

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that CENTER CITY PLAZA ASSOC.

Located At 510 CONGRESS ST

Job ID: 2012-06-4279-SIGN

CBL: 037- H-010-001

has permission to replace two signs

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

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

[Signature]

7/25/12

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-06-4279-SIGN

Located At: 510 CONGRESS ST

CBL: 037- H-010-001

Conditions of Approval:

Zoning

1. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Historic

1. Original application proposed three signs. Projecting sign to be eliminated from plans. Approval is granted for fascia sign and sign within entrance recess only. Fascia sign to consist of solid metal letters with halo lighting. Sign within entrance recess to be non-illuminated.

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

| | | | |
|--|--|---|--|
| Job No: 2012-06-4279-SIGN | Date Applied: 6/15/2012 | CBL: 037- H-010-001 | |
| Location of Construction: 510 CONGRESS ST | Owner Name: CENTER CITY PLAZA ASSOC. | Owner Address: 224 12 TH AVENUE NEW YORK, NY 10001 | Phone: |
| Business Name: CVS | Contractor Name: Burr Signs | Contractor Address: 50 DOWNEAST DR YARMOUTH MAINE 04096 | Phone: (207) 846-7622 |
| Lessee/Buyer's Name: | Phone: | Permit Type: SIGN - PERM - Signage - Permanent | Zone: B-3 |
| Past Use: Retail | Proposed Use: Same - retail - CVS - replace wall sign (16'9" x 24"), replace sign over entrance (16" x 5') add 2' x 2' blade sign off wall | Cost of Work: | CEO District: |
| Proposed Project Description: 1 building wall signs total of 44 sq. ft. | | Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A | Inspection: Use Group: Type: Signature: Signature: ABU 7/25/12 |
| | | Pedestrian Activities District (P.A.D.) | |

| | | | |
|---|---|--|--|
| Permit Taken By: Gayle | Zoning Approval | | |
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>OK w/condition 6/26/12</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p> | <p>Historic Preservation</p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input checked="" type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>7/25/12</i></p> |
| | 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 appication 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 |



B-3 historic

By Mail

2012 06 4279 6c

Signage/Awning 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>510 CONGRESS ST</u> | | |
| Tax Assessor's Chart# <u>037 H010001</u> | Block & Lot Block# Lot# | Owner: <u>CENTER CITY PLAZA ASSOC</u> <u>224 12th Av, NY NY 1001</u> |
| Telephone: | Lessee/Buyer's Name (If Applicable) <u>CVS</u> | Contractor name, address & telephone: <u>BURR SIGUS</u> <u>50 DOWNEAST DR.</u> <u>YARMOUTH, ME 04096</u> <u>846-7622</u> |
| Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$117.00</u> | | Awning Fee= cost of work _____ Total Fee: \$ _____ |
| Who should we contact when the permit is ready: <u>RADY</u> phone: <u>846-7622</u> | | |
| Tenant/allocated building space frontage (feet): Length: <u>60</u> Height: <u>20</u> Lot Frontage (feet) <u>92.5</u> Single Tenant or Multi Tenant Lot _____ | | |
| Current Specific use: <u>RETAIL</u> If vacant, what was prior use: _____ Proposed Use: <u>STALL</u> | | |
| Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>5A</u> | | |
| Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No ___ Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes ___ No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f. | | |
| Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <u>3</u> No ___ Dimensions: <u>5A</u> Awning? Yes ___ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____ | | |
| A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required. | | |

RECEIVED
JUN 15 2012

Dept. of Building Inspections
City of Portland Maine

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: | Date: <u>06-12-2012</u> |
|-------------------------|-------------------------|

This is not a permit; you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 510 CONGRESS ZONE: _____

CBL: 037 H010001

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: SA

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

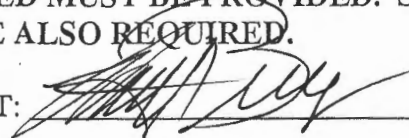
FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES 3 NO _____ DIMENSIONS: SA
AWNING? YES _____ NO DIMENSIONS: _____

LOT FRONTAGE (FEET): 92.5
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 60

AWNING YES _____ NO IS AWNING BACKLIT? YES _____ NO _____
HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____
IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT:  DATE: 06-12-2012

***** FOR OFFICE USE ONLY *****

B-3 ground floor front

$60 \times 2 = 120 \text{ } \phi$

proposed $16.75 \times 2 = 33.5 \text{ } \phi$ wall signs

~~perpendicular sign - $2 \times 2 = 4 \text{ } \phi$~~ not allowed by historic

sign by door - $60 \times 11 = 660 \text{ } \phi = 6.7 \text{ } \phi$

~~total $40.2 \text{ } \phi$~~ - $40.2 \text{ } \phi$



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , BusinessName: Burr Signs, Check Number: 11711

Tender Amount: 118.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 6/18/2012

Receipt Number: 45103

Receipt Details:

| | | | |
|---|--------|----------------|----------|
| Referance ID: | 6940 | Fee Type: | BP-Signs |
| Receipt Number: | 0 | Payment Date: | |
| Transaction Amount: | 118.00 | Charge Amount: | 118.00 |
| Job ID: Job ID: 2012-06-4279-SIGN - 3 building wall signs total of 44 sq. ft. | | | |
| Additional Comments: Burr Signs | | | |

Thank You for your Payment!



Existing Signage - Elevation

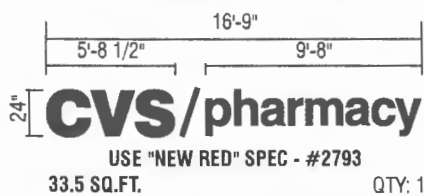
| | |
|-------------------------|---|
| Existing Sign #1 | S/F <input type="checkbox"/> D/F <input type="checkbox"/> |
| 24" Letterset | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Illuminated | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Existing Sign #2 | |
| NEW PROPOSED SIGN | |



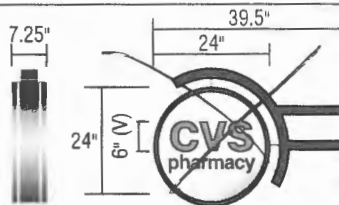
Proposed Signage - Elevation

Proposed Signage

Not To Scale Unless Noted



NOTE: 8" SPACERS
REQ'D FOR MOUNTING



not allowed
3.14 ft

1 24" HALO-ILLUMINATED LETTERSET

2 CUSTOM BLADE SIGN W/VINYL GRAPHICS



RECOMMENDATIONS

ADDRESS: 510 Congress St.
CITY/STATE: Portland, ME.
ZIP: 04101

PROJECT #
751

LOCATION #:
454

SUBMITTAL IS: APPROVED
 APPROVED AS NOTED
 REVISED AND RESUBMIT
CLIENT CONTRACTOR
DATE
FILE PATH: ...C:\CVS pharmacy\Locations 2012\Project 751\
454_Portland ME.cdr

DATE: 03/02/12
Rev. 1: 05/10/12
Rev. 2: 00/00/00
Rev. 3: 00/00/00
Rev. 4: 00/00/00
Rev. 5: 00/00/00

SCALE:
N.T.S.
DRAWN BY:
NR
PAGE #:
5

DRAWINGS PREPARED BY:





Existing Signage - Elevation

Existing Sign #3
 Under Canopy Sign - Field Verify Dimensions
 Illuminated

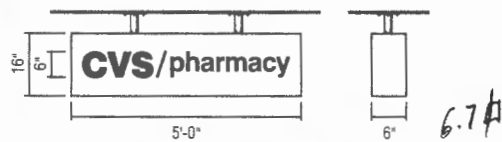
S/F D/F
 Yes No



Proposed Signage - Elevation

Proposed Signage

Not To Scale Unless Noted



3 CUSTOM NON-ILLUMINATED HANGING SIGN



RECOMMENDATIONS

ADDRESS: 510 Congress St.
 CITY/STATE: Portland, ME.
 ZIP: 04101

PROJECT #:
751

LOCATION #:
454

SUBMITTAL IS: APPROVED
 APPROVED AS NOTED
 REVISED AND RESUBMIT

CLIENT CONTRACTOR _____ DATE _____

FILE PATH: ...C:\CVS pharmacy\Locations 2012\Project 751\
 454_Portland ME.cdr

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DATE: 03/02/12
 Rev. 1: 05/10/12
 Rev. 2: 00/00/00
 Rev. 3: 00/00/00
 Rev. 4: 00/00/00
 Rev. 5: 00/00/00

SCALE:
N.T.S.

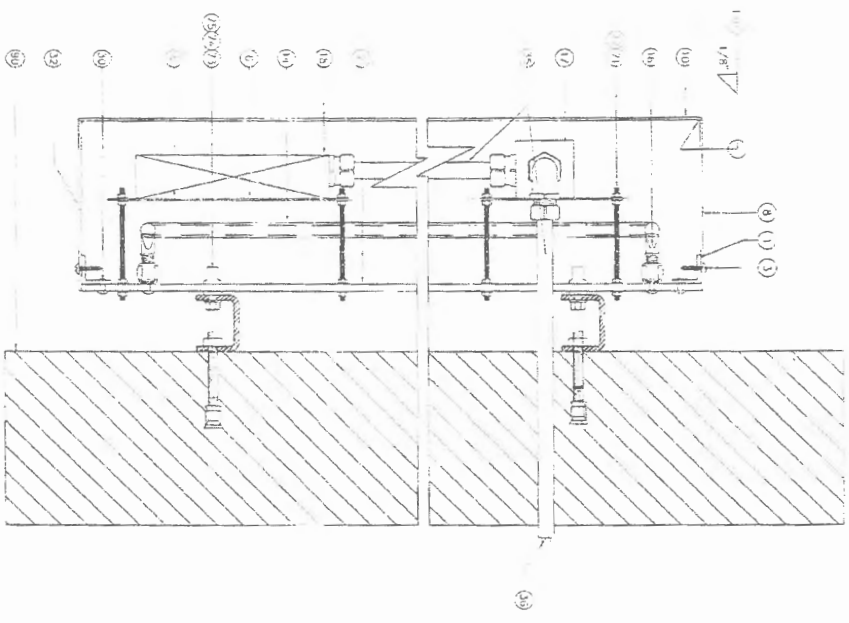
DRAWN BY:
NR

PAGE #:
6

DRAWINGS PREPARED BY:



LOADING MAY VARY
DEPENDENT ON WALL
TYPE AND CONDITION



SECTION

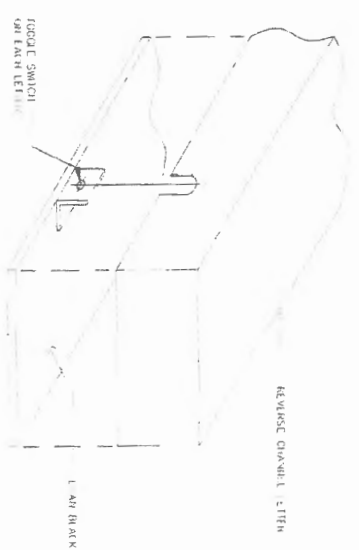
| NO. | DATE | BY | DESCRIPTION |
|-----|------|----|-------------|
| | | | |

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1418 ELMHURST DR.
RAK GROVE VILLAGES
ILLINOIS 60007

DETAIL



PROJECT

GVS

GROSS POINT, MI
LOCATION # 3301

THIS 30" ILL. LETTERS (SEE CONTAINED, HALO LIT)

| | | | |
|-------|------------|--------------------|--|
| JOB # | CR/ABP | APPROVED BY / DATE | |
| DRAWN | 09/23/05 | CHK. JOB | |
| DATE | AS NOTED | PROJ. W.D. | |
| SCALE | CYS0231A | SACS W.D. | |
| PLT | SHEET # S2 | OF 2 | |

SCALE 1/8" = 1'-0"
DATE 09/23/05



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/12/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|-----------------------|---------------|
| PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: boston.certrequest@marsh.com / Fax: 212-948-4377 S02406-GL-GL-12-13 | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: | FAX (A/C, No): | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED CVS CAREMARK CORPORATION AND ITS SUBSIDIARIES AND AFFILIATES ONE CVS DRIVE WOONSOCKET, RI 02895 | INSURER A: New Hampshire Ins Company | | 23841 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** NYC-006401470-01 **REVISION NUMBER:** 2

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.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|----------------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | GL 2705071 (Premises/Operations) | 01/01/2012 | 01/01/2013 | EACH OCCURRENCE \$ 4,500,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$500,000 <input checked="" type="checkbox"/> LIQUOR LIABILITY INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,500,000 GENERAL AGGREGATE \$ 28,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: STORE 00454-01 - 510 CONGRESS STREET, PORTLAND, ME 04101 - SIGNAGE
 CITY OF PORTLAND, MAINE IS INCLUDED AS ADDITIONAL INSURED.

| | |
|---|---|
| CERTIFICATE HOLDER 00454-01 CITY OF PORTLAND, ME 389 CONGRESS STREET PORTLAND, ME 04101 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. William G. Cornish |
|---|---|

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Assessor's Office | 389 Congress Street | Portland, Maine 04101 | Room 115 | (207) 874-8486

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[Doing Business](#)

[Maps](#)

[Tax Relief](#)

[Tax Roll](#)

[Q & A](#)

[browse city services a-z](#)

[browse facts and links a-z](#)

CBL 037 H010001
Land Use Type RETAIL & PERSONAL SERVICE
Property Location 510 CONGRESS ST
Owner Information CENTER CITY PLAZA ASSOC
 224 12TH AVE
 NEW YORK NY 10001
Book and Page
Legal Description 37-H-10
 CONGRESS ST 508-514
 FREE ST 79-83
 22372 SF
Acres 0.514

Current Assessed Valuation:

| | | |
|----------------------------------|----------------|---|
| TAX ACCT NO. | 5692 | OWNER OF RECORD AS OF APRIL 2011 |
| | | CENTER CITY PLAZA ASSOC |
| LAND VALUE | \$850,500.00 | 565 CONGRESS ST RM 203 |
| BUILDING VALUE | \$2,777,900.00 | PORTLAND ME 04101 |
| NET TAXABLE - REAL ESTATE | \$3,628,400.00 | |
| TAX AMOUNT | \$66,327.16 | |

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or [e-mailed](#).



Best viewed at 800x600, with Internet Explorer

Building Information:

Building 1
Year Built 1942
Style/Structure Type DOWNTOWN ROW
Units 1
Building Num/Name 1 - CENTER CITY PLAZA
Square Feet 93358

[View Sketch](#)

[View Map](#)

[View Picture](#)



Exterior/Interior Information:

Building 1
Levels B1/B1
Size 22357
Use MULTI-USE OFFICE
Height 12
Heating HOT AIR
A/C CENTRAL

Building 1
Levels 01/01
Size 20365
Use RETAIL STORE
Height 22
Walls BRICK/STONE
Heating HOT AIR
A/C CENTRAL

Building 1
Levels 01/01
Size 1992
Use COVERED MALL
Height 22
Walls BRICK/STONE
Heating HOT AIR
A/C CENTRAL

Building 1
Levels M1/M1
Size 3930
Use MULTI-USE OFFICE
Height 10
Walls ENCLOSURE

Heating HOT AIR
A/C CENTRAL

Building 1
Levels 02/02
Size 22357
Use OFFICE BUILDING
Height 12
Walls BRICK/STONE
Heating HOT AIR
A/C CENTRAL

Building 1
Levels 03/03
Size 22357
Use OFFICE BUILDING
Height 12
Walls FRAME
Heating HOT AIR
A/C CENTRAL

Other Features:

Building 1
Structure STORE FRONT - AVG
Size 126X0

Building 1
Structure SPRINKLER - WET
Size 102313X1

Building 1
Structure ELEVATOR - ELEC. PASSENGER
Size 3500X150

Building 1
Structure ELEVATOR - ELEC. PASSENGER
Size 3500X250

Building 1
Structure ELEVATOR - ELEC. FREIGHT
Size 2500X50

[New Search!](#)