CBL:	
389 Congress Street,		-				08-0279	4/10/2	18,	010 E0	01001
		Owner Name:	Owner Name:		Owne	r Address:	-11-1		Phone:	
184 ANDERSON ST		WOJCIK JOS	WOJCIK JOSEPH B JR			FALMOUTI				
		Contractor Name	1e:		Contr	actor Address:	1		Phone	
Maine Mead Works					—					<del>,                                     </del>
Lessee/Buyer's Name		Phone:			1	it Type:	<b>.</b>			Zone:
		<u> </u>				nge of Use -				
Past Use:  Vacant Space  Proposed Use:  Winery - Light of use from value from			ry - Light Industrial - Change		Perm	Permit Fee: Cost of Work:			CEO District:	1
					\$105.00 \$105.00 FIRE DEPT:   Approved   INS					
		Winery - Ligh			FIRE	L DEPT:	Approved		CTION:	Type: TR
					1	· <del>-</del>	Denied		roup: F.2	1урс. Э.Э
		100	MPZO	tradusto	أمار	u Sole J	Lund		IBC.	-2005
Proposed Project Description		L		- Dial wall	Se	e Curo	ill ver or		1 4	
Change of use from vac		Winery - Light Ir	ndustria	1	Signa	iture: (Seco	CLAR	Signati	TBC-2003  nature: 4/10/03 CL	
	•				PEDE	See Ganditund Signature: Occo CLAR Sign PEDESTRIAN ACTIVITIES DISTRIC				
					Actio	n: 🖂 Appro	oved 🗀 Ap	proved w	/Conditions	Denied
		<u> </u>			Signa	nture: 			Date:	
Permit Taken By:	1	pplied For:				Zoning	g Approva	al		
ldobson	03/20	6/2008	-	-1-17 Pi		7	ing Annual		Historic Pres	
1. This permit applica			Spe	cial Zone or Revi	ews	Zoni	ing Appeal	ļ		
Applicant(s) from Federal Rules.	meeting applic	cable State and	Sł	noreland		Variano	ce	ì	Not in District or Landmark	
2. Building permits d septic or electrical		plumbing,	□ w	etland		Miscell	aneous	ŀ	Does Not Re	quire Review
3. Building permits a within six (6) months			☐ Fl	ood Zone		Conditi	ional Use		Requires Rev	/iew
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Subdivision			Interpretation			Approved	
			☐ Si	te Plan		Approv	ed		Approved w/	Conditions (
المستعدد المراجع	h had in payaba hayan shakel gada gada sayahad da da daganad		Maj [	Minor MM	ı 🗀 /	Denied			_ Denied	
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		ere meg		17	001	CV)				
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		ar a ND								
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	•		C	CERTIFICATI	ON					
I hereby certify that I an										
I have been authorized by jurisdiction. In addition										
shall have the authority										
such permit.		J	1	<b>,</b>		- >	<b>F</b> •-	•	(-) <b></b>	
SIGNATURE OF APPLICAL	NT			ADDRES	s		DATE	<del></del> -	РНО	NE
							3,,,,		1110	-
	<del> </del>									
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE	:	PHO	NE

## **BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 (ONLY)

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 rec	eipt of your building permit.					
X Final/Certificate of Occupancy: Prior to an NOTE: There is a \$75.00 fee per inspection	• •					
Certificate of Occupancy is not required for certain project requires a Certificate of Occupancy. All pr	<u>-</u>					
If any of the inspections do not occur, the project car REGARDLESS OF THE NOTICE OR CIRCUMST	2					
CERIFICATE OF OCCUPANICES MUST BE ISSUTHE SPACE MAY BE OCCUPIED.	JED AND PAID FOR, BEFORE					
Signature of Applicant/Designee	Date					
Signature of Inspections Official	Date					

CBL: 010 E001001 Building Permit #: 08-0279

Request Date/Approval: Office of the City Clerk   App. Fee: New \$30.00 Renewal \$20.00
Fire Dept. 3 · 28 · 08 / P O Box 17796 . / With Preparation: \$390.00
Health/Zoning 3.28-08/ Portland, ME 04112-7796 312 356 Without Preparation: \$155.00
Taxes 3.28.08/ (207) 874-8557 + 280 33. Beer & Wine Takeout \$350.00
State App (1940. / Total Due: 710.00)
HTE 3.28.08
Application for Food Service Establishment
(License EXPIRES annually on January 31)
*No alcoholic beverages are allowed to be served for consumption on the premises*
Please check one: (Corporation LL) Non-profit org. V ) (Sole Proprietor) (Partnership)
For renewal applicants: Has there been any change in ownership in the last 12 months? YesNo
Business Name (d/b/a): Majve Mead Works Phone: 207 773 6323.
Location Address: 200 Anderson St. Bay 9. ZIP 04/01
(If NEW, what was formerly in this location: Vacant.
Mailing Address: ZIP ZIP
Contact Person: Eli Cayer Phone: 2076534706
Manager of Establishment: Date of Birth
Owner of Premises (landlord): Ncome Property.
Address of Premises Owner: 200 Anderson ZIP 04101
Does the Issuance of this license benefit any City employee(s)? Yes No_X
Have any of the applicants, including the corporation if applicable, ever held a business license with the City of Portland? Yes X No If yes, please list business name(s) and location(s) Port City Bike Cabs.
Is any principal officer/owner under the age of 18? YesNo
SOLE PROPRIETOR / PARTNERSHIP INFORMATION: (if corporation, leave blank)
Name of Owner(s): Date of Birth Residence Zip Code
Name of Owner(s): Date of Birth Residence Zip Code
Name of Owner(s): Date of Birth Residence Zip Code
CORPORATE/LLC/NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)
Corporation Name: Wassail LLC.
Corporation Mailing Address: 200 Andersm J. Bay 9. ZIP 04/01
Contact Person: El: Cayle Phone Number: 207 773 6323
PRINCIPAL OFFICERS: (if more space is needed, please attach a separate page)
Name Eli Caye, Title Principal Date of Birth 7573 Residence Zip Code 04/0/
Name Ban Alex Ander Title Principal. Date of Birth 5/5/75 Residence Zip Code 04/02
Name Title Date of Birth Residence Zip Code
Name Title Date of Birth Residence Zip Code

From:

Shaun Strobel

To:

Alexandra MURPHY 3/28/2008 3:26:52 PM

Date: Subject:

Re: NEW: Maine Mead Works, 200 Anderson St. Bay 9 (Wassail, LLC)

Hi Alex,

Please do not issue, Owners of premises, Joseph B. Wojcik Jr. is delinquent on Real Estate taxes \$5478.40 and "Income Property Mgmt" PP taxes \$45.69.

Thanks!

Shaun

3.28.08 left message for Eli Ne: taxes.

Shaun W. Strobel Assistant Director of Treasury City of Portland Maine 389 Congress Street Portland, Maine 04101

voice: 207\*874-8854 fax: 207\*874-8661

email: shauns@portlandmaine.gov

>>> Alexandra MURPHY 3/28/2008 2:01:43 PM >>> Application for FSE With Prep and Beer & Wine Takeout (wine manufacturing)

Please advise of background check on business location and person(s) and any outstanding tax issues:

Principals: Eli Cayer (7-5-73) Ben Alexander (5-5-75) phone: 773-6323 or 653-7406

Owner of Premises: Income Property 200 Anderson Street

Thanks!

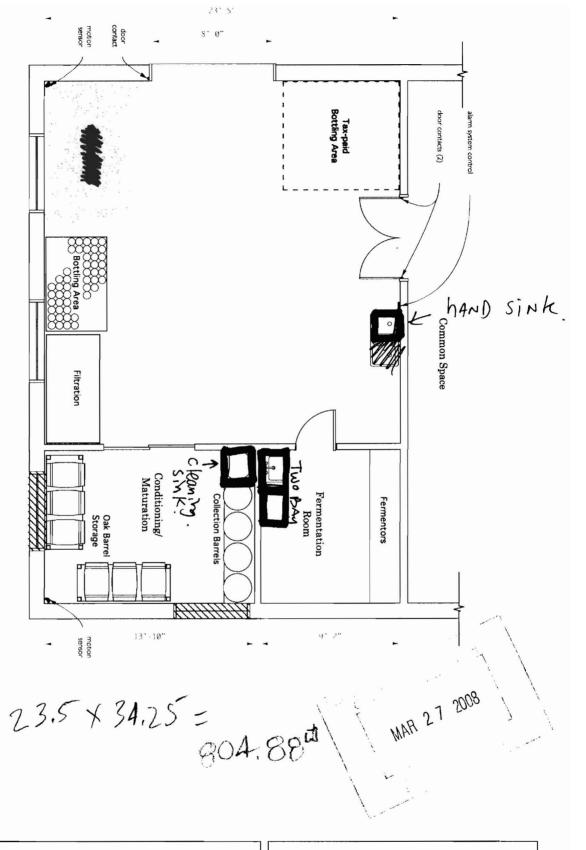
Alexandra J. P. Murphy Business License Administrator City Clerk Department PO Box 17796 389 Congress Street Portland, ME 04112-7796 (207) 874-8557 phone (207) 874-8612 fax

City of F	Portland, Maine - Bui	lding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Cong	ress Street, 04101 Tel: (	(207) 874-8703, Fax: (	(207) 874-871 <i>6</i>	08-0279	03/26/2008	010 E001001
Location of	ocation of Construction: Owner Name: Ov			Owner Address:		Phone:
184 ANDERSON ST WOJCIK JOSEPH B JR 2			211 FALMOUTH RD			
Business Na	me:	Contractor Name:		Contractor Address: Phone		
Maine Me	ead Works					
Lessee/Buye	r's Name	Phone:		Permit Type:		
			]	Change of Use - C	ommercial	
Proposed Us	e:		Propose	d Project Description:		
	Light Industrial - Change of Light Industrial	fuse from vacant space f	to Chang	ge of use from vacan	t space to Winery -	· Light Industrial
Dept: Z	Zoning Status: A	Approved with Condition	ns Reviewer	Marge Schmucka	l Approval I	_
Note:						Ok to Issue:
1) Separa	ate permits shall be required	d for any new signage.				
2) This p work.	ermit is being approved on	the basis of plans submi	itted. Any devia	tions shall require a	separate approval	before starting that
Dept: I	Building Status: A	Approved with Condition	ns Reviewer	Chris Hanson	Approval I	Date:
Note:		••			••	Ok to Issue:
1) This is	s a Change of Use ONLY p	ermit. It does NOT auth	orize any constr	action activities.		
2) Separa	ate permits are required for ate plans may need to be su	any electrical, plumbing	g, or HVAC syste	ems.		
3) Separa	ate Permits shall be require	d for any new signage.				
, a.	cation approval based upon oprorval prior to work.	information provided by	y applicant. Any	deviation from appr	roved plans require	s separate review
Dept: F	Fire Status: A	Approved with Condition	ns Reviewer:	Capt Greg Cass	Approval I	Date: 04/02/2008
Note:		••			• •	Ok to Issue:
1) Classi	fication of hazard of conter	nts to be ordinary or low.	. High hazard co	ntents restricted.		
	gns and emergency lights r	·	J			
	• • •	-	o Industralial 4- 1	Industral - 1h- F'	wa wata di a a	
•	pancies required to be seper erial to other occupancy = 2			industeriai = Inr. Fi	re ratea constructio	n.

## 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.

Tax Assessor's Chart, Block & Lot Chart# 10 Block# E Lot#   Applicant must be owner, Lessee or Buyer' Name Eli Coyer. Address City, State & Zip  Lessee/DBA (If Applicable)  Marne Mead Works.  Correct (if different from Applicant) Name Income Property. Address 270 Anderson. City, State & Zip Portland.  Correct legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Winter Y. Micro Is property part of a subdivision? Project description:  Marne Income Property. Correct & Zip Portland.  Contractor's name:  No If yes, please name  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Telephone:  Contractor's name:  NA  Correct Tract & Zip Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Contractor's name:  NA  Address:  City, State & Zip Telephone:  Contractor's name:  NA  Address:  City Arabusan St. Day 9  Please submit all of the information outlined on the applicable Checklist. Failure to	existms - soo	Square Footage of Lot	49,544
Name Income Property.  Address 200 Anderson.  City, State & Zip Portland.  Cof O Fee: \$ 75  Total Fee: \$ 105  Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Winter  No If yes, please name  Project description:  No If yes, please name  Project description:  No Anderss:  City, State & Zip  Who should we contact when the permit is ready:  City, State & Zip  Telephone:  Who should we contact when the permit is ready:  Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.  Please submit all of the information prior to the issuance of a permit. For further information or to download copies of s form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections vision office, room 315 City Hall or call 874-8703.  Pereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and t I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable so of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's horized representative shall have the authorizy to enter all areas covered by this permit at any reasonable hour to enforce the	Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buy Name Eli Coyer. Address	er* Telephone: 207 653 7406 ca 207 773 6323 u
If yacant, what was the previous use? Proposed Specific use: Winery . No If yes please name Project description: No If yes please If yes please State Indicate		Name Income Property. Address 200 Anderson.	Work: \$ C of O Fee: \$5
City, State & Zip	f vacant, what was the previous use? Proposed Specific use: Winery sproperty part of a subdivision? Project description:	No If yes, please name	trial no
order to be sure the City fully understands the full scope of the project, the Planning and Development Department by request additional information prior to the issuance of a permit. For further information or to download copies of a form and other applications visit the Inspections Division on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a> , or stop by the Inspections ission office, room 315 City Hall or call 874-8703.  The certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's norized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the	City, State & Zip Who should we contact when the permit Mailing address:	is ready: Eli Coger.	Геlephone: <u>653 7 40 6.</u>
reby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's corized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the	do so will result in		Port Print Development Department
	request additional information prior to form and other applications visit the Ins	the issuance of a permit. For further information spections Division on-line at www.portlandmaine.gov	



	Floor Plan		
<u> </u>			
	:	1/4" =1'-0"	1/8/2008

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Wassail LLC DBA MAINE MEAD WORKS.

200 Anderson Street Portland Maine 01401





