APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date October 17, 1991, 19__
Receipt and Permit number 0754

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: 413 Presumpscot St.

OWNER'S NAME: John J. Nissen ADDRESS: 59 Washington Ave. Portland, 04101

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ ft.	
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
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 _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of) Branch Panels _____	
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 X Tank Monitoring	15.00
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:	15.00

INSPECTION:

Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Gregory L. Pollard

ADDRESS: P. O. Box 35 Gray Maine

TEL.: 657-4569

MASTER LICENSE NO.: _____

LIMITED LICENSE NO.: LG50000754

SIGNATURE OF CONTRACTOR: Gregory L. Pollard Jr. Gregg Pollard

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 6754

Location 413 Pleasant

Owner John J. Nissen

Date of Permit 10-17-91

Final Inspection 10-17-91

By Inspector

Permit Application Register Page No. 116

INSPECTIONS: Service ____ by ____

Service called in ____ ____

Closing-in ____ by ____

PROGRESS INSPECTIONS: ____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

DATE:	REMARKS:

241133

State of Maine

ELECTRICIANS EXAMINING BOARD

Be it kn

LIC/CERT/REG # LTD02

State of Maine

061308

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
ELECTRICIANS EXAMINING BOARD

Be it known that GREGORY L. POLLARD

Has qualified as required by MRSA, Title 032 *Chapter* 000017

is Authorized to act as
LTD ELECTRICIAN, GAS DISPENS

LIC/CERT/REG #	LG50000[illegible]4
ISSUE DATE	06-20-91
EXPIRES	06-30-93
ORIGINAL LIC DATE	07-10-81

Susan M. Collins
AUTHORIZED SIGNATURE

928485 923485

Permit # ____ City of Portland BUILDING PERMIT APPLICATION Fee $50.20 Zone ____ Map # ____ Lot# ____

Please fill out any part which applies to job. Proper plans must a[illegible]npany form.

Owner: [illegible] Nissen Baking Co Phone # 775-3451

Address: [illegible] Rld.ME 0410*

LOCATION OF CONSTRUCTION 413 Pre St.

Contractor: [illegible] Sub.: [illegible]-1641

Address: [illegible] Main St; Lewiston Ph # ME 04240

Est. Construction Cost: ____ Proposed Use: warehouse & sign

Past Use: warehouse

# of Existing Res. Units ____ # of New Res. Units ____

Building Dimensions L ____ W ____ Total Sq. Ft. ____

Stories: ____ # Bedrooms. ____ Lot Size: ____

Is Proposed Use: Seasonal ____ Condominium ____ Conversion ____

Explain Conversion direct sign - 22'x8' - partly electrical

For Official Use Only

Date 3/9/92 Subdivision: ____

Inside Fire Limits ____ Name ____

Bldg Code ____ Lot ____

Time Limit ____ Ownership: Public

Estimated Cost ____

PERMIT ISSUED
MAR 17 1992
CITY OF PORTLAND

Zoning: I

Street Frontage Provided: ____

Provided Setbacks: Front ____ Back ____ Side ____ Side ____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: ____

Planning Board Approval: Yes ____ No ____ Date: ____

Conditional Use: ____ Variance ____ Site Plan ____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception ____

Other ____ (Explain) [illegible] 3-11-92

BL # [illegible]-113452 (1

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

Action: ___ Approved.
___ Approved with Conditions.
___ Denied

Date: 3-17-92

Signature: [signature]

Foundation:

1. Type of Soil: ____
2. Set Backs - Front ____ Rear ____ Side(s) ____
3. Footings Size: ____
4. Foundation Size: ____
5. Other ____

Floor:

1. Sills Size: ____ Sills must be anchored.
2. Girder Size: ____
3. Lally Column Spacing: ____ Size: ____
4. Joists Size: ____ Spacing 16" O.C.
5. Bridging Type: ____ Size: ____
6. Floor Sheathing Type: ____ Size: ____
7. Other Material: ____

Exterior Walls:

1. Studding Size ____ Spacing ____
2. No. windows ____
3. No. Doors ____
4. Header Sizes ____ Span(s) ____
5. Bracing: Yes ____ No. ____
6. Corner Posts Size ____
7. Insulation Type ____ Size ____
8. Sheathing Type ____ Size ____
9. Siding Type ____ Weather Exposure ____
10. Masonry Materials ____
11. Metal Materials ____

Interior Walls:

1. Studding Size ____ Spacing ____
2. Header Sizes ____ Span(s) ____
3. Wall Covering Type ____
4. Fire Wall if required ____
5. Other Materials ____

Ceiling:

1. Ceiling Joists Size: ____
2. Ceiling Strapping Size ____ Spacing ____
3. Type Ceilings: ____
4. Insulation Type ____ Size ____
5. Ceiling Height: ____

Roof:

1. Truss or Rafter Size ____ Span ____
2. Sheathing Type ____ Size ____
3. Roof Covering Type ____

Chimneys:

Type: ____ Number of Fire Places ____

Heating:

Type of Heat: [illegible]

Electrical:

Service Entrance Size: ____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes ____ No ____
2. No. of Tubs or Showers ____
3. No. of Flushes ____
4. No. of Lavatories ____
5. No. of Other Fixtures ____

Swimming Pools:

1. Type: ____
2. Pool Size: ____ x ____ Square Footage ____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [signature] Date 3-2-92

Peter Murphy

CEO's District ____

CONTINUED TO REVERSE SIDE [illegible] MR. Rowe

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ 60.20
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS A OK 5/14/92.

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Peter W. Mayo — ADDRESS — 772-7544

SIGNATURE OF APPLICANT — PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE NO.

TO: PETER MURPHY

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
3/04/92

PRODUCER
SEDGWICK JAMES OF MAINE, INC.
TELEPHONE: 207 774-5911
TWO MONUMENT SQUARE
PORTLAND, MAINE 04101

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.

INSURED
JOHN J. NISSEN BAKING COMPANY
J.S.C. CORPORATION
P. O. BOX 1158
PORTLAND ME 04104

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A — TRAVELERS INSURANCE COMPANY
COMPANY LETTER B —
COMPANY LETTER C — FEDERAL INSURANCE COMPANY
COMPANY LETTER D — TRAVELERS INSURANCE COMPANY
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	TJGLSA204T491A92	1/01/92	1/01/93	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)	$ 2000000* $ 2000000 $ 1000000 $ 1000000 $ $
	*LIMITS AS OF POLICY INCEPTION					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ $ $ $
C	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	79646545	1/01/92	1/01/93	EACH OCCURRENCE AGGREGATE	$ 10000000 $ 10000000
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	TDJUB204T490892 ALL STATES EXCEPT MA TDRSJUB204T488992 (MA)	1/01/92 1/01/92	1/01/93 1/01/93	STATUTORY LIMITS EACH ACCIDENT DISEASE—POLICY LIMIT DISEASE—EACH EMPLOYEE	$ 1000000 $ 1000000 $ 1000000
	OTHER					

RECEIVED
MAR 0 9 1992
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: SUPPLY OF BREAD, ROLLS & BAKERY PRODUCTS
CERTIFICATE HOLDER IS NAMED AS VENDOR AND VENDORS ARE ADDITIONAL INSUREDS

CERTIFICATE HOLDER

CITY OF PORTLAND
PORTLAND
MAINE

CANCELLATION

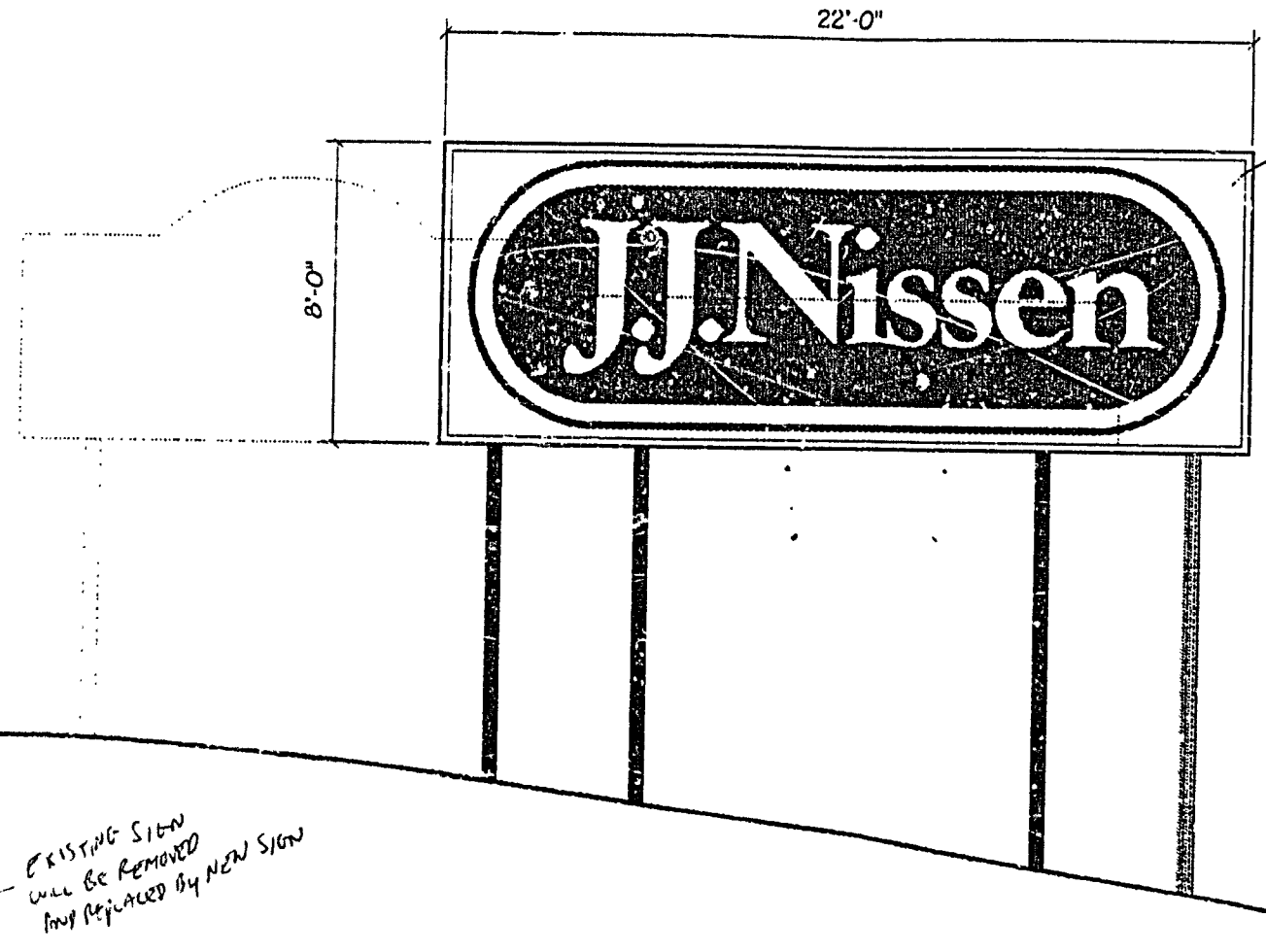
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY,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

AUTHORIZED REPRESENTATIVE

By

DOTTED LINE
INDICATES EXISTING SIGN
WHICH WILL BE REPLACED.

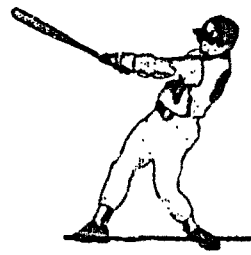
RECEIVED
MAR 0 9 1992
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



BACKGROUND TO BE OPAQUE.
ONLY LOGO WILL BE ILLUMINATED.
AREA OF ILLUMINATION: 140 S.F.

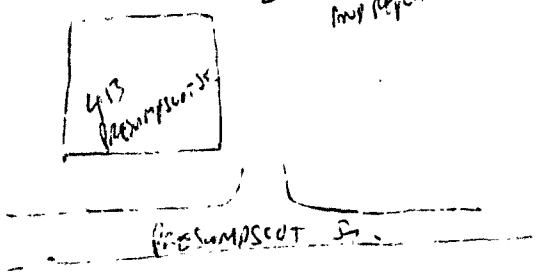
(1) NEW SUPPORT REQ'D.

D/F INT. ILLUM. SIGN ON EXIST'G SUPPORTS
1/4" = 1'-0"



X Plot Plan

EXISTING SIGN
WILL BE REMOVED
AND REPLACED BY NEW SIGN



NeoKraft
Signs that work.
NeoKraft Signs Incorporated, 686 Main Street, Lewiston, Maine 04240
Manufacturers, Installers and Designers of Custom Electric, Neon, Plastic and Metal Signs
(207) 782 9654, FAX 782 2009

NISSEN BAKING COMPANY
413 PRESUMPSCOT ST.
PORTLAND, ME

FEB. 27, 1992 DWG NO. 1 OF 1

F5068

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

Location of Construction: 413 Presumpscot St	Owner: J.J. Nissen Baking Co.	Phone:	Permit No: 950149
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: A.L. Doggett, Inc.	Address: P.O. Box 35 Gray, ME 04039	Phone: 657-4569	
Past Use: Comm	Proposed Use: Same w/o tank	COST OF WORK: $	PERMIT FEE: 10.00
Proposed Project Description: Remove tank	FIRE DEPT. ☒ Approved ☐ Denied Signature: Hynes	INSPECTION: Use Group: Type: Signature:	
	PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:		
Permit Taken By: Mary Gresik	Date Applied For: 11 May 1995		

1. This perm.. 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 REQUIREMENTS

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: Michael Lewis ADDRESS: DATE: 11 May 1995 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE A.L. Doggett Inc PHONE:

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

PERMIT ISSUED
Permit Issued:
MAY 16 1995
CITY OF PORTLAND

Zone: CBL: 419-A-002
Zoning Approval: 5/15/95

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:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 5/12/95

CEO DISTRICT 6

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

Location of Construction: 413 Presumpscot St	Owner: J.J. M: in Baking Co.	Phone:	Permit No: 950449
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: A.L. Doggett, Inc.	Address: P.O. Box 35 Gray, ME 04039	Phone: 657-4569	
Past Use: Comm	Proposed Use: Same w/o tank	COST OF WORK: $	PERMIT FEE: $ 10.00
		FIRE DEPT. ☒ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Remove tank		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: Mary Greaik	Date Applied For: 11 May 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) month[illegible] of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

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 Michael Lewis ADDRESS: 11 May 1995 DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE A.L. Doggett Inc PHONE:

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

PERMIT ISSUED
Permit Issued: MAY 16 1995
CITY OF PORTLAND

Zone: CBL: 419-A-002

Zoning Approval: CE 5/15/95

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:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 5/12/95

CEO DISTRICT

COMMENTS

OK to pour
6/14/95

Inspection Record

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

BUILDING PERMIT REPORT

Date: 5/15/95

Address: 413 Pleasantcrest Dr.

Type of Permit: Remove tank

Owner: J.J. Nissen

Contractor: AL Dept.

Applicant: Michael Lewis

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 transporation 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

marked 5-2 75

7/93

cc:DEP
Fire Chief
Nissen
ALD

419-A002

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

THIS FORM MUST BE FILED WITH THE DEP AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: J.J. Nissen Baking Co.
Mailing Address: 59 Washington Ave. Telephone #: 207-775-3461
City: Portland State: ME Zip Code: 04104
Contact Person (name, address & telephone #): Tim Kirk 775-3461
Name of Facility: J.J. Nissen Baking Co. Registration #: 00595
Facility Location (town & street): 413 Presumpscot St., Portland, ME

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
X #6	3 yrs.	8000	gasoline
2			
3			
4			

2. Directions to this facility (be specific):
Off Washington Ave.

3. Is or was the tank(s) used to store Class I liquids (e.g. gasoline, jet fuel)? Yes X No___
IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER.
Tank Installer's Name: Gregory Pollard Certification Number: 114 Signature:

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

5. Name and telephone number of contractor who will do the tank removal:
A. L. Doggett, Inc. P.O. Box 35, Gray, ME 04039

6. Expected date of removal (month/day/year): 6-5-95

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

Date: 5/2/96 Signature:
Printed Name and Title: Michael Lewis for Tim Kirk mgr.

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