DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And Notes, If Anv. Attached

CITY OF PORTLAND

Permit Numb	er: 101098
PERMIT	ISSUED

or communion accepting this permit shall comply with all

This is to certify that 87 MARGINAL WAY LLC /F e Gener ing/Scott has permission to _____install a 36' x 10' construction lor AT - 87 MARGINAL WAY

provided that the person or persons, fi of the provisions of the Statutes of Mage and of the Categories of the Citerof Portland regulating the construction, maintenance and use buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ation o must b Not spectio hd writt bermissi procure aive ng o<u>r param</u>hereof i befd this bui lath or oth sed-in. 2 HO NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _______ Health Dept. _____ Other _____

PENALTY FOR REMOVING THIS CARD

City	of Portland, Maine -	Building or Use 1	Permit App	lication Pe	ermit No:	Issue Date:	CBL:		
389	Congress Street, 04101	Геl: (207) 874-8703	, Fax: (207) 8	874-8716	10-1098		034 D0	07001_	
Location of Construction: Owner Name:			Owne	Owner Address:			Phone:		
87 MARGINAL WAY 87 MARGINA		L WAY LLC	173:	5 MARKET S	T STE A-400				
Busin	less Name:	Contractor Name	: -		ractor Address:		Phone		
		Prime General	Contracting/S	cott P.O.	. Box 811 Nor	th Kingston	40193202	229	
Lesse	e/Buyer's Name	Phone:	Permit Type:		_	Zone:			
				Cor	nst <u>ruction</u> Trai	iler		137	
Past Use: Proposed Use:				Pero	Permit Fee: Cost of Work: CE		CEO District:		
Con	nmercial Thur Joe's -c		install a 36' x 10' ail e r F			\$1,000.00	1		
	•	construction tr			E DEPT:	Approved INSP	ECTION:	TOW	
					_	Denied Use	Group: 🖒	Type:	
						· · · · .	-0 -2/0	13 Jane	
						1	Mc W	ソ	
	osed Project Description:						\ <u>,</u> , 0	9/4/1	
inst	tall a 36' x 10' construction to	rail or		Signa	_	Signa	INSPECTION: Use Group: B Type: EW Traile The C-2003 Signature: MB 9/8/6 STRICT (P.A.B.)		
				PEDESTRIAN ACTIVITIES DIST		VITIES DISTRICT	RICT (P.A.B.)		
				Action: Approved Appr		ed 🗌 Approved	oved w/Conditions Denied		
			Signa	Signature:		Date:			
Permit Taken By: Date Applied For:			•	Zoning Approval					
ldo	bson	09/07/2010							
1.	This permit application doe	s not preclude the	Special Zon	e or Reviews	Zonin	g Appeal	Historic Pres	ervation	
Applicant(s) from meeting applicable State and Federal Rules.		☐ Shoreland		☐ Variance	:	Not in Distri	ct or Landmar		
Building permits do not include plumbing, septic or electrical work.		☐ Wetland	Wetland Miscellaneous		neous	Does Not Require Review			
	Building permits are void if	Ewark is not started	Flood Zone		Conditional Use		Requires Res	Requires Review	
	within six (6) months of the								
False information may invalidate a building permit and stop all work		Subdivision		interpreta	ation	Approved			
	PERMIT ISS	SUED	Site Plan		Approve	d	Approved w/	Conditions (
	PERMIT 100	_	 Maj ∏ Mino	or MM	☐ Denicd		Denied		
	SEP - 8 20	010		wicandition	Date:		Date:	<u>V</u>	
	City of Portl	and		- , ••••		· , <u>- </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 is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK TITLE		DATE	PHONE



YELLOW - Office Copy PINK - Permit Copy

CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

	*			14
			9.7.	20 10
Received from	Pri,	ير ن	neral (JO114 -
Location of Work	8	7 man	since -	De 4
Cost of Construction	\$		Building Fee:_	•
Permit Fee	\$		Site Fee:	
	Cor	tificate of Occ	upancy Fee:	
	Q	midale at Ada		~~ \
			Total:	
Sulleing (IL) Plum	nbing (IS)_	Electrical	(12) Site	Plan (U2)
Character 1	_			
747				
CBL: J 7- D-	_			
Check is SOF	ਲ	Total	Collected	ر کی و
	•			Y
No work is	r to be-	started u	ntil permi	t Issued,
Please las	p origin	nal receip	ot for your	records.
	2	,		
Taken by:	1/1	(Sec		
	· · · · · ·		·	
LANGETT A CONTRACTOR A	40			

•		uilding or Use Permit : (207) 874-8703, Fax: (Permit No: 10-1098	Date Applied For: 09/07/2010	CBL: 034 D007001
Location of Construction:		Owner Name:		Owner Address:		Phone:
87 MARGINAL WA	<i>(</i>	87 MARGINAL WAY	LLC	1735 MARKET S	ST STE A-400	
Business Name:		Contractor Name:		Contractor Address:		Phone
		Prime General Contrac	cting/Scott	P.O. Box 811 No	th Kingston	(401) 932-0229
Lessee/Buyer's Name		Phone:		Permit Type:		
				Construction Tra	iler	
Proposed Use:			Propos	ed Project Description	:	
Dept: Zoning Note:	Status:	Approved with Condition	s Reviewer	: Ann Machado	Approval I	Date: 09/08/2010 Ok to Issue: ✓
1) This permit is being	ng issued with	n the condition that the trai	ler will be remo	ved as soon as the	construction on the	site is complete.
Dept: Building	Status:	Approved with Condition	s Reviewer	: Jeanine Bourke	Approval I	Date: 09/08/2010
Note:						Ok to Issue: 🗹
1) Stair construction	to meet IBC	Sec. 1009				
2) Separate permits a	re required fo	or any electrical, plumbing	, sprinkler, fire	alarm HVAC syste	ems, heating applian	ces, including

3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

part of this process.

pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a

General Building Permit Application

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

	Yarginal Way	
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer Name Address City, State & Zip	r* Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Hampshire Real Estate Address 15 Maple Ave City, State & Zip Harristown, NJ 07960	Cost Of Work: \$ C of O Fee: \$ Total Fee: \$
If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision?		
Contractor's name: Prime Contract Address: Ro, Box 811 City, State & Zip Worth Kings tov Who should we contact when the permit is ready Mailing address: Same 45 above	un, R1 02852 Te	lephone: 401-932-0229
Please submit all of the information of do so will result in the a	outlined on the applicable Checklis automatic denial of your permit.	st. Failure to
n order to be sure the City fully understands the fundy request additional information prior to the issurbits form and other applications visit the Inspection Division office, room 315 City Hall or call 874-8703. Thereby certify that I am the Owner of record of the name of I have been authorized by the owner to make this appears of this jurisdiction. In addition, if a permit for work uthorized representative shall have the authority to enterrovisions of the codes applicable to this permit.	nance of a permit. For further information on as Division on-line at www.portlandmaine.gov , or med property, or that the owner of record authoroplication as his/her authorized agent. I agree to described in this application is issued, I certify in all areas covered by this permit at any reasonable.	r to download copies of or stop by the Inspections rizes the proposed work and charlon to all applicable that the Code Official's



WILLIAMS SCOTSMAN, INC.

325 Rodman Road Auburn, ME 04210 Phone: (207)783-3200 Ext.

Fax: (207) 793-6183 Toll Free: 800-782-1500 Nicole Dalphond

Inside Sales Rep nedelpho@willscot.com Quote Number: 37333

Date: August 05, 2010 Expiration: September 04, 2010

QUOTATION NO. 37333

Customer:

1

PRIME GENERAL CONTRACTING INC

60 Sachem Rd P O Box 811

North Kingstown, Rhode Island 02852

Contact:

Scott Mauro

PO Box 811 North Kingstown, RI 02852

Phone: (401) 865-2719 Fax: (401) 667-0627

Email: scott@prime.necoxmail.com

UNIT DESCRIPTION AND PRICING

36x10 Mobile Office (32x10 Box)

Option Minimum Term **Monthly Rate** 2 Months

\$259.00

DELIVERY FREIGHT: INSTALLATION: TEARDOWN: RETURN FREIGHT:

\$307.20 \$108.80 \$376.00

\$376,00

Insurance Valuetion: \$18,412.35

OPTIONS					
QTY	DESCRIPTIONS	PRICE	FREQUENCY	EXTENDED	
2	Stepa - OSHA Aluminum Rental	\$35,00	Monthly	\$70.00	
2	Steps - OSHA Aluminum Set Up	\$31,00	Initial	\$62.00	
2	Steps - OSHA Aluminum Removal	\$31.00	Final	\$62.00	
1	Self-contained LG water sys (R)	\$291.61	Monthly	\$291.6 1	
1	Premier System Install/ Removal	\$351.76	Initial _	\$351.76	

SUMMARY In addition to the above quoted prices, customer shall pay Williams Scotaman any local, state, or provincial, federal and/or personal property tax or fees related to the equipment or its user. Physical Damage & commercial liability insurance coverage are required beginning on the date of delivery.

Williams Scotsman is not responsible for changes required by local code or building inspectors. Customer is responsible for locating and marking underground utilities prior to delivery. Quote assumes a level site with clear access.

MONTHLY CHARGES: \$620.61

INITIAL CHARGES: \$1,096.96 FINAL CHARGES: \$546.60

EXTERIOR FRESH/FRAME

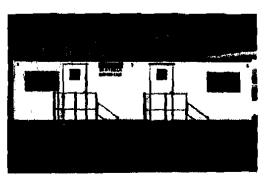
- Standard drip rail gutters

- Амтинит субло

- 1-Beam frame

TOTAL CHARGES: \$2,884.98

Models MO3610



SIZE(\$)

- 36 Long (including hitch)
- 32 Box size
- 10 Wide
- 8 Ceiting height

INTERIOR FIRESH

- Panyled walls
- Vinytale floors
- Gypsum ceiting
- Private office

FURDETURE

- Two built-in desks with file cabinets
- One brait-in plan table
- Boarbase shell

ELECTRIC

Fluorescent ceiling lights

Ship To:

04101 US

PORTLAND, ME

- Breaker panel

Www.cvrs/Doors

- Horzontal slider windows
- Two vision panel doors with standard focus

HEATING AND COOLING

- Contral HVAC or thru-wall AC

