

PERMIT # 000712 CITY OF Portland BUILDING PERMIT APPLICATION MAP # 1074

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Nancy Atkins Barry DR

Address: 100 Winn Road, Palmer and Maine 04195

LOCATION OF CONSTRUCTION: 133 Cumberland Avenue, Portland

CONTRACTOR: B&B Construction SUBCONTRACTORS: 393-64165

ADDRESS: 20 FOX 1913 Portland, Me 04107

Est. Construction Cost: \$300 Type of Use: Function: / Change of Use

Past Use: Dairy Queen

Building Dimensions: L W Sq. Ft. # Stories: 1 Lot Size:

In Proposed Use: Seasonal Condominium Apartment

Changing use from Dairy Queen to a

Residential Building Only:

Of Dwelling Units: # Of New Dwelling Unit:

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Foundations

1. Type of Soil: Rear Sides

2. Set Backs - Front

3. Footings Size:

4. Foundation Size:

5. Other

Floors

1. Sills Size: Sills must be anchored.

2. Girder Size:

3. Lally Column Spacing: Size: Spacing If O.C.

4. Joists Size: Size: Spacing If O.C.

5. Bridging Type: Size:

6. Floor Sheathing Type: Size:

7. Other Material:

Exterior Walls

1. Standing Size Span

2. No. windows

3. No. Doors Span(s)

4. Header Sizes Yes No

5. Bracing Size

6. Corner Posts Size Size

7. Insulation Type Weather Exposure

8. Sheathing Type

9. Siding Type

10. Masonry Materials

11. Metal Materials

Interior Walls

1. Standing Size Spacing

2. Header size Span(s)

3. Wall Covering Type

4. Fire Wall If required

5. Other Materials

White-Tax Assessor Yellow-GIPCOG

For Official Use Only

Date: June 16, 1988 Subdivision: Yes No

Issued Fire Limits: Name:

Blitz Code: Lot:

Time Limit: 2-200 Block:

Estimated Cost: Permit Expiration: Public

Value: Ownership: Private

Fee: 25.00

PERMIT ISSUED

Celling: 1. Ceiling Joists Size: Spacing JUN 17 1988

2. Ceiling Strapping Size

3. Type Ceiling: Six-Cu-Yr Portland

4. Insulation Type

5. Ceiling Height

Roof: 1. Truss or Rafters Size Span

2. Sheathing Type Size

3. Roof Covering Type

4. Other

Chimneys: Type: Number of Fire Places

Heating: Type of Heat:

Electrical: Service Entrance Size: Smoke Detector Required: Yes No

Plumbing: 1. Approval of soil test if required: Yes No

2. No. of Tubs or Showers

3. No. of Fixtures

4. No. of Lavatories

5. No. of Other Fixtures

Swimming Pools: 1. Type: Square Footage

2. Pool Size: X

3. Must conform to National Electrical Code and State Law.

Zoning: District: E-2 Street Frontage Req.: Provided Side

Required Setbacks: Front Back Side

Review Required: Zoning Board Approval: Yes No Date:

Planning Board Approval: Yes No Date:

Conditional Use: Variance Site Plan Subdivision,

Shore and Floodplain Mgmt. Special Exception

Other: Explain Date Approved: June 16, 1988

Permit Received By: Nancy A. Barry

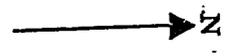
Signature of Applicant: Date:

Signature of CEO: Date:

Inspection Dates:

White-Tax Assessor Yellow-GIPCOG

PLOT PLAN



FEES (Breakdown From Front)

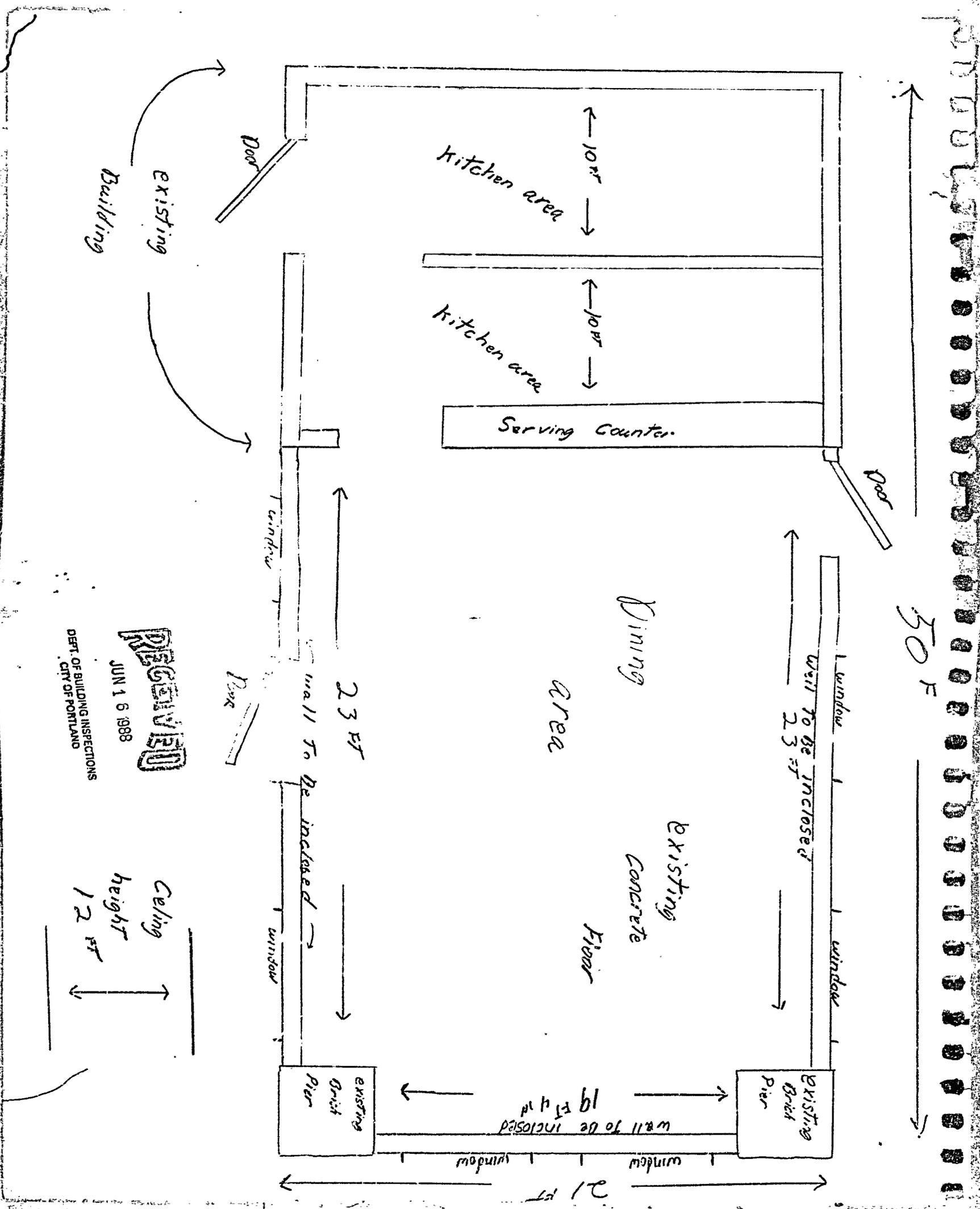
Base Fee \$25.00 _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date

COMMENTS 7-6-88 - will plot. Block laid out. Same, clear
 in 01. 20
 9-21-88 - some alterations complete. Comments in progress.
 May start moving. OK

Signature of Applicant Egon Ackermann

Date 6-16-88



RECEIVED
 JUN 16 1988
 DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

Ceiling
 height
 12 FT

900683

Permit # 900683 City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: B.D.K. Trust Partners Phone # 797-3675
Address: 108 Winn Rd., Fal., ME 04105
LOCATION OF CONSTRUCTION 111 Cumberland Avenue
Part Owner: FOR MARTIE DiBiasi Sub: _____
Address: 108 Winn Rd., Fal., ME 04105 Phone # same as above
Est. Construction Cost: _____ Proposed Use: New & Used Furniture store
Past Use: restaurant
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion Change of Use from restaurant to new & used furniture.

For Official Use Only PERMIT ISSUED
Date June 17 1990 Subdivision: _____
Name: JUL 3 1990
Inside Fire Limits _____ Lot: _____
Bldg Code _____ Ownership: City Public _____ Private _____
Time Limit _____
Estimated Cost: _____
Zoning: B-2
Street Frntage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other (Explain): OK WR 6-27-90

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floor:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Material: _____
11. Metal Materials: _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

PERMIT ISSUED WITH LETTER

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
Chimneys:
Type: _____ Number of Fire Places _____
Heating:
Type of Heat: _____
Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____
Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi
Signature of Applicant: [Signature] Date 6/12/90
Signature of [Signature] Date 6-26-90
Inspection Dates _____

Arthur Addato

White-Tax Assessor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1988

900683

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: B.I.K. Trust Partners Phone # 797-3675

Address: 102 Wm Rd., Fal., ME 04105

LOCATION OF CONSTRUCTION 111 Cumberland Avenue

Part Owner: Marie DiBiase Sub: _____

Address: 102 Wm Rd., Fal., ME 04105 Phone # same as above

Est. Construction Cost: _____ Proposed Use: New & Used Furniture Store

_____ Past Use: restaurant

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms: 3 Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Change of Use from restaurant to new & used furniture.

For Official Use Only

PERMIT ISSUED

Date June 12, 1990 Subdivision Name _____
 Inside Fire Limits _____ Lot 006-3-1990
 Bldg Code _____ Ownership: _____ Public _____ Private _____
 Time Limit _____ Estimated Cost _____

City Of Portland

Street Frontage Provided _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK W.D.A. 6-27-90

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: 2x8 Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span 00.25
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi

Signature of Applicant [Signature] Date 6/12/90

Signature of CEO [Signature] Date 6-26-90

Inspection Dates _____

[Signature] White-Tax Assesor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1968

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 7-27-90-NA-QB

Signature of Applicant *James H. ...* MANAGER

Date 6/12/90



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

July 2, 1990

B.D.K. Trust Partners/Martie DiBiase
108 Winn Road
Falmouth, ME 04105

Re: 111 Cumberland Avenue

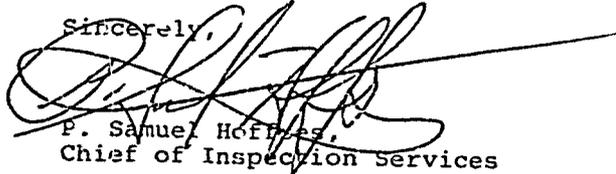
Dear Ms. DiBiase:

Your application to make change of use from restaurant to new and used furniture, has been reviewed and a permit is herewith issued subject to the following requirements:

1. Means of egress shall have signs in accordance with Section 5-10 of the N.F.P.A. 101 Fire Safety Code.
2. Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.

If you have any questions on these requirements, please do not hesitate to call this office.

Sincerely,

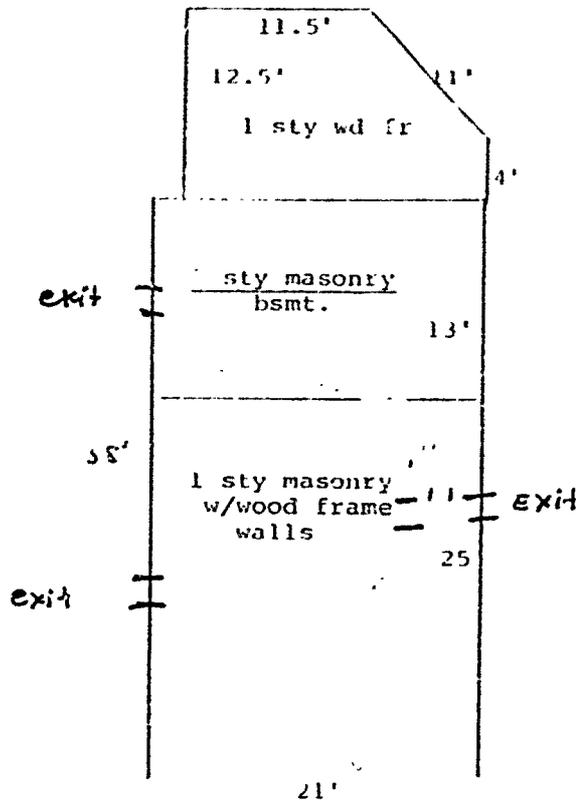


P. Samuel Hoffses,
Chief of Inspection Services

PSH/jmr

BUILDING PLAN

111 Cumberland Ave.
Portland, ME



BUILDING PLAN

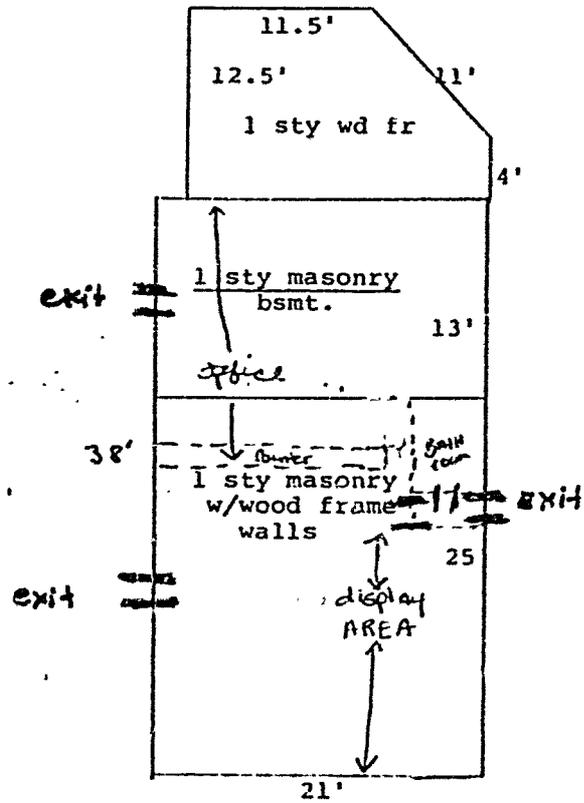
111 Cumberland Ave.
Portland, ME

*Rex's New & Used Furniture
Bought & Sold*

RECEIVED

JUN 12 1990

DEPT. OF BUILDING REGULATION
CITY OF PORTLAND





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 111 Cumberland Ave.

Issued to B.D.K. Trust Partners

Date of Issue 12/5/90

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. 99/2133, 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

Change of Use - from new/used furniture
to restaurant

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

[Signature]
(Date)

Inspector

[Signature]
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 leasee for one dollar.

902183

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot # _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: B.D.P. Trust Partners Phone # 797-3675
Address: 108 Wilm. Rd., Fall, ME 04105

LOCATION OF CONSTRUCTION: 111 Cumberland Ave.

Contractor: Rose Dennis Sub: _____
Address: Falmouth Rd., Fall., ME 04105 Phone # 878-3665

Est. Construction Cost: _____ Proposed Use: restaurant

of Existing Res. Units _____ # of New Res. Units _____
Past Use: New & Used Furniture Store

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: Change of Use from new and used furniture store to

restaurant, as per 2 sets of floor plans.

Foundation:

1. Type of Soil: _____ Rear _____ Side(s) _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
4. Joists Size: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheath. Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

White-Tax Assesor Yellow-GPCOG

White Tag -CEO

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For Official Use Only

PERMIT ISSUED

Date: Nov 26, 1990
Inside Fire Limits: _____
Bldg Code: _____
Time Limit: _____
Estimate 1 Cont: _____

Subdivision: _____ Name: DEC 4 1990
Lot: _____
Ownership: City of Portland

Zoning:

Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other: (Explain) 12-3-91 HISTORIC PRESERVATION

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark.
2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
3. Type Ceilings: _____ Size _____ Require Review.
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size: _____ Spacing _____ Action: Approved.
2. Sheathing Type _____ Size _____ Action: Approved with Conditions.
3. Roof Covering Type: _____ Date: 12/3/91

Chimneys:

Type: _____ Number of Flue Places: _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi

Signature of Applicant [Signature] 190

Signature of CEO [Signature] 12-3-91

Inspection Dates _____

PERMIT ISSUED WITH LETTER

Mr. [Signature]

PLOT PLAN



ILES (Breakdown From Front)
 Base Fee \$ 25.00 _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 12-5-90 OK for 2. CC

Signature of Applicant *[Handwritten Signature]*

Date 11/26/90



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

December 4, 1990

RE: 111 Cumberland Avenue

Kose Dennis
Falmouth Road
Falmouth, Maine 04105

Dear Sir:

Your application to change the use from used furniture store to restaurant has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. Exits shall be marked in accordance with Section 5-10 of the N.F.P.A. 101 Life Safety Code.
2. All cooking equipment that produces either smoke or grease laden vapors shall be provided with a hood duct system in accordance with N.F.P.A. #96 and the appropriate extinguishing system depending upon the type of extinguishing agent used.
3. A portable fire extinguisher shall be provided in accordance with N.F.P.A. #10.
4. Hazardous areas including boiler rooms and general storage areas shall be separated from other parts of the building by construction having a fire resistance rating of at least 1 hour with all openings therein protected by 3/4 hour self closing fire doors.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

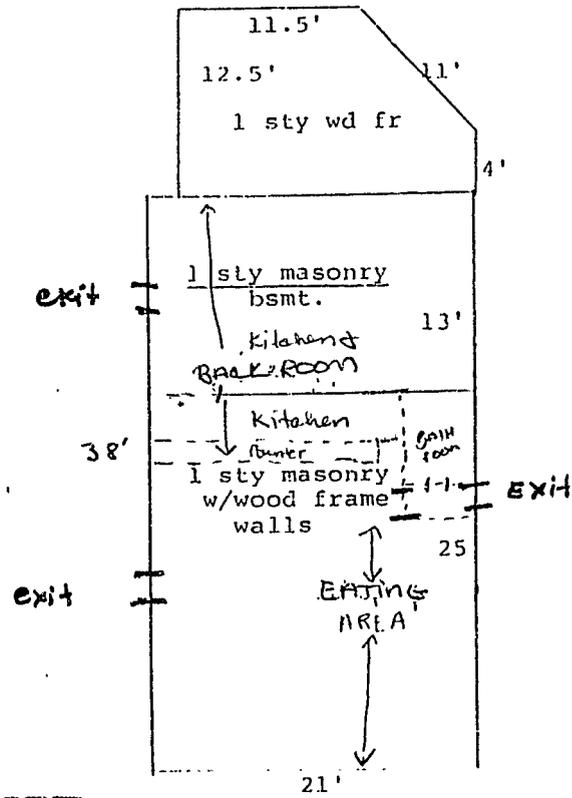
P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

BUILDING PLAN

111 Cumberland Ave.
Portland, ME



RECEIVED

NOV 26 1990

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Permit # **902183** City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: R.D.K. Trust Partners Phone # 797-3675
 Address: 108 Winn Rd., Fal., ME 04105
 LOCATION OF CONSTRUCTION #111 Cumberland Ave.
~~CONTRACT~~ Leasee: Rose Dennis Sub:
 Address: Falmouth Rd., Fal., ME 04105 Phone # 878-9665
 Est. Construction Cost: _____ Proposed Use: restaurant
 Past Use: New & Used Furniture store
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Change of Use from new and used furniture store to
restaurant, as per 2 sets of floor plans.

PERMIT ISSUED
For Official Use Only
 Date Nov. 26, 1990 Subdivision: DEC 4 1990
 Inside Fire Limits _____ Name _____
 Bldg Code: _____ Lot: City of Portland
 Time Limit: _____ Ownership: Private
 Estimated Cost: _____
 Zoning: B-2
 Street Frontage Provided: _____ Back _____ Side _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OKUDA 12-3-90

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____ Size _____ Requires Review? _____
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____
 2. Sheathing Type _____ Size _____ Approved with Conditions _____
 3. Roof Covering Type _____ Date: 11/26/90
 Signature: [Signature]

Chimneys:
 Type: _____ Number of Fire Places: _____
 Signature: [Signature]

Heating:
 Type of Heat: _____
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi
 Signature of Applicant [Signature] **PERMIT ISSUED** Date 11/26/90
 Signature of CEO [Signature] **PERMIT ENTERED** Date 12-3-90

Inspection Dates _____
 White-Tax Assesor _____ Yellow-GPCOG _____ White Tag -CEO [Signature] © Copyright GPCOG 1988

PERMIT # _____ CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: E&B Construction
 Address: PO Box 1913, Portland, Me
 LOCATION OF CONSTRUCTION 113 Cumberland
 CONTRACTOR: Gene Belleneau SUBCONTRACTORS: 892-8415
 ADDRESS: _____

Est. Construction Cost: _____ Type of Use: Restaurant
 Past Use: _____
 Building Dimensions: L _____ W _____ Sq. Ft _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain Erected temporary sign for 3 months without

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE permit - NOV/DEC/JAN
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size _____
 6. Floor Sheathing Type: _____ Size _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date <u>February 1, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blgd Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>\$30.00</u>	

\$50.00 - related fee.

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District _____ Street Frontage Req.: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain) _____
 Date Approved _____

Permit Received By Nancy Grossman

Signature of Applicant Gene Belleneau Date 2-1-89

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 30.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ 50.00

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant: *Eugene R. ...*

Date: 2-1-89

MIT # 092505 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Fill out any part which applies to job. Proper plans must accompany form.

Applicant: Rhonda Tosselli
Address: 111 Cumberland Avenue
Type of Construction: 111 Cumberland Avenue
Contractor: New England Specialty Adv SUBCONTRACTORS: 839-3569
Address: 1109 Forest Ave. 04003

For Official Use Only
Date: August 23, 1989 Subdivision: Yes / No _____
Inside Fire Limits: _____ Name: _____
Blg Code: _____ Lot: _____
Time Limit: _____ Block: _____
Estimated Cost: _____ Permit Expiration: _____
Value/Structure: _____ Ownership: _____ Public
Fee: 10.00 Private

Construction Cost: _____ Type of Use: Commercial
Use: _____
Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Conversion - Explain erect temp sign Aug 23-Sept 23, 1989

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Dwelling Buildings Only:
Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Roof:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size: _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

PERMIT ISSUED
Ceiling:
1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____ Size AUG 24 1989
4. Insulation Type _____
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District: B-2 Street Frontage Req.: _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt. _____ Special Exception _____
Other (Explain) _____
Date Approved: 8-23-89

Permit Received By: Deborah Goode as apt holder

Signature of Applicant: Scott Hoyle Date: 8/23/89

Signature of CEO: _____ Date: _____

Inspection Dates: _____
White - Tax Assessor Yellow - G.P.O.C. White - Reg. - (E.P.) Copyright © P.C.O.P. 1987

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$ _____	_____	_____	____/____/____
(Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

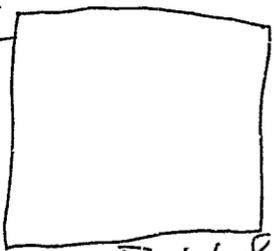
COMMENTS *8-25-89 - checked. OK. aa*

Signature of Applicant: *Scott Hoyt or agent for owner* Date *8/23/89*

111 Cumberland Ave
Portland Me
Rhonda Tosselli
874-0231

temp

Breakfast
Corner



□ 4x8 sq

Washington Ave

RECEIVED

AUG 23 1989

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

111 Cumberland Ave

PERMIT # 002505 TOWN OF Portland BUILDING PERMIT APPLICATION

Please fill out any part which applies to job. Proper plans must accompany form.

MAP # _____ LOT# _____

Owner: Rhonda Tosselli

Address: 111 Cumberland Avenue

LOCATION OF CONSTRUCTION 111 Cumberland Avenue

CONTRACTOR: New England Specialty Adv SUBCONTRACTORS: 839-3569

ADDRESS: 1109 Forest Ave. 04103

Est. Construction Cost: _____ Type of Use: Comm

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain erect temp sign Aug 23-Sept 23, 1989

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date <u>August 23, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bid Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>10.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved _____

Permit Received By Deborah Goode

Signature of Applicant [Signature] Date 8/23/89

Signature of CEO _____ Date _____

Inspection Dates (7) ADDATO

6

PERMIT # 092473 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: BDK Trust Partnership (Breakfast Corner)

Address: 108 Winn Rd., Falmouth 04105

LOCATION OF CONSTRUCTION 111 Cumberland Avenue

CONTRACTOR: DP Management SURCONTRACTORS: 797-3675

ADDRESS: 108 Winn Rd., Falmouth 04105

Est. Construction Cost: \$3500 Type of Use: Diner

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Constructing new bathroom and vestibule and

clapboards outside building

2 floor plans submitted.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____

Of Dwelling Units: _____ # Of New Dwelling Units: _____

Foundation:

1. Type of Soil: _____

2. Set Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundation Size: _____

5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.

2. Girder Size: _____

3. Lally Column Spacing: _____ Size: _____

4. Joists Size: _____ Spacing 16" O.C.

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____

2. Header Sizes _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date: <u>AUG 8, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$3500</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$20</u>	

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: AUG 18 1989

Roof:

1. Truss or Rafta Size _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District: _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved _____

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 8/8/89

Signature of CEO _____ Date _____

Inspection Dates [Signature]

White-Tax Assesor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1987

PLUMBING APPLICATION

PROPERTY ADDRESS
Town or Plantation: Portland Cumberland
Street: 111 Cumberland Ave
Subdivision Lot #

PROPERTY OWNERS NAME
Last: B & D Bullock
Applicant Name: H & B
Mailing Address of Owner/Applicant (if Different): Same

PORTLAND 3709 TOWN COPY
Date Permit Issued: 11/14/89 \$ 11000 FEE Double Fee Charged
Local Plumbing Inspector Signature: _____ L.P.I. # 11213

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.
Signature of Owner/Applicant: [Signature] Date: _____

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Local Plumbing Inspector Signature: _____ Date: NOV 15 1989

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING

Type Of Structure To Be Served:
1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY: Restaurant

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # _____

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	1	Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				2	Total Fixtures
				\$ 6	Fixtures Fee
				\$	Hook-Up Fee
				\$ 6	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

FILE COPY

PERMIT # 002473 TOWN OF Portland BUILDING PERMIT APPLICATION MA LOT#

Please fill out any part which applies to job. Proper plans must accompany form.
 Owner: BLK Trust Partnership (Breakfast Corner)
 Address: 108 Winn Rd., Falmouth 04105
 LOCATION OF CONSTRUCTION: 121 Cumberland Avenue
 CONTRACTOR: DP Management SUBCONTRACTORS: 797-5675
 ADDRESS: 108 Winn Rd., Falmouth 04105
 Est. Construction Cost: \$3500 Type of Use: Diner
 Past Use: _____
 Building Dimensions L W Sq. Ft. # Stories: Lot Size:
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain Constructing new bathroom and vestibule and
clapboards outside building

For Official Use Only	
Date <u>AUG 8, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>\$3500</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>\$40</u>	

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other _____
 Chimneys: _____
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District: B-2 Street Frontage Req.: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain): _____
 Date Approved: WVH 8-17-89

Permit Received By Nancy Grossman
 Signature of Applicant: [Signature] Date: 8/1/89
 Signature of GEO: [Signature] Date: 8/15/89

Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 25.00 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$15.00 _____
(Explain) _____
Late Fee \$ _____

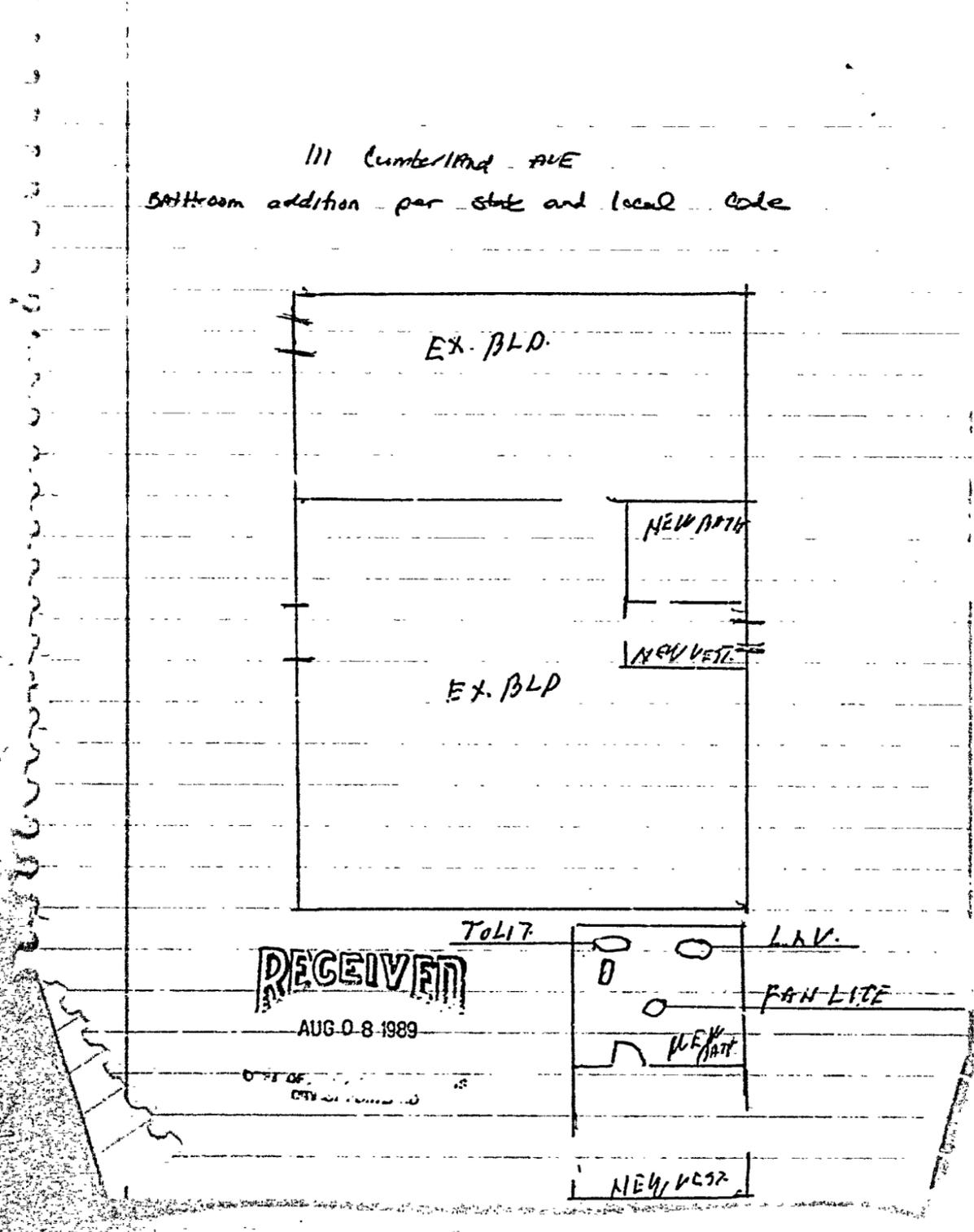
Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 8-18-89-OK-aa

Signature of Applicant DeMull F. Bivins Date 8/8/89

111 Cumberland AVE

Bathroom addition per state and local code



RECEIVED

AUG 08 1989

OFFICE OF THE CITY CLERK

923550

CALL BRUCE AND HE WILL PICKUP

Permit # 923550 City of Portland BUILDING PERMIT APPLICATION Fee \$10.00 Zone Map # Lot #

PERMIT ISSUED

APR 10 1992

Address: Falmouth, Maine
LOCATION OF CONSTRUCTION: 111 Cumberland Ave.
OWNER: WILLIAM DARRAGE Phone #
Sub:
Phone # 772-0886
EML Construction Cost: Proposed Use: Adv. Cleaning Business
Permit User: RESTAURANT

of Existing Rev. Units: # of New Total Sq. Ft.
Building Dimensions L W
Stories: # Bedrooms Lot Size:
Is Proposed Use: Seasonal Condominium Conversion
Explicit Conversion erect temporary sign for one month April 13, 1992 May 12, 1992

For Official Use Only

Date: April 7, 1992
Inside Fire Limits:
Hldg Code:
Time Limit:
Estimated Cost:

Street Frontage Provided: Back Side
Provided Setbacks: Front Back Side

Review Required:
Zoning Board Approval: Yes No Date:
Planning Board Approval: Yes No Date:
Conditional Use: Yes No Variance Floodplain Yes No
Shoreland Zoning Yes No Subdivision
Special Exception
Other (Explain)

PERMITS DIVISION
CITY OF PORTLAND

HISTORIC PRESERVATION

Foundation:
1. Type of Soil: Keat Silt/clay
2. See Backs - Front
3. Footings Size:
4. Foundation Size:
5. Other

Floor:
1. Sills Size: Sills must be anchored.
2. Lally Column Spacing: Size:
3. Joists Size: Spacing 16" O.C.
4. Bridging Type: Size:
5. Floor Sheathing Type: Size:
6. Other Material:

Exterior Walls:
1. Studding Size: Spacing
2. No. windows
3. No. Doors
4. Header Sizes Spacing
5. Bracing: Yes No Spacing
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Type Size Weather Exposure
9. Sliding Type
10. Masonry Materials
11. Metal Materials

Interior Walls:
1. Studding Size Spacing
2. Header Sizes Spacing
3. Wall Covering Type Spacing
4. Fire Wall if required
5. Other Materials

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

Yellow-GPCOG 1988

Signature of Applicant: Bruce Hourigan Date: 4/7/92
Signature of CEO: Date:
Inspection Date:
White Tag - CEO: Yellow-GPCOG 1988

Roof:
1. Truss or Rafters Size Spacing Action: Approved
2. Sheathing Type Size Action: Approved
3. Roof Covering Type Size Action: Approved
4. Insulation Type Size Action: Approved
5. Ceiling Height: Size Action: Approved

Chimneys:
Type: Number of Fire Places Date:
Type of Heat: Number of Fire Places Date:

Electrical:
Service Entrance Size: Smoke Detector Required: Yes No

Plumbing:
1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Fixtures
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:
1. Type: Square Footage
2. Pool Size: X
3. Must conform to National Electrical Code and State Law.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 111 Cumberland Ave.

Date of Issue 4/16/92

Issued to Bruce McMilligan

Office is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 92 / 35 60, 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

Change of Use
from restaurant to drop-off dry cleaning

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

[Signature]
(Date)

Inspector

[Signature]
Inspector of Buildings

Note: This certificate identifies level 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 leasee for one dollar.

023560

Permit # 023560 City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone

Map # Lot #

Please fill out any part which applies to job. Proper plans must accompany form.

Owner Bruce Hurligan Phone # 722-0885

Address 111 Cumberland Ave; Pld, ME 04101

EDUCATION OF CONSTRUCTION 111 Cumberland Ave. (3 9 9 Cleaners)

Contractor Sub. Phone #

Address Phone #

Est. Construction Cost: Proposed Use: Restaurant

of Existing Res Units: Part Use: of New Res. Units: Total Sq. Ft.

Building Dimensions L: W: # Bedrooms: Lot Size:

Is Proposed Use: Seasonal Condominium Conversion

Explain Conversion Change of Use - From Restaurant to

Foundation: 1. Type of Bolt: 2. Set Backs - Frame 3. Footings Size: 4. Foundation Size: 5. Other

Wider: 1. Sills Size: 2. Girder Size: 3. Lally Column Spacing: 4. Joist Size: 5. Bridging Type: 6. Floor Sheathing Type: 7. Other Material:

Exterior Walls: 1. Studding Size: 2. No. Windows: 3. No. Doors: 4. Header Sizes: 5. Bracing: 6. Corner Posts Size: 7. Insulation Type: 8. Sheathing Type: 9. Siding Type: 10. Masonry Materials: 11. Metal Materials:

Interior Walls: 1. Studding Size: 2. Header Size: 3. Wall Covering Type: 4. Pipe Wall If Required: 5. Other Materials:

White - Tax Assessor

PERMIT ISSUED

For Official Use Only

Date 4/9/92

Inside City Limits

Time Limit

Estimated Cost

Zone: B-2

Street Frontage Provided:

Provided Setback: Front Back Side

Review Required: Zoning Board Approval: Yes No Date: Planning Board Approval: Yes No Date: Conditional Use: Variance: Floodplain Yes No Special Exception: Floodplain Yes No

Open (Special)

Callings: 1. Ceiling Joist Size: 2. Ceiling Strapping Size: 3. Type Ceilings: 4. Insulation Type: 5. Ceiling Height:

Roof: 1. Truss or Rafter Size: 2. Sheathing Type: 3. Roof Covering Type: 4. Insulation Type: 5. Ceiling Height:

Chimneys: Type: Number of Fire Places: Electrical: Type of Heat: Service Entrance Size: Smoke Detector Required: Yes No Plumbing: 1. Approval of soil test if required: 2. No. of Tubs or Showers: 3. No. of Fixtures: 4. No. of Lavatories: 5. No. of Other Fixtures: Swimming Pools: 1. Type: 2. Pool Size: 3. Must conform to National Electrical Code: Permit Received By: Signature of Applicant: GEORGE W. HURLIGAN: Signature of Official: IVORY TAG - CPD

Historic Preservation

Not in District Not Landmark. Does not require a permit.

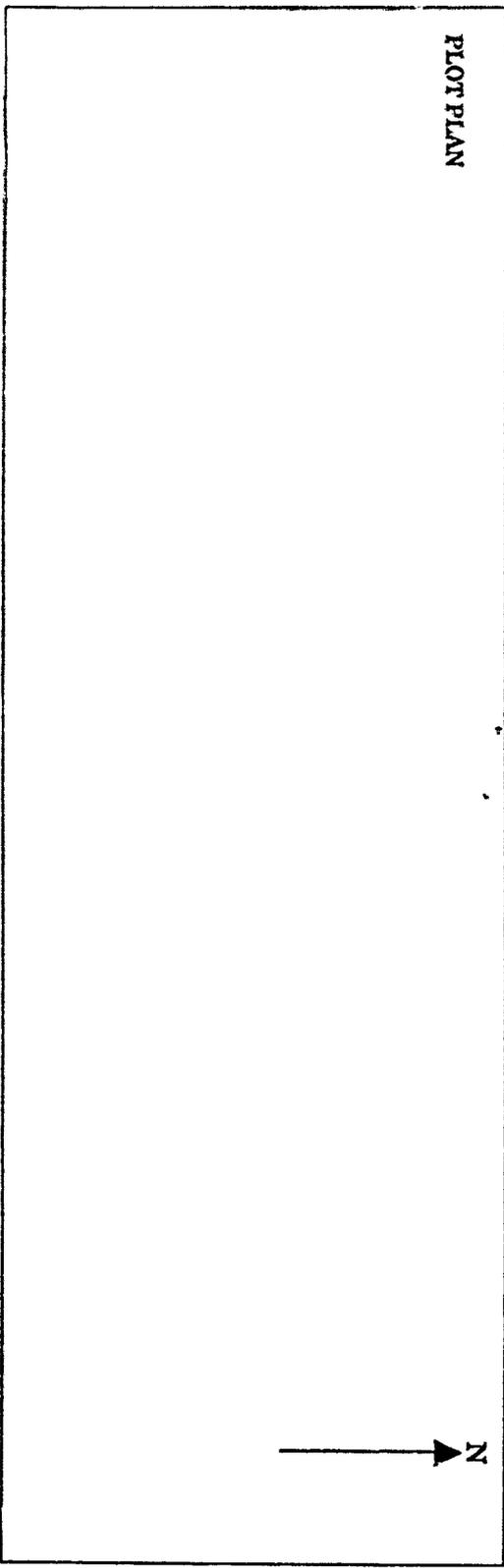
APPROVED AND AUTHORIZED

PERMIT ISSUED WITH LETTER 4/9/92

CONTINUED TO REVERSE SIDE

IVORY TAG - CPD

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 25
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT *Paul Owens*

ADDRESS _____

PHONE NO. 772-0886

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____

PHONE NO. _____

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 14, 1992

RE: 111 Cumberland Avenue

Mr. Bruce Howrigan
111 Cumberland Avenue
Portland, ME 04101

Dear Sir:

Your application to change the use from restaurant to drop-off dry cleaning, has been reviewed and a permit is herewith issued subject to the following requirement:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. Proper fire extinguisher must be installed as per N.F.P.A. 10.

If you have any questions regarding this requirement, please do not hesitate to contact this office.

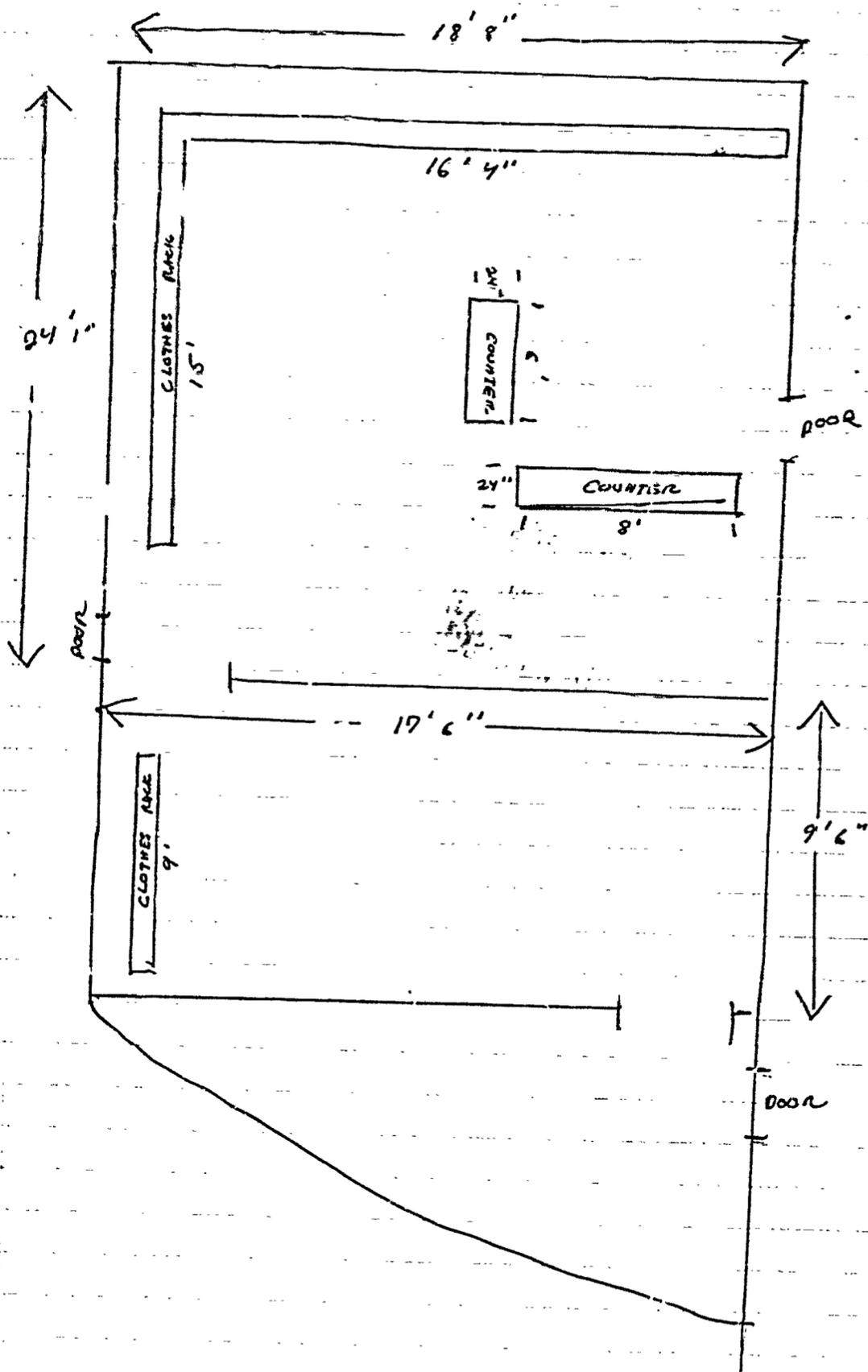
Sincerely,

A handwritten signature in dark ink, appearing to read "S. Hoffses", written over a horizontal line.

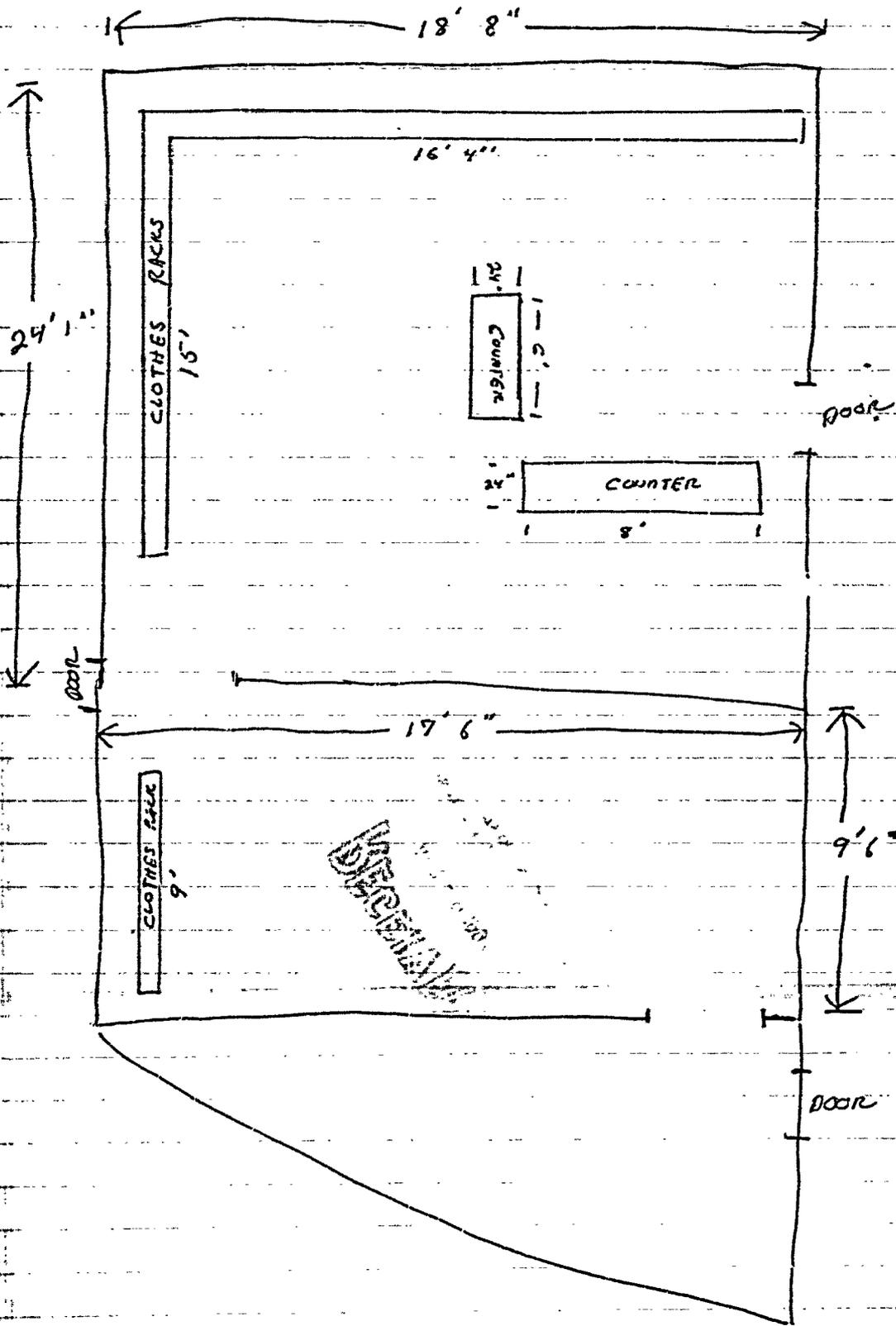
P. Samuel Hoffses
Chief of Inspection Services

/el

111 CUMBERLAND AVE.



111 CUMBERLAND AVE



923560

Permit # 923560 City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone Map # Lot # 1014
Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED
APR 14 1992

Owner: Bruce Hourigan Phone # 772-0834

Address: 111 Cumberland Ave; Ptld, ME 04101

LOCATION OF CONSTRUCTION: 111 Cumberland Ave.
(Sub: B & B Cleaners)

Address: _____ Phone # _____

Proposed Use: dry cleaning

Part Use: restaurant

of Existing Res. Units: _____ # of New Res. Units: _____

Building Dimensions L: _____ W: _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms: _____ Lot Size: _____

In Proposed Use: Seasonal Condominium Conversion

Explain Conversion: Change of Use - from restaurant to drop-off dry cleaning

Foundation: _____

1. Type of Soil: _____

2. Set Backs - Front: _____ Rear: _____ Side(s): _____

3. Footings Size: _____

4. Foundation Size: _____

5. Other: _____

Roof: _____

1. Sills Size: _____ Sills must be anchored.

2. Header Size: _____

3. Lally Column Spacing: _____ Size: _____ Spacing 10" O.C.

4. Joints Size: _____

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Wall: _____

1. Studding Size: _____ Spacing: _____

2. No. Windows: _____

3. No. Doors: _____

4. Header Size: _____ Yes _____ No _____ Spacing: _____

5. Bracing: _____

6. Corner Posts Size: _____

7. Insulation Type: _____ Size: _____

8. Sheathing Type: _____ Size: _____ Weather Exposure: _____

9. Sillings Type: _____

10. Masonry Materials: _____

11. Metal Materials: _____

Date: 4/9/92 For Official Use Only

Inside Fire Limits: _____

Bldg Code: _____

Time Limit: _____

Estimated Cost: _____

Zoning: B-2

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____

Review Required: _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____

Special Exception: _____

Other: _____

Ceiling: _____

1. Ceiling Joists Size: _____ Spacing: _____

2. Ceiling Strapping Size: _____

3. Type Ceiling: _____ Size: _____

4. Insulation Type: _____

5. Ceiling Height: _____

Roof: _____

1. Truss or Rafter Size: _____ Span: _____ Action: _____

2. Sheathing Type: _____ Size: _____

3. Roof Covering Type: _____

4. Chimneys: _____ Number of Fire Places: _____

5. Heating: _____

Type of Heat: _____

Electric: _____

Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing: _____

1. Approval of soil test if required: _____

2. No. of Tubs or Showers: _____

3. No. of Flushes: _____

4. No. of Lavatories: _____

5. No. of Other Fixtures: _____

Swimming Pools: _____

Permit Received By: Louise E. Garsel Date: 4/9/92

Signature of Applicant: Bruce Hourigan

CEO's District: Bruce W. Hourigan

Signature of Applicant: Bruce Hourigan

CEO's District: Bruce W. Hourigan

Signature of Applicant: Bruce Hourigan

CEO's District: Bruce W. Hourigan

Signature of Applicant: Bruce Hourigan

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Signature of Applicant: Bruce Hourigan

CEO's District: Bruce W. Hourigan

Signature of Applicant: Bruce Hourigan

CEO's District: Bruce W. Hourigan

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO Mr. Keen

White - Tax Assessor

923550

CALL BRUCE AND HE WILL PICK UP

Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee \$10 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: William DiBiase Phone # _____
Address: Falmouth, Maine
LOCATION OF CONSTRUCTION: 111 Cumberland Ave.
Lease: Bruce Hourigan Sub: _____
Address: _____ Phone # 772-9886

For Official Use Only
Date: April 7, 1992
Inside Fire Limits _____
Blgd Code _____
Time Limit _____
Estimated Cost _____
Subdivision _____
Name _____
Lot _____
Ownership _____

CITY OF PORTLAND

Est. Construction Cost: _____ Proposed Use: Adv. Cleaning Business Zoning: _____
Past Use: restaurant
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion: erect temporary sign for one month April 13, 1992
May 12, 1992

Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other (Explain) _____

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ (Use(s)) _____
3. Footing Size: _____
4. Foundation Size: _____
5. Other _____

Floor:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size _____ Span/ft _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
Plumbing:
1. Approval of person (test if required) _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By _____ (at in)
Signature of Applicant: Bruce Hourigan Date: 4/7/92
Signature of CEO: Bruce Hourigan Date: _____
Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO Copyright GPCOG 1989

PLOT PLAN

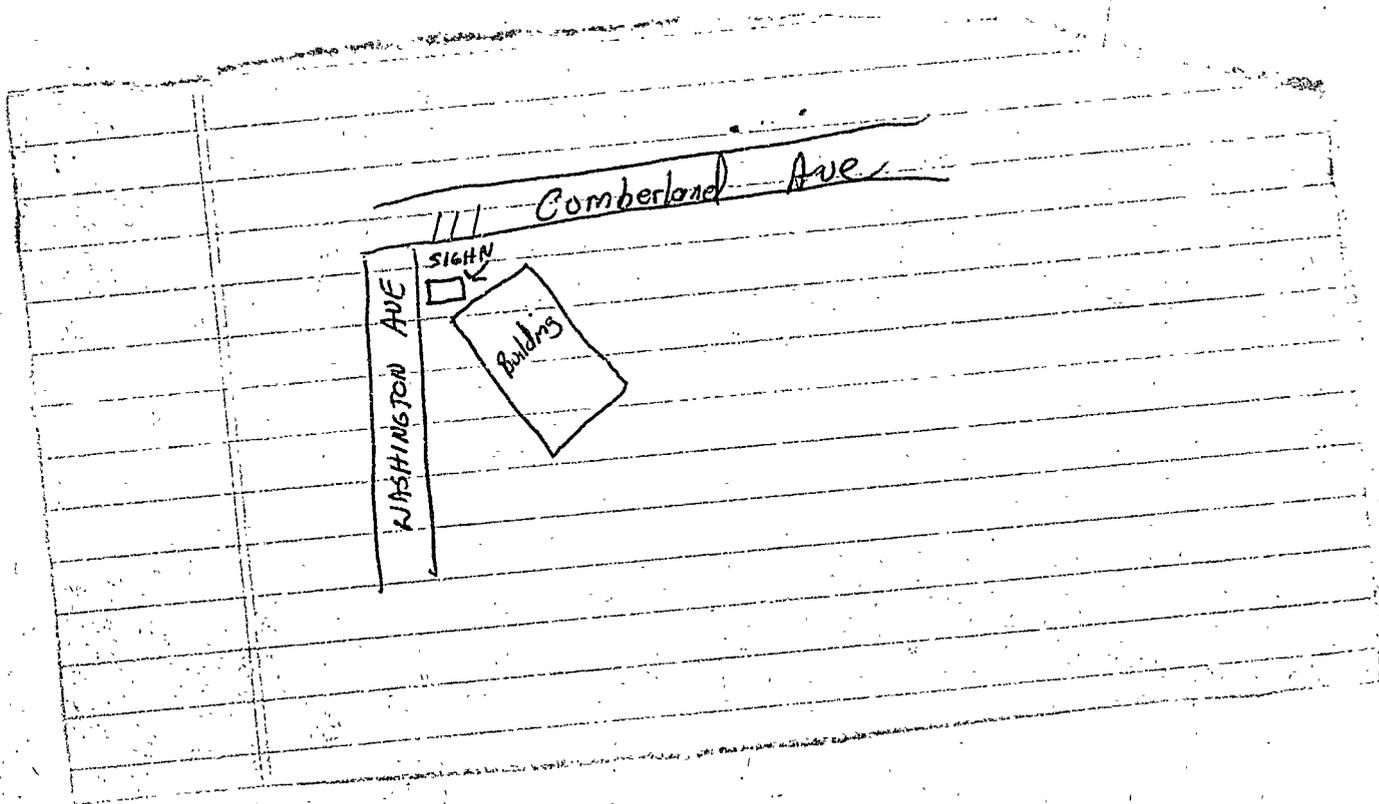


FEES (Breakdown From Front)
Base Fee \$ 10.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS submitted plot plan and insurance

Signature of Applicant Bruce O'Hara Date 4/7/92



940077 940077
 Permit # 940077 City of Portland **BUILDING PERMIT APPLICATION** Fee \$34.60 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: B & B Cleaners Inc Phone # 772-0886
 Address: 111 Cumberland Ave- Ptd, ME 04101
 LOCATION OF CONSTRUCTION 111 Cumberland Ave.
 Contractor: Bancon Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: dry cleaners
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect d/b sided sign - 6'x4'

For Official Use Only
 Date 2/1/94 Subdivision Name EB-31001
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Ownership: _____ Public _____ Private _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Zoning: Street Frontage Pr. ded: _____
 Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) W.A. - 2-2-94

Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Requires Review.
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____ Date: _____

Chimneys:
 Type: _____ Number of Fire Places _____ Signature: _____

Heating:
 Type of Heat: Oil

Electrical:
 Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Bruce W. Hourigan Date 2/1/94

CEO's District _____
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO Mr. Leaver

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	34.60			/ /
Subdivision Fee \$				/ /
Site Plan Review Fee \$				/ /
Other Fees \$				/ /
(Explain)				/ /
Late Fee \$				/ /

COMMENTS 3-9-94 Signs has all been put up

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

B&B CLEANERS

Other side
→

8

Washington Ave

Bob Cleaners

Cambridge Ave

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 111 Cumberland Ave IN PORTLAND, MAINE BOK Trust Partners being the owner of the premises at 111 Cumberland Ave in Portland, Maine hereby gives consent to the erection of a certain sign owned by Bruce W. Hourigan over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit BOK Trust Partners, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this 29th day of January 19 93

[Signature]

Owner's signature

Manager for
BOK Trust Partners

[Signature]

Lessee's signature

CHANGE NO. 001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

P O L I C Y C H A N G E

THIS ENDORSEMENT CHANGES THE POLICY EFFECTIVE ON THE INCEPTION DATE OF THE POLICY UNLESS ANOTHER DATE IS INDICATED BELOW.

POLICY NUMBER: 04 SBA DE4100

NAMED INSURED AND ADDRESS: BRUCE & FLORITA HOURIGAN DBA
B & B CLEANERS
22 SKILLINS RD
CUMBERLAND
ME. 04021

AGENT AND CODE NO. HOLDEN AGCY 030182

EFFECTIVE DATE: 04/03/93 EFFECTIVE HOUR IS THE SAME AS STATED
IN THE DECLARATIONS PAGE OF THE POLICY.

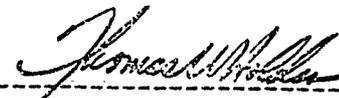
POLICY CHANGES:

NAMED INSURED IS CHANGED TO READ: B & B CLEANERS, INC.

LEGAL STATUS OF THE NAMED INSURED IS CHANGED TO READ: CORP

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.
THIS ENDORSEMENT WILL NOT BE BINDING UNLESS COUNTERSIGNED BY A DULY
AUTHORIZED AGENT OF THE COMPANY.

COUNTERSIGNED BY



AUTHORIZED AGENT

POLICY DECLARATIONS (CONTINUED)
04 SBA DE4100

LOCATION(S), BUILDING(S), BUSINESS OF
NAMED INSURED AND SCHEDULE OF
COVERAGES FOR PREMISES AS DESIGNATED
BY NUMBER BELOW.

LOCATION: 001 BUILDING: 001
111 CUMBERLAND AVE
PORTLAND, ME. 04101

DESCRIPTION OF BUSINESS:
LAUNDRY AND DRY CLEANING PICK UP STATIONS (NO CLEANING ON PREMISES)

BUILDING AND BUSINESS PERSONAL PROPERTY

DEDUCTIBLE: \$250 PER OCCURRENCE

BUILDING AND BUSINESS PERSONAL PROPERTY

BUILDING

NOT APPLICABLE

BUSINESS PERSONAL PROPERTY

LIMIT OF INSURANCE: \$10,700
REPLACEMENT COST COVERAGE APPLIES

PERSONAL PROPERTY OF OTHERS

LIMIT OF INSURANCE: \$42,800
REPLACEMENT COST COVERAGE APPLIES

MONEY AND SECURITIES

LIMIT OF INSURANCE: \$10,000 INSIDE THE PREMISES
\$2,000 OUTSIDE THE PREMISES

PROPERTY OPTIONAL COVERAGES APPLICABLE TO THIS LOCATION

POLICY DECLARATIONS (CONTINUED)
04 SEA DE4100

LOCATION(S), BUILDING(S), BUSINESS OF
MED INSURED AND SCHEDULE OF
COVERAGES FOR PREMISES AS DESIGNATED
BY NUMBER BELOW. (CONTINUED)

LOCATION: 001 BUILDING: 001 (CONTINUED)

STRETCH COVERAGES: FORM SS 04 08

THIS ENDORSEMENT INCLUDES THE FOLLOWING PACKAGE OF COVERAGES:

\$10,000 VALUABLE PAPERS COVERAGE
\$ 5,000 ACCOUNTS RECEIVABLE COVERAGE
\$ 5,000 OUTDOOR SIGNS COVERAGE
\$10,000 COMPUTERS AND MEDIA COVERAGE
\$10,000 PERSONAL PROPERTY OF OTHERS
\$10,000 PERSONAL PROPERTY OFF-PREMISES AND IN TRANSIT
\$10,000 TEMPERATURE CHANGE

PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS

BUSINESS INCOME AND EXTRA EXPENSE
ACTUAL LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS

LIABILITY AND MEDICAL EXPENSES

LIABILITY AND MEDICAL EXPENSES LIMIT:

\$1,000,000 EACH OCCURRENCE

MEDICAL EXPENSES LIMIT - ANY ONE PERSON:

\$10,000

PERSONAL AND ADVERTISING INJURY LIMIT:

\$1,000,000

FIRE LEGAL LIABILITY - FIRE,
LIGHTNING, OR EXPLOSION

LIMIT OF INSURANCE: \$300,000

AGGREGATE LIMITS:

PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT: \$2,000,000

GENERAL AGGREGATE LIMIT: \$2,000,000

POLICY DECLARATIONS (CONTINUED)
04 SBA DE4100

LOCATION(S), BUILDING(S), BUSINESS OF
COVERED INSURED AND SCHEDULE OF
COVERAGES FOR PREMISES AS DESIGNATED
BY NUMBER BELOW. (CONTINUED)

BUSINESS LIABILITY OPTIONAL COVERAGES

HIRED / NON - OWNED AUTO LIABILITY

LIMIT OF INSURANCE: \$1,000,000

FORM NUMBERS OF FORMS AND ENDORSEMENTS
THAT APPLY:

SS 00 01 03 92	SS 00 05 03 92	SS 00 07 03 92	SS 00 08 03 92
SS 01 34 03 92	SS 01 68 03 92	SS 04 08 03 92	IH 10 01 09 86
SS 12 01 03 92	SS 12 03 03 92	SS 83 02 03 92	

