

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

Location of Construction:

290 Congress St

Owner:

Rite Aid

Phone:

Lease/Buyer's Name:

Business Name:

Owner Address:

Contractor Name:

Bailey Sign 9 Thomas Dr

Address:

Westbrook, ME

04092

774-2843

Phone:

Permit Use:

Proposed Use:

Pharmacy

Same w/signage

Signature:

Signature:

Proposed Project Description:

3.9' x 20' = 75 sq ft

Erect Signage as per plans

Sign #2 100 sq ft

175 sq ft

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:

Approved

Approved with Conditions:

☐

☐

☐

Signature:

Date:

Permit Taken By:

Mary Greshk

Date Applied For:

17 Nov 94

- 1 This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- 2 Building permits do not include plumbing, septic or electrical work.
- 3 Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

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 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 provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT Andrea Noyes

Andrea Noyes

ADDRESS:

17 Nov 94

DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

Permit No: 941265

PERMIT ISSUED

NOV 22 1994

CITY OF PORTLAND

Zoning Approval

Special Zone or Reviews:

- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan major minor

Zoning Appeal

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation

- ☒ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

Action:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: 11/18/94

John M. Noyes

CEO DISTRICT

☒

M. Noyes

Owner Address: 270 Congress St. Portland, ME 04101	Address: Box 1141 Scarborough, ME 04107	Phone: 253-1117
Contractor Name: Portland Pump Co	Proposed Use: fuel store w/o tank	COST OF WORK: \$
Past Use:		PERMIT FEE: \$ 10
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied
		INSPECTION: Use Group: Type:
		Signature: _____

Permit Issue: 1

PERMIT ISSUED

OCT 21 1994

CITY OF PORTLAND

Zone: CBL

Zoning Approval:

Proposed Project Description:

remove w/g fuel tank

Signature: _____ Date: _____

Special Zone or Reviews:

☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan ☐ major ☐ minor ☐ mm ☐

Permit Taken By: L Chase

Date Applied For: 10/20/94

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

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Historic Preservation

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☐ Does Not Require Review
☐ Requires Review

**PERMIT ISSUED
WITH REQUIREMENTS**

CERTIFICATION

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SIGNATURE OF APPLICANT: Donald N. G. ADDRESS: _____ DATE: 10/20/94 PHONE: _____

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White- _____
Pink-Inspector
Green-Assessor's
Canary-D.P.W.
Public File
Desk
Ivory Card

CEO DISTRICT

M. Leary

Handwritten notes area with horizontal lines.

Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

BUILDING PERMIT REPORT

Date: 10/20/74
Address: 290 Congress St
Type of Permit: remove tanks
Owner: Phil Levinski
Contractor: Perthuis Pump
Applicant: -
Approved: ✓ Denied: _____

Conditions:

1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations (Chapter 691).
2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Department of Environmental Protection
Bureau of Hazardous Materials & Solid Waste Control
State House Station #17
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

~~710 by Myle~~

7/93

**NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY**

**THIS FORM MUST BE FILED WITH THE D.E.P. AND YOUR LOCAL FIRE
DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL**

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: Phil Levesley
Mailing Address: 272 Congress St Telephone #: 774-6648
City: Portland State: ME Zip Code: 04101
Contact Person (name, address & telephone #): Sam As Noble

Name of Facility: Phil's Fuel Registration #: NOT REGISTERED
Facility Location (town & street): 290 Congress St Portland ME 04101

1. Identify the tanks at this location which are going to be removed:

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	unknown	1,200	#2 FUEL
2			
3			
4			

2. Directions to this facility (be specific):

CONGRESS ST. PORTLAND ME

3. Is or was the tank(s) used to store Class I liquids (e.g. gasoline, jet fuel)? Yes ☐ No ☒
**IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE
DIRECTION OF A CERTIFIED TANK INSTALLER.**

Tank Installer's Name: Certification Number: Signature:

N/A

4. Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for residential motor fuel tanks under 1,100 gallons where the product is used on site. Site Assessor's Name and Address (if applicable):

N/A

5. Name and telephone number of contractor who will do the tank removal:

Princeton Pump Co

6. Expected date of removal (month/day/year): 1-17-94

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 9/2/94

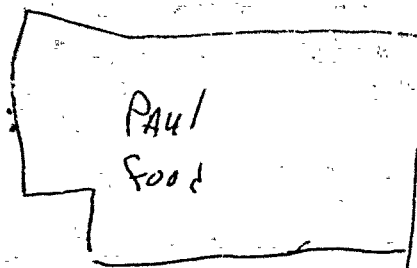
Signature: [Signature]

Printed Name and Title: Phil Levesley G.M.

Mail original and yellow copy to DEP; pink copy to fire department; retain gold copy.
RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED

Black Top

T
A
A



290 Congress St.

Contractor Name: Portland Pump Co Past Use:		Address: Box 1180 Scarborough, ME 04074 Phone: 883-4317		Permit Number: PERMIT ISSUED OCT 21 1994 CITY OF PORTLAND	
Proposed Use: food store w/o tank		COST OF WORK: \$		PERMIT FEE: \$ 10	
Proposed Project Description: remove u/g fuel tank		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied			
Permit Taken By: L Chase		Date Applied For: 10/20/94			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..					
<div style="text-align: center;"> 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 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 provisions of the code(s) applicable to such permit </div>					
SIGNATURE OF APPLICANT: <i>[Signature]</i>		ADDRESS:		DATE: 10/20/94	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:			
<div style="text-align: center;"> White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector </div>					

PERMIT ISSUED
 WITH REQUIREMENTS

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

CEO DISTRICT

[Signature]

Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name:	Address:	Phone:	
PM Construction Co, Inc.	166 Simpson Rd P.O. Box 728	Saco, ME 04072	282-7697
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:
Pharmacy	Pharmacy	\$ 235,000.	\$ 1,195.
	w/int reno	FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <u>11</u> Type <u>20</u>
Proposed Project Description:		Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Make interior renovations as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Permit Taken By: Mary Gresik		Date Applied For: 21 Nov 94	

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4 - 30 YC	30-2121	00029
	22	30
	23	31
	24	32

Real Final 82-17697 for P14

PERMIT ISSUED WITH LETTER

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT Phil Morin ADDRESS: DATE: 21 Nov 94 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Permit Issued:
PERMIT NO. 301
CITY OF PORTLAND
Zoning Approval: <u>W10M</u>
Special Zone or Reviews:
<input type="checkbox"/> Shoreland
<input type="checkbox"/> Wetland
<input type="checkbox"/> Flood Zone
<input type="checkbox"/> Subdivision
<input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Zoning Appeal
<input type="checkbox"/> Variance
<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Interpretation
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
Historic Preservation
<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Requires Review
Action:
<input type="checkbox"/> Approved
<input type="checkbox"/> Approved with Conditions
<input type="checkbox"/> Denied
Date: <u>11/22/94</u>
CEO DISTRICT <u>1</u>
<u>MA. Leary</u>

Owner Address:		Lease/Buyer's Name:		Business Name:	
PH Constr... P.O. Box 728 Past Use: Pharmacy		Address: Saco, ME 04072 Proposed Use: Pharmacy w/int reno Basement		Phone:	
Proposed Project Description: Renovate Basement as per plans		COST OF WORK: \$ 94,000.		PERMIT FEE: \$ 490.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group <i>B</i> Type <i>2A</i> <i>BOC 193</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT <i>(H)</i> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		CITY OF SACO Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> S. - 2nd Floor of Revisions. <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major minor <input type="checkbox"/> none	
Permit Taken By: Mary Gresik		Date Applied For: 5 Dec 94			
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.					
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> PERMIT ISSUED WITH 1-ITER </div>					
CERTIFICATION I hereby certify that I am the owner of record of the named property, and 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 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 provisions of the code(s) applicable to such permit					
SIGNATURE OF APPLICANT: <i>[Signature]</i> Philip Morin		ADDRESS:		DATE: 5 Dec 94	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:		ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>12/6/94</i> <i>[Signature]</i>	
				CEO DISTRICT <i>1</i> <i>MA. Leary</i>	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Contractor Name: Rite Aid "A Call Away" P.O. Box 655 Naples, FL 34105 1-800-639-7707		Address: _____ Phone: _____	
Proposed Use: Pharmacy Same w/HVAC System		COST OF WORK: \$ 21,000. FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	PERMIT FEE: \$ 125.00 INSPECTION: Use Group: U Type: 2B Signature: <i>[Signature]</i>
Proposed Project Description: Install HVAC System		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> approved with Conditions: <input type="checkbox"/> Denied Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 21 Nov 94	
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SIGNATURE OF APPLICANT: <i>[Signature]</i> John Martin		ADDRESS: _____ DATE: 21 Nov 94 PHONE: _____	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: <i>[Signature]</i> owner John Martin		PHONE: _____	

PERMIT ISSUED
NOV 29 1994
CITY OF PORTLAND

Zoning Approval: *[Signature]*
 Special Zoning Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan major ☐ minor ☐ minor

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:
☐ Approved
☐ Approved with Conditions
☐ Denied
 Date: **11/22/94**
[Signature]

CEO DISTRICT **1**
[Signature]

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory-Care-Inspector

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

Location of Construction: 290 Congress St		Owner: Levinuky		Phone:		Permit No: 941273
Owner Address:		Lease/Buyer's Name: Kite Aid		Phone:		
Contractor Name: "A Call Away" P.O. Box 197		Address: Hayles, ME 04055 1-800-639-7707		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED NOV 29 1994 </div>
Past Use: Pharmac/		Proposed Use: Same w/HVAC System		COST OF WORK: \$ 21,000. PERMIT FEE: \$ 125.00		
Proposed Project Description: Install HVAC System		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: U Type: 20 Signature: <i>[Signature]</i>		CITY OF PORTLAND Code: 020-1-01
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____				
		Zoning Approval: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan map <input type="checkbox"/> min <input type="checkbox"/> min <input type="checkbox"/> min				
Permit Taken By: Mary Grcak		Date Applied For: 21 Nov 94				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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21 Nov 94

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: *[Signature]* PHONE: _____

Blueprint Filed
Box # 10

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Action:
☐ Approved ☐ Approved with Conditions ☐ Denied

Date: *11/22/94*

CEO DISTRICT
[Signature]

COMMENTS

1-31-95 HVAC is all installed

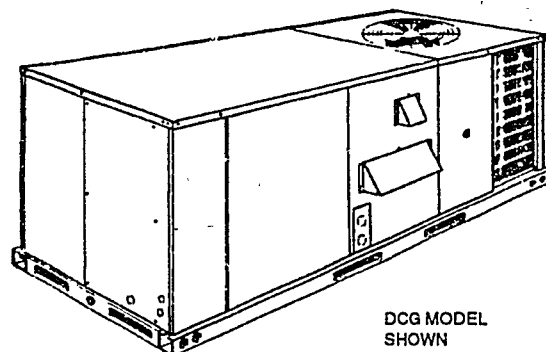
Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____





SINGLE PACKAGE AIR-COOLED AIR CONDITIONERS

D3CE 036, 048, 060 & 076
D4CG 036, 048, 060 & 076
D5CG 060
3, 4 AND 5 NOMINAL TONS (10 SEER)
AND 6 NOMINAL TONS (9 EER)



DCG MODEL
SHOWN

SUNLINE 2000™

DESCRIPTION

YORK Sunline 2000 units are convertible single package air conditioners with a common cabinet and a common roof curb for the 3, 4, 5 and 6 ton sizes. The units were designed for residential and light commercial applications. They can easily be installed on a roof curb, slab, roof jack or frame.

All units are self-contained and assembled on rigid full perimeter base rails with fork lift slots on three sides and holes for overhead rigging. Every unit is completely piped, wired, charged and tested at the factory to provide for a quick and easy field installation.

The units are available in cooling only, and cooling with gas heat. Electric heaters are available as field-installed accessories.

Both bottom and side duct connections are available without having to swap panels. The installer simply removes the duct covers for the desired configuration. Economizers may be used on either bottom and side duct applications with no modifications required.

All models include a 5-year limited warranty on compressors and electric heating elements, a 10-year limited warranty on gas-fired heat exchangers and a 1-year limited warranty on all replacement parts.

FEATURES

COMMON FOOTPRINT/COMMON CABINET - All model sizes and configurations share a common cabinet and a common roof curb. The installer has the flexibility of setting one curb and placing the proper tonnage unit on that curb after the internal load has been determined. He can even decide between gas or electric heat after the curb has been set.

HIGH EFFICIENCY - All units have a high cooling efficiency, and gas / electric models have a minimum AFUE of 79%. All efficiencies exceed legislated minimum levels and provide low operating costs.

CONVERTIBLE AIRFLOW DESIGN - Both the side and bottom duct openings are covered when they leave the factory. If a side supply / side return is desired, you simply remove the

two side duct covers from the outside of the unit and discard them. If a bottom supply / bottom return is desired, you simply remove the two knockout panels from the base of the unit and discard them. No panel cutting or swapping is required! Convertible airflow design allows maximum field flexibility and minimum inventory.

FACTORY-INSTALLED OPTIONS - Economizers can be installed at the factory. The economizers are shipped installed and wired. Only the rain hood needs to be field assembled and installed. Field labor dollars can be saved by having the components arrive already installed.

Adjustable belt drive blowers are available on most models from the factory for complete airflow flexibility.

FIELD-INSTALLED ACCESSORIES - Accessories were designed for quick and easy installation. The motorized damper and economizers simply slide in, and electrical connections are made by modular plugs. Electric heaters mount easily, and knockouts are provided in the internal partitions to connect the elements to the control box single point kit.

The 14" high roof curb is shipped knocked down. An insulated deck is not required because the bottom of the unit is insulated.

Low ambient controls are available to provide stable unit operation at outdoor temperatures down to 0°F.

Propane, high altitude and low NOx kits are also available to cover all gas heating applications.

WIDE RANGE OF INDOOR AIRFLOWS - All 3, 4 and 5-ton models operate over a wide range of design conditions with a 3-speed direct-drive fan motor. The 6-ton unit has a single speed direct-drive fan motor. Belt-drive blowers are also available on all 3-ton models and on 4, 5 and 6 ton, 3-phase models.

FULL PERIMETER BASE RAILS - The permanently attached base rails provide a solid foundation for the entire unit and protect the unit during shipment. The rails provide fork lift access from 3 sides, and rigging holes are also provided so that an overhead crane can be used to place the units on a roof.

Cont'd.

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

Location of Construction: 290 Congress St		Owner: Rite Aid		Phone:		Permit No: 941265	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Bailey Sign 9 Thomas Dr		Address: Westbrook, ME 04092		Phone: 774-2843		Permit Issued: PERMIT ISSUED	
Past Use: Pharmacy		Proposed Use: Same w/signage		COST OF WORK: \$		PERMIT FEE: \$ 60.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 6 Type: NOCA 9.3	
Proposed Project Description: Erect Signage as per plans		3.9' x 20' = 75 sq ft		Signature:		Signature: <i>[Signature]</i>	
		Sign #2 100 sq ft		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <i>[Signature]</i>	
		175 sq ft		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Cresik		Date Applied For: 17 Nov 94		Signature:		Date:	

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[Signature]
SIGNATURE OF APPLICANT **Andrea Noyes** ADDRESS: DATE: **17 Nov 94** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:
☒ Approved
☐ Approved with Conditions
☐ Denied

Date: **11/18/94**
[Signature]

CEO DISTRICT *[Signature]*

COMMENTS

1-31-95 Sign has been found

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 290 Congress
IN PORTLAND, MAINE Levin'sky's being the owner of the premises
at 290 Congress in Portland, Maine hereby gives consent to the
erection of a certain sign owned by Rite Aid Pharmacy over the
public 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 erection of said sign: 3'-9" x 20' side wall
36" Letters front wall,

And in consideration of the issuance of said permit Levin'sky's
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 within ten days of notice from said
Inspector of Buildings that said sign is 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 Nov. 8 day of 1994.

X [Signature]
Levin'sky's

03/25/95

X [Signature]
Barley Sign

ACCORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/03/84

PRODUCER

Clark Associates
2331 Congress Street
P O Box 3543
Portland

ME 04104

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	COMMERCIAL UNION INS CO
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Shopping Center Associates
%Philip Levinsky
39 Pys Road
Portland

ME 04103

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CMLP98314 3	06/20/84	06/20/85	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMMERCIAL AGG. \$ 1000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1000000
	OWNERS & CONTRACTORS PROT.				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 100000
					MED. EXPENSE (Any one person) \$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURRENCE \$ 1000000
	NON-OWNED AUTOS				AGGREGATE \$ 2000000
	GARAGE LIABILITY				STATUTORY LIMITS
A	EXCESS LIABILITY	CMLP98314 8	03/20/84	06/20/85	EACH ACCIDENT \$
	<input checked="" type="checkbox"/> UMBRELLA FORM				DISEASE - POLICY LIMIT \$
	OTHER THAN UMBRELLA FORM				DISEASE - EACH EMPLOYEE \$
	WORKERS COMPENSATION				
	AND				
	EMPLOYERS LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

BAILEY SIGNS
9 THOMAS DRIVE

WESTBROOK

ME

04002

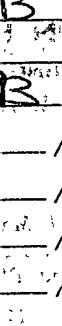
CANCELLATION

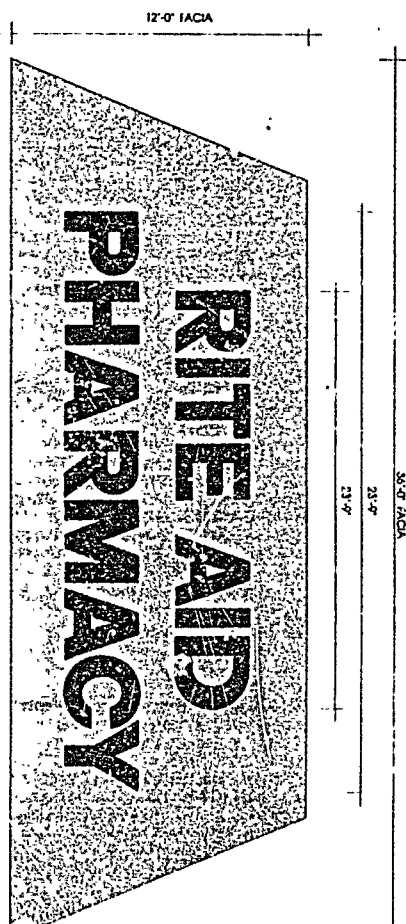
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

AC 717 5-3 (7/80)

SACORD CORPORATION 1980



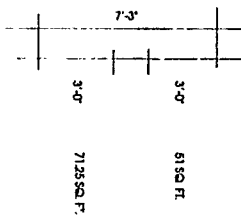


ACTUAL FACIA SHAPE UNKNOWN

1 SET OF CHANNEL NEON LETTERS LETTER DEPTH =

COLORS: FACIES - RED PLEX 2373 TRIM - WHITE RETURN - WHITE

Self contain



100% - 12235 SQ. FT.

CAMERA READY ART
☐ ONLINE ☐ REQUIRED
 RECEIVED DATE:
 120



PLEASE NOTE:

THIS IS A PRELIMINARY PRINT - FIELD MEASUREMENTS MAY OR MAY NOT NEED TO BE VERIFIED

THIS SIGN IS THE EXCLUSIVE PROPERTY OF RITE AID. ALL RIGHTS TO ITS USE OR REPRODUCTION ARE RESERVED.

COLORS AND WHERE ART FOR DISTRIBUTION ONLY COLOR MATCH NUMBERS WILL BE NEEDED

IF AN ELECTRIC SIGN, THEN INSTALLATION MUST BE ACCOMPLISHED IN TOTAL COMPLIANCE WITH THE NATIONAL ELECTRIC CODE, THE REQUIREMENTS OF UNDERWRITERS LABORATORY, CANADIAN STANDARDS ASSOCIATION, AND APPLICABLE LOCAL CODES.

© COPYRIGHT



© Balleu Sign
 1000 Westpark Executive Park
 Waltham, MA 02452
 201 774 2943 / 1 800 650 8224

CUSTOMER

RITE AID

LOCATION

CONGRESS ST.

PORTLAND, ME

SALESPERSON

A. NOYES

DRAWN BY

L.W. MERRIFIELD

REVISIONS

DATE

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3'-0" SIGN CAB

RITE AID PHARMACY

ONE HOUR PHOTO SERVICE - FAX SERVICE - HEALTH & BEAUTY AIDS

20'-0" SIGN CAB

1 S.F. 3'-0" X 20'-0" X _____ INTERN. ILLUM. SIGN CAB.

CAB & 3 1/4" RT = _____
FACE = _____
B/C = WHITE
COPY RITE AID PHARMACY - CERBERI TRANS DARK RED
COPY RITE & TAG LINE - CERBERI TRANS DARK BLUE

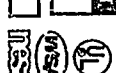
9" RADUS
1'-3 3/8"
2 3/4" RILE
4 3/4" (MAXIMUM G.S. D)

TOTAL = 75 SQ. FT.

F145 wall

CAMERON BERRY-CANT
ONLINE ☐ REQUIRED ☐
RECEIVED DATE: _____

120



PLEASE NOTE:

THIS IS A PROGRESS POINT - FIELD MEASUREMENTS MAY VARY. COLOR MATCH NUMBERS WILL BE RETURNED.

IF AN ELECTRIC SIGN IS REQUIRED, THE SIGN MUST BE ALIGNED TO THE NATIONAL ELECTRICAL CODE (NEC) REQUIREMENTS OF THE NATIONAL ELECTRICAL ASSOCIATION (NEA) AND APPLICABLE LOCAL CODES.

© COPYRIGHT



9 Thompson Drive
Cape Vincent, NY 13617
Tel: 774 2943 / 1 800 539 5611

CUSTOMER:
RITE AID
LOCATION:
CONGRESS ST.
PORTLAND, ME

DESIGNER:
A. NOYES

DRAWN BY:
L.W. MERRIFIELD

REVISIONS:
PS # D-347
SCALE 1/2" = 1'

DATE: 9/2/94

ACCEPTANCE SIGNATURE: _____ DATE: _____

SALES CLERK: _____

DRAWING NO. 02969 C

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

Location of Construction: 290 Congress St		Owner: Levinsky		Phone:		Permit No: 941283	
Owner Address:		Lease/Buyer's Name: Rite Aid		Phone:		Business Name:	
Contractor Name: PM Construction Co. Inc.		Address: 166 Simpson Rd P.O. Box 728 Saco, ME		Phone: 04072 282-7697		Permit Issued: PERMIT ISSUED NOV 30 1994	
Past Use: Pharmacy		Proposed Use: Pharmacy w/int reno		COST OF WORK: \$ 235,000.		PERMIT FEE: \$ 1,195.	
Proposed Project Description: Make Interior renovations as per plans		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group M Type 2B 900893		Zoning: CBL	
		Signature: [Signature]		Signature: [Signature]		CITY OF PORTLAND	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: [Signature]		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan (maj) <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Cresik		Date Applied For: 21 Nov 94					

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

4 - 30 YC	30-2121	00029
	22	30
	23	31
	24	32

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 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 provisions of the code(s) applicable to such permit -

SIGNATURE OF APPLICANT: [Signature]		DATE: 21 Nov 94		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE:		PHONE:	
<p>White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector</p> <p>PERMIT ISSUED WITH LETTER</p> <p>CEO DISTRICT 11</p> <p>[Signature]</p>					

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: **11/22/94**

[Signature]

COMMENTS

12-13-94 Work is in progress. Framing & insulation.
 12-29-94 All insulation has been completed. The bathrooms are
 all roughed in with plumbing. They have been properly vented.
 The ceiling work is being done. Framing of gables. Shed roof is all done.
 1-27-95 Work is almost completed on the ground level.

Type	Inspection Record	Date
Foundation:		
Framing:		
Plumbing:		
Final:		
Other:		

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

November 29, 1994

CITY OF PORTLAND

P M Construction Co., Inc.
166 Simpson Rd., P.O. Box 728
Saco, ME 04072

re: 290 Congress St.

Dear Sir or Madam:

Your application to make interior renovations has been reviewed, and a permit is herewith issued subject to the following requirements: This permit doesn't preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met.

1. Area of refuge shall comply with Section 5-2.12 of the Life Safety Code.
2. Emergency lighting shall be provided.
3. Means of egress shall have signs with back-up.
4. Portable fire extinguishers shall be provided in accordance with N.F.P.A.
- 10.
5. Vertical intermediate rails are preferred to reduce climbability.
6. Sprinkler renovations over twenty heads must be approved by the State Fire Marshall.
7. The plans submitted with the building permit application don't bear the seal of either architect or engineer. Please submit this requirement before work begins.
8. The plans submitted don't show the basement area. If work is to be done in the basement, a new plan must be submitted.
9. 1021.3 Opening Limitations: In occupancies in Use Groups A, B, E, H-4, I-1, I-2, M and R, and in public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of four inches (102 mm) cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect. - Exception: The triangular openings formed by the riser, tread and bottom rail at the open side of a stairway shall be of a maximum size such that a sphere six inches (152 mm) in diameter cannot pass through the opening.
10. The roof design for the HVAC must be done by a registered architect or engineer.

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. G. McDougall, Fire Prevention

lec



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 290 Congress St

Date of Issue 31 Jan 95

Issued to Rice Aid

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. 94/1283, 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

First Floor Only

Pharmacy

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

1/31/95 Mark H. H. (Date) Inspector

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 lessee for one dollar.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street Subdivision Lot #: **290 CONGRESS STREET**

PROPERTY OWNERS NAME

RITE AID PHARMACY

Last: First:

Applicant Name: **JAMES J. KELLEY ASSOC., INC.**

Mailing Address of Owner/Applicant (If Different): **P.O. BOX 1310 WESTBROOK, ME 04098**

Department of Human Services
Division of Health Engineering
(207) 289-3826

PORTLAND 5250 **TOWN COPY**

Date Permit Issued: **11.15.94** \$ **60** ☐ Double Fee Charged

L.P.L. **0.12.94**

Local Plumbing Inspector Signature

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.

John M. Minkley **11-14-94**

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Mike Leary **2-1-95**

Local Plumbing Inspector Signature Date Approved

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: **RETAIL STORE**

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 # **00 30009024**

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
	3	Floor Drain		Shower (Separate)
	3	Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	5	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	2	Water Heater
\$ Hook-Up & Relocation Fee	6	Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
			6	Fixtures (Subtotal) Column 2
			15	Total Fixtures
			\$ 60	Fixture Fee
			\$ 0	Hook-Up & Relocation Fee
			\$ 60	Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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

Location of Construction: 290 Congress St		Owner: Philip Levinsky		Phone:		Permit No: 950255	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Alliance Construction, Inc.		Address: 160 Pleasant Hill Rd Scarborough, ME 04074		Phone: 885-0855		Permit Issued: MAR 22 1995	
Past Use: Pharmacy		Proposed Use: Retail Food		COST OF WORK: \$ 103,000.		PERMIT FEE: \$ 540.00 (precut)	
Proposed Project Description: Make Interior Renovations as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 93 Type: 2B Signature: <i>WJN</i>		CITY OF PORTLAND	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: <i>WJN</i>		Zone: CBL: 028-D-001	
		Action: Approved Approved with Conditions Denied		Signature: <i>WJN</i>		Zoning Approval: <i>OK 3/24/95</i>	
Permit Taken By: Mary Gresik		Date Applied For: 08 March 1994 – Site Plan					

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

XXXXXXXX 06144/20-0129

**PERMIT ISSUED
WITH LETTER.**

**PERMIT ISSUED
WITH LETTER.**

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 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 provisions of the code(s) applicable to such permit.

Signature of Applicant: *Gary R. Guerette*
Signature of Applicant: Gary R. Guerette, P.E. ADDRESS: DATE: 8 March 1995 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

1

MA Lead-4



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 17 Nov 94, 19____
Receipt and Permit number 3014

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 290 Congress St

OWNER'S NAME: Rite-Aid ADDRESS: _____

	FEE
OUTLETS:	
Receptacles <u>146</u> Switches <u>27</u> Plugmold _____ ft TOTAL _____	34.60
FIXTURES: (number of)	
Incandescent <u>48</u> Fluorescent <u>259</u> (not strip) TOTAL _____	61.40
Strip Fluorescent _____ ft _____	
SERVICES:	
Overhead _____ x Underground _____ Temporary _____ TOTAL amperes <u>400</u> ..	15.00
METERS: (number of) <u>1</u> _____	1.00
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	
Cook Top _____	
Wall Oven _____	
Dryers _____	
Fans _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (denote) _____	
TOTAL _____	4.00
MISCELLANEOUS: (number of)	
Branch Panels <u>4</u> _____	16.00
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: _____	132.00

INSPECTION:

Will be ready on _____, 19____; or Will Call XX

CONTRACTOR'S NAME: XXXX Seabee Elec
ADDRESS: P.O. Box 2691 So. Portland
TEL: 774-4880
MASTER LICENSE NO.: 3014
LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

[Signature]

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 5014

Location 290 C-9853

Owner KITE-FID

Date of Permit 10-29-74

Final Inspection 2-1-73

By Inspector — Don [Signature]

Permit Application Register Page No 504624

INSPECTIONS: Service 12-1-94 by 98 ARW/LTS
Service called in 11:00 AM 8:00 PM 12/13
Closing-in _____ by _____

PROGRESS INSPECTIONS: 11-27-94 / _____ / _____
2-1-95 / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

DATE:

REMARKS:

[illegible]



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 30 March 1995, 19__
Receipt and Permit number 16989

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: McDonald's 190 Congress St
OWNER'S NAME: McDonald's ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>13</u> Switches <u>6</u> Plugmold _____ ft. TOTAL _____	3.80
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL <u>34</u>	6.80
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <u>x</u> Underground _____ Temporary _____ TOTAL amperes <u>250</u> ..	15.00
METERS: (number of) <u>1</u>	1.00
MOTORS: (number of)	
Fractional <u>6</u>	12.00
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	1.00
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>2</u>	8.00
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under <u>xxx</u>	5.00
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under <u>10</u>	20.00
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery <u>4</u>	4.00
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	
TOTAL AMOUNT DUE: _____	76.60

INSPECTION:

Will be ready on _____, 19__; or Will Call xxx
CONTRACTOR'S NAME: Northland Electric Gunner Olson - 774-5951
ADDRESS: P.O. Box 243 Poland Spring, ME 04274
TEL: 998-4350
MASTER LICENSE NO.: MC 16989 SIGNATURE OF CONTRACTOR: _____
LIMITED LICENSE NO.: 7

Raymond
Cloutier

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

6987

Permit Number 6989

Location 290 Conquest

Owner McDonalds

Date of Permit: 3-30-95

Final Inspection 4-19-95

By Inspector Stanley A. O.

Permit Application Register Page No. Complete

INSPECTIONS: Service 4-14-95 by 815
Service called in 9:30 AM
Closing in 4-14-95 by 813

PROGRESS INSPECTIONS:

DATE:

REMARKS:

As a result, the $\Delta_{\text{H}}^{\text{H}_2\text{O}}$ of the H_2O in the H_2O phase is -1.5 ± 0.2 ‰.

City of Portland, Maine – Building or Use Permit Application 339 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 290 Congress St.		Owner: Levinsky's		Phone:	Permit No: 950393
Address: Lessee: Box 1416 - Scarborough, ME		Leasee/Buyer's Name: McDonald's		Phone:	Business Name:
Contract No: 04070		Address:		Phone:	
Applicant: Karl Keppeler		Proposed Use: restaurant w sign		COST OF WORK: \$	PERMIT FEE: \$ 45
Past Use:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A3 Type 2C	
Proposed Project Description: erect sign 20'x5'		Signature:		Signature: <i>[Signature]</i>	
ul#E37006		PEDESTRIAN ACTIVITIES DISTRICT (D.P.)		Zoning: CBL: B-2	
Permit Taken By: <i>[Signature]</i>		Date Applied For: <i>4/21/95</i>		Zoning Approval: <i>Refer to old sign and map 4/26/95</i>	
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		<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"/> major <input type="checkbox"/> minor <input type="checkbox"/> minor	
2. Building permits do not include plumbing, septic or electrical work.		Signature:		Zoning Appeal: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interim <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.		Date:		Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	

**** call for pick/up 885-0855

**PERMIT ISSUED
WITH LETTER.**

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: 160 PINEHILL RD DATE: 4/21/95 PHONE: 885-0855

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Action:
☐ Approved
☐ Approved with Conditions
☐ Denied
Date: *4/24/95*
[Signature]
CEO DISTRICT: **1**
m. Leary



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 290 Congress St

Issued to Philip Levinsky

Date of Issue 26 April 1995

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. 950320, 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

Pollinger - Vermont Discount Grocers

Retail Grocery Store

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

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 lessee for one dollar.

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

Location of Construction: 297 Congress St		Owner: Levinson, Philip		Phone:		Permit No: 950320			
Owner Address:		Lease/Buyer's Name: Pollinger's		Phone:		Business Name:			
Contractor Name: M & T Construction		Address: 27 Blinn St Whitehall, VT 12887-0334		Phone: 518-499-0807		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: APR 11 1995 CITY OF PORTLAND </div>			
Proposed Use: Retail Store		Proposed Use: v/Int Reno		COST OF WORK: \$ 7,000.00				PERMIT FEE: \$ 55.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: / Type: /	
Proposed Project Description: Make interior renovations as per plans				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			
Permit Taken By: Mary Gresik		Date Applied For: 05 April 1995		PEDESTRIAN ACTIVITIES DISTRICT (U.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied			

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

**PERMIT ISSUED
WITH LETTER**

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 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 provisions of the code(s) applicable to such permit

Steven Pollinger, Pres. P.O. Box 36 Fair Haven, VT 05745 (802) 265-8386

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

1

COMMENTS

4-12-95 Rafter have been put in
 4-25-95 Truss all completed for C.P.P.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 11, 1995

RE: 290 Congress St., Portland, ME.

M & T Construction
27 Blinn St.
Whitehall, N.Y. 12887-0334

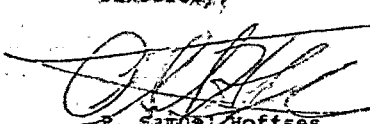
Dear Sir:

Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

1. The fire suppression system shall be maintained to NFPA #14 standards.
2. The fire alarm system shall be maintained to NFPA #72 standards.
3. Aisle and aisle accessway width shall be in accordance with chapter 10, section 1012.0 of the 1993 BOCA National Building code.

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. Gaylen McDougall, Fire Prevention Officer

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8710

Location of Construction: 290 Congress St. Portland, Maine		Owner: Shopping Center Assoc, Levin's		Phone: 203-774-0972		Permit No:	
Owner Address: 39 Pya Rd. Portland 290 Congress St. Portland ME Own, Inc.		Lease/Buyer's Name: Pollinger's		Phone: (802) 265-8386		Business Name: Portland Discount Foods	
Contractor Name: M & T Construction		Address: 27 Blinn St. Whitehall, NY 12887-0334		Phone: (518) 499-0807		Permit Issued:	
For Use: Make Shelving		Proposed Use: Grocery Store Shelf staple items only		COST OF WORK: \$7,000.00		PERMIT FEE: \$55.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Building shelving and display for Grocery Store		Signature:		Signature:		Zone: CBL:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval:	
Permit Taken By:		Date Applied For: 4/3/95		Signature:		Date:	

This permit application doesn't 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.

**PERMIT ISSUED
WITH LETTER**

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 provisions of the code(s) applicable to such permit.

Signature of Applicant: Steven Pollinger, Pres.
P. O. Box 36 05743 Fair Haven, VT 4/3/95 (802) 265-8386
ADDRESS: DATE: PHONE:
Butch Manelli/ M & T Construction CEO (518) 499-0807
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Action:
☐ Approved
☐ Approved with Conditions
☐ Denied
Date:

Historic Preservation
☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Special Zone or Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan ☐ major ☐ minor ☐ none

CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

790 CONGRESS STREET
PORTLAND, MAINE

VERIFY DIMENSIONS

(A) SHELVING UNITS

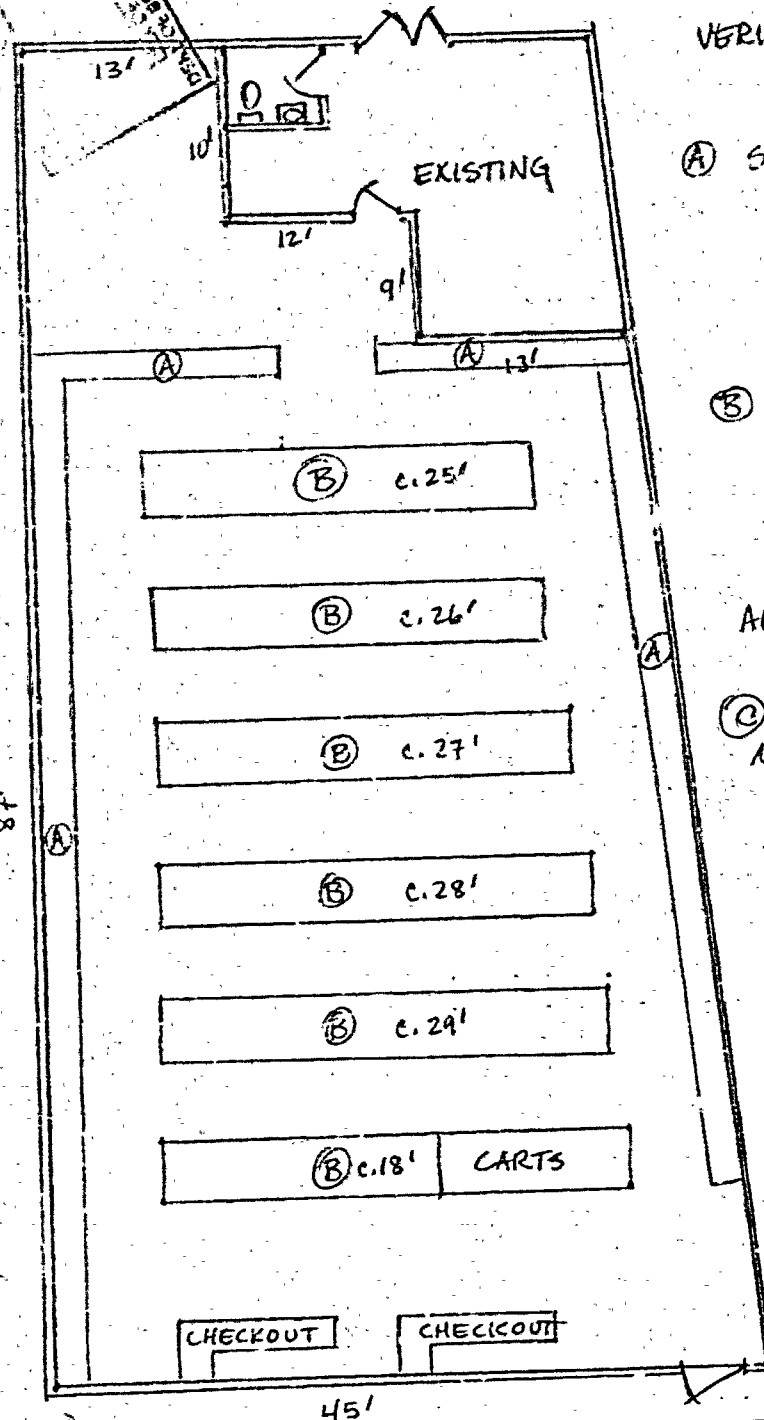
1'-HIGH
2'-DEEP

(B) DISPLAY TABLES
(SHELVES UNDER)

3'-HIGH
4'-WIDE

ALL AISLES 4'-6"
WIDE

(C) NO STRUCTURAL CHANGES



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

Location of Construction: 290 Congress St		Owner: Philip Levinsky		Phone:		Permit No: 050880	
Owner Address:		Lease/Buyer's Name: Pollinger Vermont Discount Grocers Box 36 Fair Haven, VT		Business Name: 05743		PERMIT ISSUED	
Contractor Name:		Address:		Phone: 802-265-8386		Permit Issued: APR 25 1995	
Past Use: Retail Grocery		Proposed Use: Same w/signage		COST OF WORK: \$		PERMIT FEE: \$ 33.00	
Proposed Project Description: Erect signage as per plans (4 x 10)		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: 4 Use Group: BOCA 93 Type: <i>Allee</i>		Zone: B-2 CBL:	
		Signature:		Signature:		Zoning Approval: <i>OK 3 4/24/95</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> minor	
Permit Taken By: Mary Gresik		Date Applied For: 21 April 1995		Signature:		Date:	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

*Call
Arlene or
Darrell
775-1888
for
P/U*

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Steve Pollinger* ADDRESS: DATE: 21 Apr 1995 PHONE: *VERMONT DISCOUNT GROCERS*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

☐ Not in District or Landmark
☒ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: *4/24/95*

[Signature]

CEO DISTRICT *1*

m. leary

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

Location of Construction: 290 Congress St		Owner: Levinsky, Philip		Phone:	Permit No: 950320
Owner Address:		Lessee/Buyer's Name: Pollinger's		Phone:	Business Name:
Contractor Name: M & T Construction		Address: 27 Blinn St. Whitehall, NY 12887-0334		Phone: 518-499-0807	
Past Use: Retail Store		Proposed Use: Same w/Int Reno		COST OF WORK: \$ 7,000.00	PERMIT FEE: \$ 55.00
Proposed Project Description: Make Interior RENOVATIONS as per plans		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: M Type: 2B	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (U.D.)			
		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Mary Gresik		Date Applied For: 05 April 1995			

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**PERMIT ISSUED
WITH LETTER**

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 or work described in the application 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 provisions of the code(s) applicable to such permit

Steven Pollinger, Pres. P.O. Box 36 Fair Haven, VT 05743 (802) 265-8386
SIGNATURE OF APPLICANT ADDRESS: DATE: PHON

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED
Permit Issued:
APR 11 1995
CITY OF PORTLAND

Zone: **B-2** CBL:
Zoning Approval: **OK LBS 4/6/95**
Special Zone or Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal:
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation:
☐ Not in District or Landmark
☒ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☒ Approved with Conditions
☐ Denied

Date: **4/5/95**

CEO DISTRICT

1

m. leary

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

Location of Construction: 290 Congress St		Owner: Philip Levinaky		Phone:	Permit No: 50255	
Owner Address:		Leasee/Buyer's Name:		Phone:	Business Name:	
Contractor Name: Alliance Construction, Inc.		Address: 160 Pleasant Hill Rd Scarborough, ME 04674		Phone: 885-0855	PERMIT ISSUED MAR 22 1995 CITY OF PORTLAND	
Past Use: Pharmacy	Proposed Use: Retail Food		COST OF WORK: \$ 103,000.			PERMIT FEE: \$ 540.00 (pres)
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 93 Type 2B BOCA 93		
Proposed Project Description: Make Interior Renovations as per plans		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		
Permit Taken By: Mary Gresik		Date Applied For: 05 March 1994 - Site Plan				

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

TELEPHONE 06144/20-0179

**PERMIT ISSUED
WITH LETTER**

**PERMIT ISSUED
WITH LETTER**

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 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 provisions of the code(s) applicable to such permit

Signature of Applicant: *[Signature]*
Gary K. Guareta, ADDRESS:

8 March 1995

DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Historic Preservation
☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date:

CEO DISTRICT

[Signature]

COMMENTS

4-4-95 Rough plumbing & hung dry
 4-10-95 Framing is all completed. Stud work is being put in
 4-20-95 Plumb is all completed except for the installation
 of roofline
 4-27-95 Plumb is finished. Everything checks out OK for C of C

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

March 22, 1995

RE: 290 Congress Street, Portland

Alliance Construction, Inc.
160 Pleasant Hill Rd.
Scarborough, ME 04074

Dear Sir:

Your application to make interior renovations (change of use from pharmacy to retail food), has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Site Plan Review Requirements

Inspection Services Approved M. Schmuckal
Planning Division Approved Jim Seymour
Fire Department Approved LT. Gaylen McDougall
Public Works Approved with conditions Provide landscaping plan for sign location, include shrubs or tree type and protective barriers. Dumpsters must be enclosed with a wooden fence enclosure or approved equal.

Building & Fire Code Requirements

1. Sprinkler system renovations over six new heads or twenty existing heads, requires State Fire Marshal approval.
2. Commercial cooking equipment shall be installed in accordance with N.F.P.A. #96 and Chapter 5 of the BOCA National Building Code/1993.
3. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024. of the City's building code. (The BOCA National Building Code/1993)
4. Stair construction in Use Group R-3 & R-4 is a minimum of 9" tread and 8-1/4" maximum rise. All other Use Group minimum 11" tread, 7" maximum rise.
5. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
6. Guardrail & Handrails-A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups


3/22/95

42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.

7. All equipment used in connection with the preparation of food shall be of an approved type and installed in an approved manner.

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. Gaylen McDougall, Fire Prevention Officer



CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM

I. D. Number

08 March 1995

Applicant Pleasant Hill Rd Scarborough, ME 04074

Application Date

Applicant's Mailing Address

290 Congress St Project Name/Description

Consultant/Agent 855-8655

Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): ☐ New Building ☐ Building Addition ☐ Change of Use ☒ Residential
☒ Office ☒ Retail ☐ Manufacturing ☐ Warehouse/Distribution ☐ Other (specify)

Proposed Building Square Feet or # of Units

Acreage of Site

Zoning

Check Review Required:

<input type="checkbox"/> Site Plan (major/minor)	<input type="checkbox"/> Subdivision # of lots	<input type="checkbox"/> PAD Review	<input type="checkbox"/> 14-403 Streets Review
<input type="checkbox"/> Flood Hazard	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> DEP Local Certification
<input type="checkbox"/> Zoning Conditional Use (ZBA/PB)	<input type="checkbox"/> Zoning Variance	<input type="checkbox"/> Single-Family Minor	<input type="checkbox"/> Other

Fees paid: site plan 300.00 subdivision

Approval Status:

Reviewer

☒ Approved ☐ Approved w/Conditions listed below ☐ Denied

1.
2.
3.
4.
Approval Date Approval Expiration date Extension to date ☐ Additional Sheets Attached

☐ Condition Compliance signature date

Performance Guarantee ☐ Required* ☐ Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	date	amount	expiration date
<input type="checkbox"/> Inspection Fee Paid	date	amount	
Performance Guarantee Reduced	date	remaining balance	signature
Performance Guarantee Released	date	signature	
Defect Guarantee Submitted	submitted date	amount	expiration date
Defect Guarantee Released	date	signature	

Pink - Building Inspections

Blue - Development Review Coordinator

Green - Fire

Yellow - Planning

2/9/95 Rev5 KT.DPUD

Address: 290 Congress St



CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM

I. D. Number

Alliance Construction, Inc.

03 March 1995

Applicant
160 Pleasant Hill Rd Scarborough, ME 04074

Application Date

McDonr Ids

Applicant's Mailing Address

290 Congress St

Project Name/Description

Consultant/Agent
Gary Guerette 885-0855

Address of Proposed Site
028-D-001

Applicant or Agent Daytime Telephone, Fax

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): ☐ New Building ☐ Building Addition ☐ Change of Use ☒ Residential
☐ Office ☐ Retail ☐ Manufacturing ☐ Warehouse/Distribution ☐ Other (specify) _____
1,700 sq ft 20,418 sq ft

Proposed Building Square Feet or # of Units

Acreage of Site

Zoning

B-2

Check Review Required:

☒ Site Plan
(major/minor)

☐ Subdivision
of lots

☐ PAD Review

☐ 14-403 Streets Review

☐ Flood Hazard

☐ Shoreland

☐ Historic Preservation

☐ DEP Local Certification

☐ Zoning Conditional
Use (ZBA/PB)

☐ Zoning Variance

☐ Single-Family Minor

☐ Other

Fees paid: site plan 300.00

subdivision

Approval Status:

☒ Approved

☐ Approved w/Conditions
listed below

Reviewer

☐ Denied

Marya Schmuckel

3/21/95

Approval Date

Approval Expiration

date

Extension to

date

☐ Additional Sheets
Attached

☐ Condition Compliance

signature

date

Performance Guarantee

☐ Required*

☐ Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

☐ Performance Guarantee Accepted

date

amount

expiration date

☐ Inspection Fee Paid

date

amount

Performance Guarantee Reduced

date

remaining balance

signature

Performance Guarantee Released

date

signature

Defect Guarantee Submitted

submitted date

amount

expiration date

Defect Guarantee Released

date

signature

Pink - Building Inspections

Blue - Development Review Coordinator

Green - Fire

Yellow - Planning

2/9/95 Rev5 KT.DPUD



CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM

Alliance Construction, Inc.

On: March 1995

Applicant: Pleasant Hill Rd Scarborough, ME 04074

Application Date

Applicant's Mailing Address

190 Congress St Project Name/Description

Consultant/Agent: 333-3655

Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): ☐ New Building ☐ Building Addition ☐ Change of Use ☒ Residential
☐ Office ☐ Retail ☐ Manufacturing ☐ Warehouse/Distribution ☐ Other (specify)

Proposed Building Square Feet or # of Units

Acreage of Site

Zoning

Check Review Required:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other |

Fees paid: site plan subdivision

Approval Status:

Reviewer: Jim Simpson

- ☒ Approved ☐ Approved w/Conditions listed below ☐ Denied

- 1.
2. THIS IS NOT A FORMAL REVIEW - STAFF REVIEW ONLY
3. SITE PLAN REVIEW NOT REQUIRED (SEE BLUE SHEET)
- 4.

Approval Date 3/20/95

Approval Expiration NA date

Extension to date

☒ Additional Sheets Attached

☐ Condition Compliance signature date

Performance Guarantee ☐ Required* ☒ Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	date	amount	expiration date
<input type="checkbox"/> Inspection Fee Paid	date	amount	
Performance Guarantee Reduced	date	remaining balance	signature
Performance Guarantee Released	date	signature	
Defect Guarantee Submitted	submitted date	amount	expiration date
Defect Guarantee Released	date	signature	

Pink - Building Inspections Blue - Development Review Coordinator Green - Fire Yellow - Planning 2/9/95 Rev5 KT.DPUD

Address: 290 Congress St



CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM

I. D. Number

08 March 1995

Applicant: 60 Pleasant Hill Rd Scarborough, ME 04074

Application Date

Applicant's Mailing Address

290 Congress St Project Name/Description

Consultant/Agent: 363-0855

Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): ☐ New Building ☐ Building Addition ☐ Change of Use ☒ Residential
☐ Office ☐ Retail ☐ Manufacturing ☐ Warehouse/Distribution ☐ Other (specify)

Proposed Building Square Feet or # of Units

Acreage of Site

Zoning

Check Review Required:

☒ Site Plan
(major/minor)

☐ Subdivision
of lots

☐ PAD Review

☐ 14-403 Streets Review

☐ Flood Hazard

☐ Shoreland

☐ Historic Preservation

☐ DEP Local Certification

☐ Zoning Conditional
Use (ZBA/PB)

☐ Zoning Variance

☐ Single-Family Minor

☐ Other

300.00

Fees paid:

site plan

subdivision

Approval Status: - STAFF REVIEW -

Reviewer

☐ Approved

☒ Approved w/Conditions
listed below

☐ Denied

1. PROVIDE LANDSCAPE PLAN FOR SIGN LOCATION, INCLUDE SHRUB OR

2. TREE TYPE AND PROTECTIVE BARRIERS.

3. DUMPSTER MUST BE ENCLOSED WITH A WOODEN FENCE ENCLOSURE

OR APPROVED EQUAL.

Approval Date 3/20/95

Approval Expiration N/A

Extension to

date

☐ Additional Sheets
Attached

☐

Condition Compliance

signature

date

Performance Guarantee

☐ Required*

☐ Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

☐

Performance Guarantee Accepted

date

amount

expiration date

☐

Inspection Fee Paid

date

amount

Performance Guarantee Reduced

date

remaining balance

signature

Performance Guarantee Released

date

signature

Defect Guarantee Submitted

submitted date

amount

expiration date

Defect Guarantee Released

date

signature

Pink - Building Inspections

Blue - Development Review Coordinator

Green - Fire

Yellow - Planning

2/9/95 Rev5 KT.DPUD



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 290 Congress St

Issued to Philip Levinsky

Date of Issue 27 April 1995

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. 950255, 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

McDonalds

APPROVED OCCUPANCY

Retail Food

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

4/27/95 *Michael Seay*
(Date) Inspector

Samuel Hoffe
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 lessee for one dollar.

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

Location of Construction: 290 Congress St.		Owner: Lovinsky's		Phone:		Permit No: 950393	
Owner Address: 405 1415 - Scarborough, ME		Lease/Buyer's Name: McDonald's		Phone:		Business Name:	
Contractor Name: Karl Supplak		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED APR 27 1995 CITY OF PORTLAND </div>	
Past Use:		Proposed Use: restaurant sign		COST OF WORK: \$		PERMIT FEE: \$ 45	
Proposed Project Description: erect sign 20'x5' 014E37086		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <input checked="" type="checkbox"/> Use Group <input checked="" type="checkbox"/> Type: <input checked="" type="checkbox"/>		Zone: <input checked="" type="checkbox"/> CBL:	
		Signature:		Signature: <i>BOCAG</i>		Zoning Approval: <i>old sign</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		<input type="checkbox"/> Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <i>L. Chao</i>		Date Applied For: <i>4/21/95</i>					

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

*** call or pick up 875-0855

PERMIT ISSUED WITH LETTER

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 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 provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: *150 R. W. Hill Rd* DATE: *4/21/95* PHONE: *875-0855*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Histo & Preservation
☐ Not in District or Landmark
☒ Does Not Require Review
☐ Requires Review

Action:
☐ Approved
☐ Approved with Conditions
☐ Denied

Date: *4/24/95*
[Signature]

CEO DISTRICT *1*

in. Letty

COMMENTS

5-24-95 Sign has been put up

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 27, 1995

RE: 290 Congress St.

Levinsky's
290 Congress St.
Portland, ME 04101

Dear Sir:

Your application to erect 20' X 5' sign has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable state and federal laws.

1. This permit allows to replace panel only; to use old frame.
2. A separate permit is needed for the pole sign.

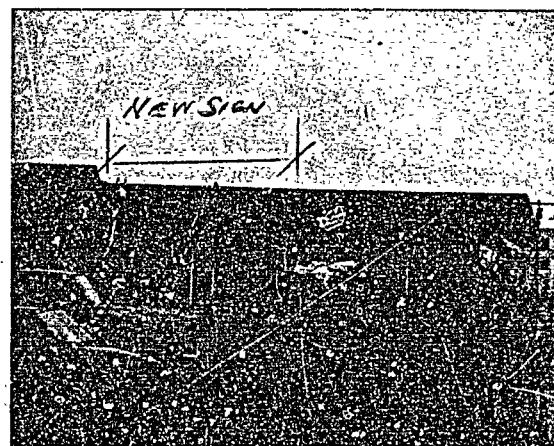
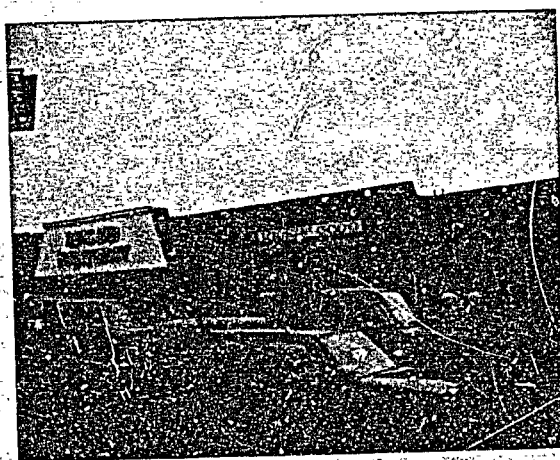
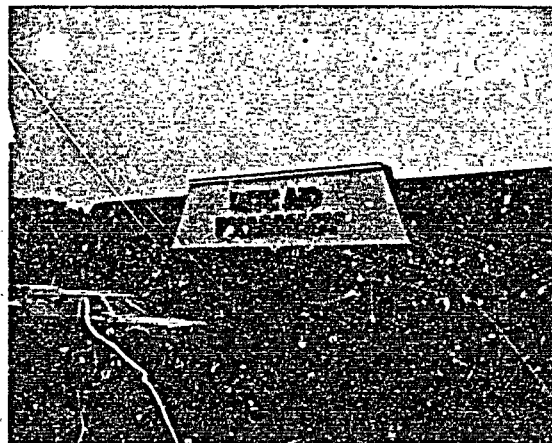
If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
P. Samuel Hoffses
Chief of Inspection Services

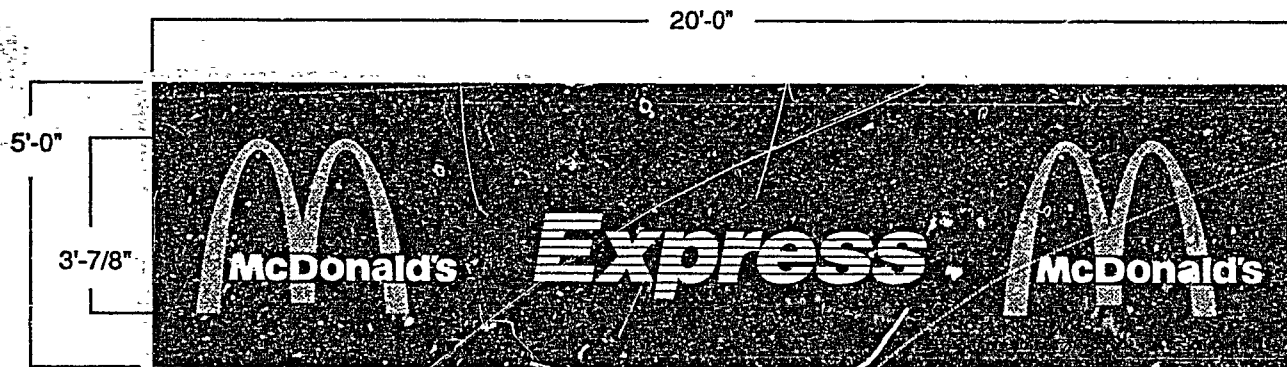
/el

cc: M. Schmuckal, Asst. Chief of Inspection Services



NEW 5X20' SIGN
ON EXISTING FACIA

U.L. # E37006



APPROVED

FOR _____
BY _____ DATE _____

Plasti-Line, Inc.

Property of Plasti-Line, Inc. Not to be duplicated

File Name: BK (+) 4x8 w/ 6x8 mon

Scale: 1/32" = 1' Date: 07Mar95

McDONALD'S

LEVINSKY'S
PLAZA

#290 CONGRESS ST

CONGRESS ST

LEVINSKY'S PLAZA
PARKING LOT

(1) NEW 5X20

PROPOSED
FUTURE
SIGN

SPACE

McDONALD'S

LOOKIN' GOOD

RITE AID

FEDERAL ST

MARGE

Please call me ABOUT McDONALD

Seven on Congress Street

Jul
8718

GARY TURNER

780-1582 JOB

885-0855 OFFICE

Please Plan Approval we will send
them CONFIRMATION LTR.

U.L. # E 37006

SIGNAGE APPLICATION

ADDRESS: 290 CONGRESS ST.

OWNER: LEVINSKY'S INC.

APPLICANT: MCDONALD'S - KEDDLER MANAGEMENT CO.

ASSESSORS NO.: _____

→ SINGLE TENANT LOT? YES: _____ NO: _____

→ MULTI-TENANT LOT? YES: ✓ NO: _____

FREESTANDING SIGN? YES: _____ NO: ✓

MORE THAN ONE SIGN? _____

DIMENSIONS: _____

DIMENSIONS: _____

BLDG. WALL SIGN? YES: ✓ NO: _____

MORE THAN ONE SIGN? No

DIMENSIONS: 5X20 = 40'

DIMENSIONS: 5X25

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

→ LOT FRONTAGE (IN FEET): _____

→ BLDG FRONTAGE (IN FEET): 20' x 1.5 = 30'

AWNING? YES: _____ NO: _____ IS AWNING BACKLIT? YES: _____ NO: _____

HEIGHT OF AWNING: _____

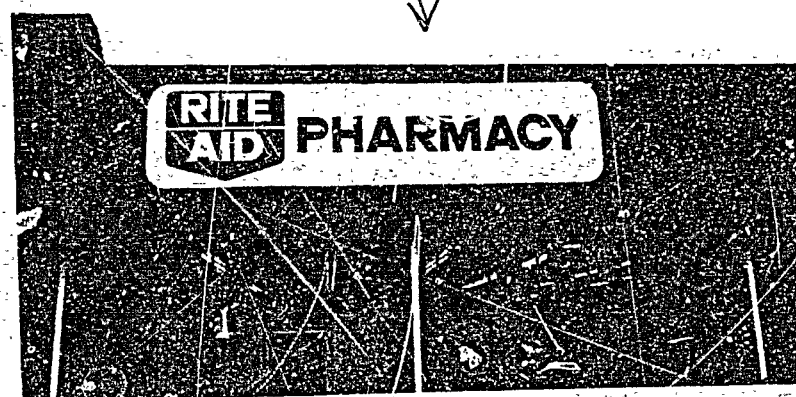
IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? YES

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE

EXISTING AND NEW SIGNAGE IS LOCATED. ATTACHED

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING
STRUCTURAL COMPONENTS.

H: SIGNALST



Received 4/26/95

Previous existing sign —
is replacing the panel only —
using old frame (was removed temporarily
only to fix roof — old clips still
there)

MS

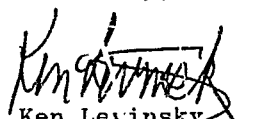


April 18, 1995

To Whom It May Concern:

The Shopping Center Associates hereby consent to let McDonald's erect a 5X20 foot sign on the Levinsky's Plaza building above the space that they (McDonald's) are renting.

Sincerely,



Ken Levinsky

Shopping Center Associates

ACORD

CERTIFICATE OF INSURANCE

MCG 11034

ISSUE DATE (MM/DD/YY)

04/14/95

PRODUCER

JARDINE INSURANCE AGENCY
5435 CORPORATE DR., #300
TROY MI 48007-6500

INSURED

KEPPLER MANAGEMENT CO.
KARL KEPPLER
P. O. BOX 1416
SCARBOROUGH, ME 04070

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A GREAT NORTHERN INSURANCE CO.
COMPANY LETTER	B U. S. FIRE INSURANCE CO.
COMPANY LETTER	C MMOAWCI
COMPANY LETTER	D
COMPANY LETTER	E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROT. <input checked="" type="checkbox"/> EMPLOYEE BENEFIT \$300,000. CLAIM	35332626	10/01/94	10/01/95	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED. EXP. (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	5530154094\14569	10/01/94	10/01/95	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	24XC185SCA\14569	01/01/95	09/01/95	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
A	OTHER BLDG. & CONT' SPECIAL FORM INCL. THEFT	35332626	10/01/94	10/01/95	ACTUAL LOSS SUSTAINED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EFFECTIVE 4/10/95 LOCATION #2, LEVINSKI PLAZA, 290 CONGRESS PORTLAND, ME
CERTIFICATE HOLDER IS NAMED LOSS PAYEE/ADDITIONAL INSURED AS RESPECTS
THE ABOVE LOCATION

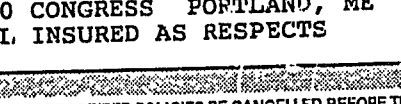
CERTIFICATE HOLDER

BANK OF BOSTON
ATTN: TOM BEAUREGARD
P.O. BOX 2016
BOSTON MA 02106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25-S (7/90)

© ACORD CORPORATION 1990

PLUMBING APPLICATION

Department of Health Services
Division of Health Engineering
(207) 289-3326

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street	LEWIS & CLARK
Subdivision Lot #	990
PROPERTY OWNERS NAME	McDONALD
Last	First
Applicant Name	COMMERCIAL MECHANICAL
Mailing Address of Owner (Applicant) (If Different)	53 DUNDAS AVE SOUTH PORTLAND ME 04106

PORTLAND	5358	TOWN COPY
Date Permit Issued: 3-29-95	\$ 40	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # 0124

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

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 Approved

PERMIT INFORMATION

Permit Application is for: 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Commercial</u>	Plumbing To Be Installed By: 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE # <u>136794</u>
--	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Silcock		Sathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
Number of Hook-Ups & Relocations	1	Grease / Oil Separator	1	Dish Washer
Hook-Up & Relocation Fee		Dental Cuspidor		Garbage Disposal
OR TRANSFER FEE (\$6.00)		Other:		Laundry Tub
		Fixtures (Subtotal) Column 2	7	Water Heater
		Fixtures (Subtotal) Column 1	3	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		10		Fixtures (Subtotal) Column 2
		\$ 4		Fixtures (Subtotal) Column 1
		\$		Transfer Fee
		\$		Hook-Up & Relocation Fee
		\$ 90		Permit Fee (Total)
		20		Partial Fee
		60		