

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080996

This is to certify that ATLANTIC BAYSIDE TRADING LLC / P.M. Construction Co.  
has permission to Pharmacy "Apothecary by Design" - Interior tenant fit-up first floor for a new Pharmacy & Coffee Service area "  
AT 84 MARGINAL WAY 034A B001001

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Classification of inspection must be given and when permission procedure before this building or part thereof is closed or services closed-in. 4 HOUR NOISE REQUIREMENT.

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

#### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cross  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

8/27/08 Cheryl R.  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

**City of Portland, Maine - Building or Use Permit Application**

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


Permit No: 08-0996	Issue Date: 8/27/08	CBL: 034A B001001
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Location of Construction: 84 MARGINAL WAY	Owner Name: ATLANTIC BAYSIDE TRUST LL	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name: Apothecary by Design/ Perx	Contractor Name: P M Construction Co.	Contractor Address: 19 Industrial Park Rd Saco	Phone 2072827697
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: 3-7

Past Use: Vacant Space	Proposed Use: Commercial - Pharmacy "Apothecary by Design" - Interior tenant fit-up first floor for a new Pharmacy & Coffee Service area "Perx"	Permit Fee: \$5,345.00	Cost of Work: \$525,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>M/B</i> Type: <i>3B</i> <i>IBC-2002</i> <i>2006</i>	

Proposed Project Description: Pharmacy "Apothecary by Design" - Interior tenant fit-up first floor for a new Pharmacy & Coffee Service area "Perx"	Signature: <i>Greg Gaud</i>	Signature: <i>CLM 8/27/08</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Idobson	Date Applied For: 08/08/2008	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> <i>OK w/conditions</i> Date: <i>8/21/08</i> <i>AKM</i>	<b>Zoning Appeal</b> <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 Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>AKM</i> Date:
			

**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 \_\_\_\_\_



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 84 MARGINAL WAY CBL 034A B001001

Issued to Atlantic Bayside Trust Llc /P M Construction Co. Date of Issue 11/03/2008

**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. 08-0996, 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

1st floor

APPROVED OCCUPANCY

Pharmacy  
Use Group M/B  
Type 3B  
IBC 2003

**Limiting Conditions:**

Temporary Occupancy Certificate only. This Certificate expires November 30, 2008.

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.