

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0119	Issue Date: FEB 27 2004	Permit Issued	City: 037 G001001
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Location of Construction: 594 Congress St	Owner Name: Fitzgibbons Robert G &	Owner Address: Rr2 Box 465 Kansas Rd	Phone:
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B3

Past Use: Commercial / Coffee Shop <i>5th backs</i>	Proposed Use: <i>same</i> Coffe Shop / Removing 2 non bearing 8' x 10' walls.	Permit Fee: \$165.00	Cost of Work: \$16,000.00	CEO District: 1
Proposed Project Description: Removing 2 non bearing 8' x 10' walls.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: BOCA 1999 <i>[Signature]</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: gg	Date Applied For: 02/11/2004	Zoning Approval		
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<ol style="list-style-type: none"> This permit application does not 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.. 	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"/> Date: <i>OK 2/23/04</i>	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 Date: _____	Historic Preservation <input 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: <i>Requires A Sep. review approval</i>
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CERTIFICATION

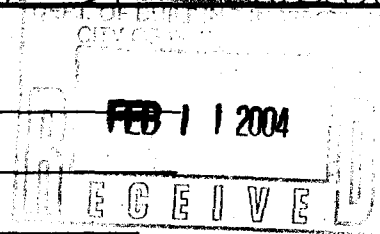
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

All Purpose 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.

Location/Address of Construction: <u>594 Congress St</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>37 G 001</u>	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable) <u>STARBUCKS COFFEE COMPANY</u>	Applicant name, address & telephone: <u>JAMES J. DOYLE</u> <u>80 GARNET RD. WEST ROXBURY</u> <u>MA 02132 (Authorized agent for P.M.I. N.YORK)</u>	Cost Of Work: \$ <u>16,000</u> Fee: \$ <u>165.00</u>
Current use: <u>Coffee Shop</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Same</u>		
Project description: <u>3'x10'</u> <u>Removing 2 non bearing walls painting, refinishing floor, other cosmetic</u>		
Contractor's name, address & telephone: _____		
Who should we contact when the permit is ready: <u>James J. Doyle (agent for P.M.I. N.Y)</u>		
Mailing address: <u>80 GARNET RD W. ROXBURY MA 02132</u> <u>617 680 2966</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: James J. Doyle (agent for P.M.I. N.Y) Date: 2/11/04

**This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the
Planning Department on the 4th floor of City Hall**

RENOVATION SCOPE DOCUMENT

STORE #:	7433
STORE NAME:	Hay Building
CITY / STATE:	Portland, ME
MARKET:	NE

STORE VISIT DATE:	10/15/2003
PRESENT AT STORE:	
Concept:	Grow 3

EXISTING CASEWORK:

TYPE OF RENOVATION: 5 and 10 year Defendable Return Jurisdictional Exception Expansion/Relocation

TYPICAL SCOPE OF WORK:	CATEGORY:	COMMENTS:
<input checked="" type="checkbox"/> 1. Patch, prime and paint throughout entire store including walls, soffits, windows and h-cap lift	5/10 Year	
<input checked="" type="checkbox"/> 2. Replace existing artwork throughout retail area with new Starbucks supplied: A. Mural(s): B. Photo Group(s) C. Stamp(s) D. Other: <u>New Art Rail - Define</u>	5/10 Year	<u>Remove all existing art rail</u> One area - wood molding version 28'-0"
<input type="checkbox"/> 3. Install Chair rail.	5/10 Year	
<input checked="" type="checkbox"/> 4. Install Starbucks supplied hardening package- at backbar area		
<input checked="" type="checkbox"/> 5. New wall protection <input checked="" type="checkbox"/> P-lam <input type="checkbox"/> FRP <input type="checkbox"/> Wood Wainscot	5/10 Year	
<input checked="" type="checkbox"/> 6. Replace existing carpet with: <input checked="" type="checkbox"/> Tile (2) <input type="checkbox"/> Other	5/10 Year	<u>Resecure all floor HVAC grates</u>
<input checked="" type="checkbox"/> 7. Replace walk-off mat(s). <u>(2)</u>		
<input checked="" type="checkbox"/> 8. Replace existing furniture with new: A. 24" Café table(s) <u>3</u> replace B. 32" café table(s) <u>1</u> C. Café chair(s) <u>27</u> (12) Mahogany - replace only D. Stool(s) <u>0</u> E. Lounge Chair(s) <u>2</u> F. Sofa(s) <u>1</u> G. End Table(s) <u>0</u> H. Library Table(s) <u>1</u>		
<input type="checkbox"/> 9. Stand-up table(s): <input type="checkbox"/> Refinish <input type="checkbox"/> Remove	5/10 Year	<u>N/A</u>
<input type="checkbox"/> 10. Banquette seating.	5/10 Year	
<input type="checkbox"/> 11. Install new menu board panel (s): A. Beverage: B. Bean: C. Daily Offering:	5/10 Year	<u>N/A</u>
<input checked="" type="checkbox"/> 12. Install new condiment cart(s) & dispose of existing. <u>1</u> Replace condiment top only.	5/10 Year	
<input checked="" type="checkbox"/> 13. Hanging pendant light fixtures:	5/10 Year	

- _____ Remove existing and replace with new.
- _____ Remove existing and replace with recessed cans.
- _____ Add hand-off pendant at bar.
- xxxx **Raise all pendants to 6'-0"**

14. Install corner guards: 5/10 Year
 _____ Plastic (in café area/FOH)
 _____ 1 Metal (at Backbar and Work areas only)

15. Track lighting (Black) 5/10 Year
 _____ 1 Add track fixtures in areas shown. - (3) heads @ existing bean
 _____ Relocate track and fixtures as shown.

16. Stainless Steel edge guard at base cabinet(s). 5/10 Year

17. Restroom signage: 5/10 Year
 _____ 2 Relocate existing to wall _____ Add to Wall

18. New interactive Security Package Initiative

19. Back Bar: Defendable Return
 _____ Install new GC supplied stainless steel countertop
 _____ Install new cold beverage station.

20. New food case Defendable Return
 _____ 1 A Lunch Case: 66"
 _____ B Lunch Case: 48"

21. New Double POS. DEF. RETURN

ADDITIONAL SCOPE ITEMS:

CATEGORY: _____ **COMMENTS:** _____

22. Remove (2) existing merch bays & wall - replace with additional etagere.

23. Replace (1) existing etagere with etagere.

24. Infill tile @ removed merch area - tile to match.

25. Replace base tile.

26. Refinish wood floor.

27. Remove entire arch wall to ceiling- change to half wall - install wood cap- cont.@ vert. edge.

28. Replace graffied windows.

29. Add ramp @ side door - ext.

30. Install bracket to hold faucet in place - old CBS Unit.

31. Replace Sanitizer.

32. Add P-Lam as noted - see note 5.

33. Add 2'-0" track @bean - See note 15.

34. Chaulk back splash at backbar.

35. ckeck with landlord re: exterior painting.

36. Restrooms: Install top cap for wainsco install.

37. Install Baby changing table in each washroom.

38. Remove old mirror - install SS handicap mirror with high hat light above.

NOTES:

SIGNATURES OF APPROVAL:
 RDO: _____
 FM: _____
 FCM: _____
 PM: _____

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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 02/23/2004	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 02/24/2004	Note: 1) Separate permits are required for any electrical or plumbing work. 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 02/24/2004	Note:	Ok to Issue: <input checked="" type="checkbox"/>