

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

PERMIT ISSUED

Permit No: 021272 Issue Date: NOV 22 2002
 CBL: 034A C001001

Location of Construction: 295 Forest Ave	Owner Name: Hannaford Bros Co #351c	Owner Address: Po Box 1000	Phone: 885-2393
Business Name:	Contractor Name: RDB Construction, Inc	Contractor Address: 155 Center Street Auburn	Phone: 2077836339
Lessee/Buyer's Name	phone:	Permit Type: Alterations - Commercial	Zone: B-2

Past use: Vacant	Proposed Use: Pizza Hut Restaurant	Permit Fee: \$898.00	Cost of Work: \$125,000.00	CEO District: 2
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Proposed Project Description: Tenant Fit Up/Pizza Hut Delivery-Carry Out Restaurant with new Addition for codes on rear	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied</td> <td style="width: 50%;">INSPECTION: Use Group: B Type: 20</td> </tr> <tr> <td>Signature: <i>[Signature]</i></td> <td>Signature: <i>[Signature]</i></td> </tr> </table>	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 20	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
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Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>				

Permit Taken By: gad	Date Applied For: 11/08/2002	Zoning Approval
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<ol style="list-style-type: none"> 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Special Zone or Reviews</td> <td style="width: 50%;">Zoning Appeal</td> </tr> <tr> <td> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>separate permits for any new sign req</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>exemption expected</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>11/15/02</i> </td> <td> <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: </td> </tr> </table>	Special Zone or Reviews	Zoning Appeal	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>separate permits for any new sign req</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>exemption expected</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>11/15/02</i>	<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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Historic Preservation</td> </tr> <tr> <td> <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 Date: </td> </tr> </table>	Historic Preservation	<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 Date:
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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 295 Forest Ave

CBL 034A C001001

Issued to Hannaford Bros Co #351c/RDB Construction, Inc

Date of Issue 02/03/2003

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. 02-1272, 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

Pizza Hut Restaurant

Use Group B Type 2B
(Boca 1999)

Limiting Conditions:

This certificate cover the approved permit #02-1272 only. Any other work shall require separate permit(s)

**This certificate supersedes
certificate issued**

Approved:

2-3-03

(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.

Handwritten notes:
02-1272
2-3-03
HDB

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2003-340

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	295 Forest Ave.

PROPERTY OWNERS NAME

Last	First
HANNAFIELD	

Applicant Name	Lloyd Bryan
Mailing Address of Owner/Applicant (If Different)	PO Box 58 W. Foxe, ME 04361

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: 12/30/02

Date Permit Issued: 12/30/02

\$ 84.00 If Double Fee Charged

Local Plumbing Inspector Signature: _____

L.P.I. # 06411

034A-0001
043A-0001

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

This Application is for 1. <input checked="" 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 3277-11	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input checked="" type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # 7173
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb/ Sillcock		Bathtub (and Shower)
	3	Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6 00]		Bidet		Laundry Tub
	1	Other: My Sink	1	Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			13	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2002-8410

PROPERTY ADDRESS

Town or Plantation: PORTLAND

Street Subdivision Lot #: 295 FERRIS AVE

PROPERTY OWNERS NAME

Last: UNIVERSITY HEALTH CENTER First: 6-11

Applicant Name: KEVIN J. HILLO JR

Mailing Address of Owner/Applicant (If Different): 18 ...

A Howe

Date Permit Issued: 12/18/02 \$ 214.00 If Double Fee Charged

A Howe Local Plumbing Inspector Signature L.P.I. # 016911

034AC001

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 Inspectors to deny a Permit.

[Signature] 12/26/02

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

[Signature] 12/26/02

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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>...</u>	1. <input checked="" 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 type="checkbox"/> PROPERTY OWNER

Maximum of 1 Hook-Up	Number	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.		Hosebib/ Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		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
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			3	Total Fixtures
			24	Fixture Fee
			-	Transfer Fee
			-	Hook-Up & Relocation Fee
			24	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24
TOWN COPY
12/31/02