

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that FINANCIAL FACTORS FRC INC

Located At 685 CONGRESS ST

Job ID: 2011-12-2827-CH OF USE

CBL: 047- C-034-001

has permission to Change the Use to Marijuana Dispensary/Offices with alterations including ADA bathrooms provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

**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**

*[Signature]* 1/4/12

*closed*



Wellness Connection  
of Maine

Ron A. Smalley Jr.

685 Congress St.  
Portland, ME 04102  
207-370-4833

patient line 855-848-6740  
rsmalley@mainewellness.org

www.mainewellness.org



Wellness Connection  
of Maine

Diane Schinella, R.N.

685 Congress St.  
Portland, ME 04102  
207-370-4833

patient line 855-848-6740  
dschinella@mainewellness.org

www.mainewellness.org

**SCANNED**

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

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

Job No: 2011-12-2827-CH OF USE	Date Applied: 11/30/2011	CBL: 047- C-034-001	
Location of Construction: 685 CONGRESS ST	Owner Name: FINANCIAL FACTORS FRC INC	Owner Address: PO BOX 7002 PORTLAND, 04112 ME - MAINE	Phone:
Business Name: Northeast Patients Group	Contractor Name: Earl Reagan @Reagan Company	Contractor Address: 106 Merrill RD GRAY MAINE 04039	Phone: (207) 329-3441
Lessee/Buyer's Name: Northeast Patients Group - Chad Emper	Phone: 242-3220 (c)	Permit Type: BLDG Change of Use	Zone: B-2b
Past Use: <i>Offices / Restaurant in front local 188</i>	Proposed Use: To change the use from offices to Medical Marijuana Dispensary with alterations	Cost of Work: \$48,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <i>B/A</i> Type: <i>IBC-2009</i>
		Signature: <i>[Signature]</i> <i>(58)</i>	Signature: <i>[Signature]</i>
Proposed Project Description: Int fit -up for Office / Marijuana Dispensary		Pedestrian Activities District (P.A.D.)  <i>1/4/12</i>	
Permit Taken By: Lannie		<b>Zoning Approval</b>	

<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><b>Special Zone or Reviews</b></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>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK with conditions</i> <i>12/5/11</i></p>	<p><b>Zoning Appeal</b></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: <i>[Signature]</i></p>	<p><b>Historic Preservation</b></p> <p><i>within</i></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 type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>Any exterior changes Requires A separate Review &amp; Approval</i></p>
	<b>CERTIFICATION</b>		

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

1-26-12 DWM (ratg) 329-3441 soil beam OK

3-2-12 DWM/Steve Cory/Capt Pirone Earl 329-3441 Elec + Fire Fail  
Bldg need: ① "State Final Certificate of Registration" (zoning condition),  
② water fountain

3-19-12 DWM/BKL Earl 329-3441 Final full (elect OK) Fire Fail  
Bldg Fail ① Remove restricted egress locks ② provide water fountain

3-26-12 Capt. Pirone. CO - OK



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2827-CH OF USE

Located At: 685 CONGRESS ST

CBL: 047- C-034-001

## **Conditions of Approval:**

### **Zoning**

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. Separate permits shall be required for any new signage.
3. This portion of the property shall remain a Medical Marijuana Dispensary. Any change of use shall require a separate permit application for review and approval.
4. A copy of the State final Certificate of Registration regarding this property shall be obtained PRIOR TO or IN CONJUNCTION WITH the issuance of a Certificate of Occupancy by this office.
5. This property is located within a Historic District. ANY exterior changes shall require a separate review and approval.

### **Fire**

1. The occupancy shall comply with City Code Chapter 10 upon inspection.
2. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
3. Removal and closing up of the basement stair is not within the scope of this permit and requires a separate permit.
4. Section 43.4.3 of NFPA 101, *Life Safety Code*, requires new interior finish to be Class A or B in accordance with ASTM E 84 or UL 723. Existing interior finish is permitted to be Class A, B or C. Documentation will be required, in particular for new or questionable finish.
5. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
6. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
7. Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.
8. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
9. A Knox Box is required.
10. A firefighter Building Marking Sign is required.
11. Fire extinguishers are required per NFPA 10.
12. All means of egress to remain accessible at all times.

## **Building**

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Permit approved based on the plans submitted and reviewed w/owner/ contractor, with additional information as agreed on and as noted on plans, including, door swing correction currently is in the direction of travel, 2<sup>nd</sup> exit through an unlocked office with exit signs, water fountain to be installed, will confirm if SFM permit required.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
4. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM E 814 or UL 1479, per IBC 2009 Section 713.
5. This business/personal service occupancy shall be permitted as allowed by the State of Maine Certification guidelines, and as defined in the City of Portland Land Use Ordinance. No accessory uses are allowed without prior approvals from this office

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Certificate of Occupancy/Final Inspection, including copy of State License Certification

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.



# General Building Permit Application

B-26

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>685 Congress Street</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# <u>47</u> Block# <u>C</u> Lot# <u>34</u>	Applicant * <b>must be owner, Lessee or Buyer*</b> Name <u>Northeast Patients Group</u> Address <u>685 Congress Portland</u> City, State & Zip <u>chad</u>	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Financial FRC Factors</u> Address <u>PO Box 7002</u> City, State & Zip <u>Portland ME 04112</u>	Cost Of Work: \$ <u>47,500.00</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>575</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? <u>office (protection one)</u> Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Remove 2 doors to enlarge open area, Build wall to close in</u> <u>the area with door to open area, cut opening in block wall 15'</u> <u>Remodel Rest Room to add H/C Toilets &amp; Sink.</u>		
Contractor's name: <u>Deagan &amp; Gump Inc</u> Address: <u>106 Merrill Rd</u> City, State & Zip <u>Greenville ME 04039</u> Telephone: <u>329-3441</u> Who should we contact when the permit is ready: <u>Paula Cell 329 3441</u> Telephone: _____ Mailing address: _____		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: Paula Deagan Date: 11/30/11

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

file copy



Department of Health  
and Human Services  
Maine People Living  
Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
Licensing and Regulatory Services  
41 Anthony Avenue  
# 11 State House Station  
Augusta, Maine 04333  
Tel: (207) 287-9300; Toll Free: 1-800-791-4080  
Fax: (207) 287-5807; TTY: 1-800-606-0215

July 9, 2010

✓ Rebecca DeKeuster, M.Ed.  
Northeast Patients Group  
45 Memorial Circle, 4th Floor  
Augusta, ME 04330

Re: Award Decisions for Medical Marijuana Dispensaries

Dear Ms. DeKeuster:

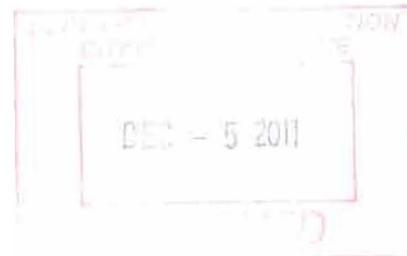
The evaluation panel, using the criteria outlined in the Open Application Instructions and the Emergency Rules Governing the Maine Medical Use of Marijuana Program, has completed its review of the applications received. I am pleased to announce that your proposal received the panel's highest score for District 2. Thank you for your interest in serving Maine's medical marijuana patients.

This is a final decision of the Department of Health and Human Services. Any person aggrieved by the decision may seek judicial review by the Superior Court, pursuant to 5 M.R.S.A. Chapter 375, subchapter 7, by filing a petition for review with the court within 30 days of receipt of notice.

Over the next couple of weeks, I would like to meet with you to discuss the start-up timeframe, and the role of the Division of Licensing and Regulatory Services in the issuance of a Certificate of Registration. Please contact me at 287-2979 to arrange a mutually agreeable time. Again, thank you!

Sincerely,

Catherine M. Cobb  
Director



## Marge Schmuckal - Award Letter

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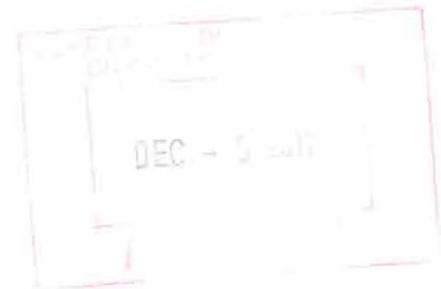
**From:** "Thiele, John L" <John.L.Thiele@maine.gov>  
**To:** <MES@portlandmaine.gov>  
**Date:** 12/5/2011 1:51 PM  
**Subject:** Award Letter  
**CC:** <becky@northeastpatientsgroup.org>, "Powell, Phyllis" <Phyllis.Powell@ma...>  
**Attachments:** portland dispensary.JPG

Marge,

Thank you for getting back to me. Attached is the award letter. If I can be of further assistance don't hesitate to call me directly at 287-5810.

Thank you,

John Thiele  
Maine Medical Marijuana Program Manager  
DHHS-DLRS, SHS #11  
41 Anthony Avenue  
Augusta, ME 04333-0011  
Phone: 1 (207) 287-9300  
Fax: 1 (207) 287-5807



**Marge Schmuckal - Info**

---

**From:** Chad Emper <chad@northeastpatientsgroup.org>  
**To:** <mes@portlandmaine.gov>  
**Date:** 12/2/2011 10:15 AM  
**Subject:** Info

Good Morning Marge,

This is Chad with Northeast Patients Group. My contact information is below. You will receive an email today from our Executive Director, Rebecca Dekeuster as we said earlier on the phone. We will also get you a copy of our state license.

As I said, we will not be using the 685 Congress Street site for cultivation purposes. This location will operate solely as a dispensary.

Please let me know anything further that you may need from me.

Sincerely,

Chad E. Emper

--

Chad E. Emper  
Project Coordinator/Production Manager  
Northeast Patients Group  
207-242-9249  
[chad@northeastpatientsgroup.org](mailto:chad@northeastpatientsgroup.org)

## Marge Schmuckal - Medical Marijuana

---

**From:** Marge Schmuckal  
**To:** ALEX JAEGERMAN; Barbara Barhydt ; Gary Wood; Greg Mitchell; Mark R...  
**Date:** 12/1/2011 10:48 AM  
**Subject:** Medical Marijuana

FYI,

Yesterday this office received an application for a change of use apparently for a medical marijuana dispensary at 685 Congress Street. The application states that is only for offices. I will be confirming the use and getting the rest of the information needed for zoning purposes. Then the permit will be reviewed by fire for their requirements and by building for their requirements.\

Marge

shall be provided. Parking needs projections provided by the applicant or the planning department should be considered in the review.

(d) Change of use in the B-2b zone:

1. A change of use of 10,000 sq. ft. or less of floor area of a building ~~or a portion of a building~~ need not provide parking for non-residential uses, provided that if the number of existing parking spaces serving the site is less than the requirements of this division, that number of parking spaces may not be reduced lower than the required amount prior to the change of use except:

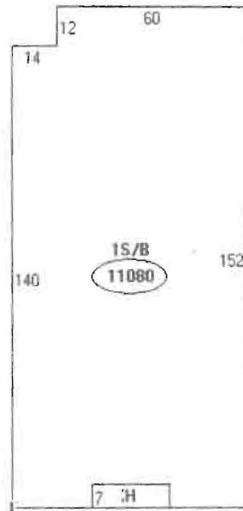
- a. To the extent necessary to meet the requirements of the Americans with Disability Act; or
- b. To the extent it is a requirement or a condition of site plan review; or
- c. To the extent the change of use requires less parking than the previous use and the total number of parking spaces serving the site exceeds the parking requirements of this division for all uses on the site including the change of use.

2. A newly constructed building, a building addition or a change of the use of a building exceeding 10,000 sq. ft. of floor area, shall provide the parking required by this division.

(e) ~~B-3 Zone~~ No off-street parking is required for changes of use.

(f) I-RI, Island Business Zone: Off-street parking shall be required at twenty-five (25%) percent of the required number of parking spaces for specified uses as provided in division 20 (off-street parking) of this article, except that residential uses shall meet the full parking requirement.

(g) B-5 Zone: No off-street parking shall be required.



Descriptor/Area	
A: 086	11080 sqft
B: 053	6512 sqft
C: 031	4400 sqft
D: SPRINKLER SYS WET	21992 sqft
E: BASEMENT TOP	168 sqft
F: CANOPY ROOF/SLAB	168 sqft
G: 1S/B	11080 sqft
H: CANOPY	168 sqft
I: PA1	4600 sqft

Assessor's Office: 200 Congress Street, Portland, Maine 04101 - Phone: (207) 874-8490

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This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

**Services**

- applications
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- Maps
- Tax Relief
- Tax Roll
- Q & A

Downs City  
MAYORS OFFICE

Business Facts and  
Other Info



Assessor's Office  
200 Congress Street  
Portland, ME 04101

**Current Owner Information:**

**CBL** 047 C034001  
**Land Use Type** WHOLESALE  
**Property Location** 685 CONGRESS ST  
**Owner Information** FACTORS FINANCIAL FRC INC  
 PO BOX 7002  
 PORTLAND ME 04112  
**Book and Page** 10800/9  
**Legal Description** 47-C-34  
 CONGRESS ST 685-689  
**Acres** 15904 SF  
 0.365

**Current Assessed Valuation:**

<b>TAX ACCT NO.</b>	7524	<b>OWNER OF RECORD AS OF APRIL 2011</b>
		FACTORS FINANCIAL FRC INC
<b>LAND VALUE</b>	\$323,400.00	<b>PO BOX 7002</b>
<b>BUILDING VALUE</b>	\$481,200.00	<b>PORTLAND ME 04112</b>
<b>NET TAXABLE - REAL ESTATE</b>	\$804,600.00	
<b>TAX AMOUNT</b>	\$14,708.10	

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or [e-mailed](mailto:treasury@portlandmaine.org).

**Building Information:**

**Building 1**  
**Year Built** 1949  
**Style/Structure Type** OFFICE BUILDING - LOW-RISE  
**# Units** 1  
**Building Num/Name** 1 - LOCAL 188  
**Square Feet** 21992

[View Sketch](#)    [View Map](#)    [View Picture](#)



**Exterior/Interior Information:**

**Building 1**  
**Levels** B1/B1  
**Size** 11080  
**Use** SUPPORT AREA  
**Height** 8  
**Heating** NONE  
**A/C** NONE

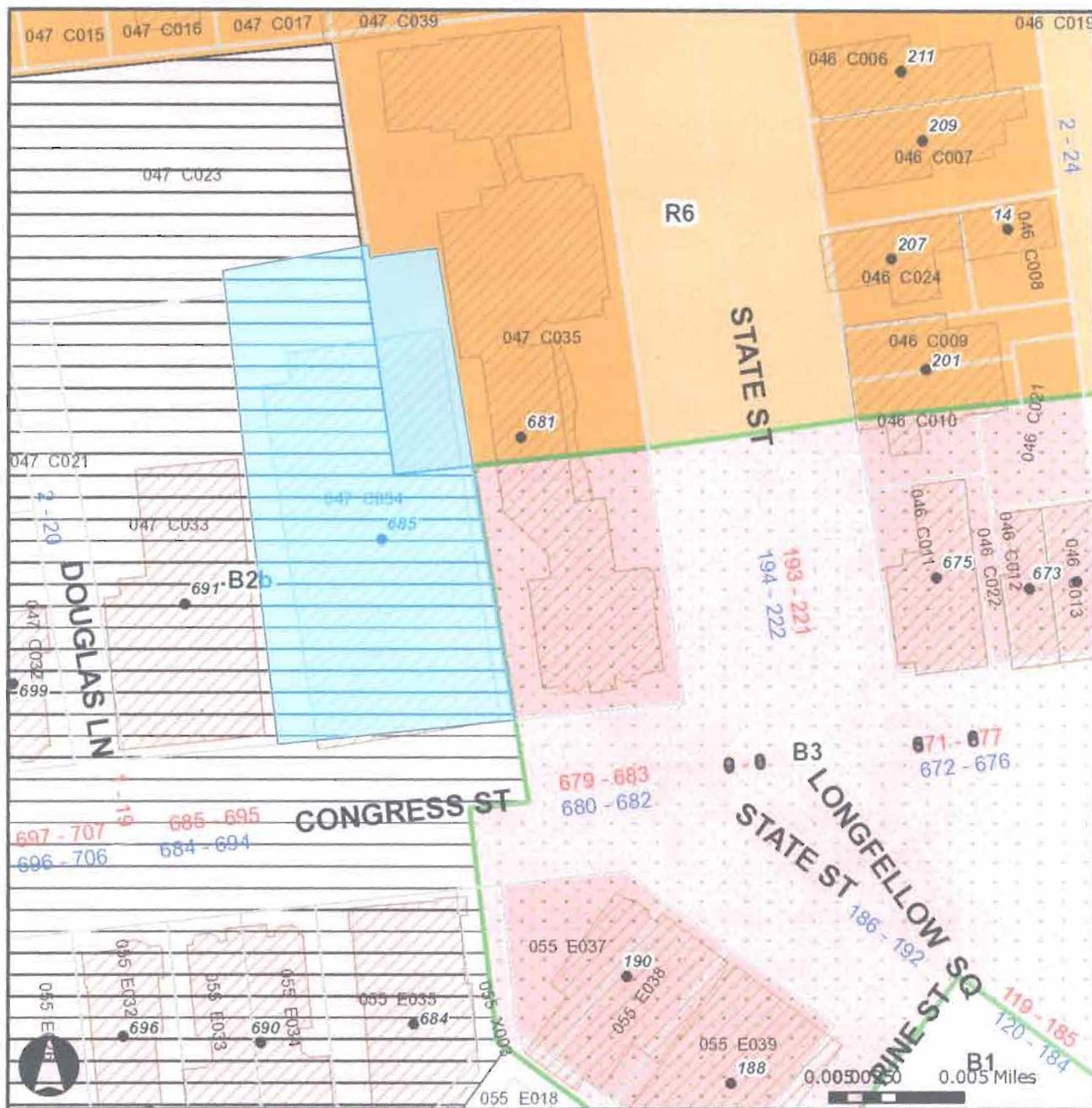
**Building 1**  
**Levels** 01/01  
**Size** 6512  
**Use** OFFICE BUILDING  
**Height** 15  
**Walls** BRICK/STONE  
**Heating** HOT AIR  
**A/C** CENTRAL

**Building 1**  
**Levels** 01/01  
**Size** 4400  
**Use** RESTAURANT  
**Height** 15  
**Walls** BRICK/STONE  
**Heating** HOT AIR  
**A/C** CENTRAL

**Other Features:**

**Building 1**  
**Structure** BASEMENT TOP  
**Size** 168X1

# Map



<b>Parcels</b>	<b>Stream Overlay Zone</b>	<b>Zoning (continued)</b>	<b>Zoning (continued)</b>
Parcels	Stream_protection	R2 Residential	C25
Interstate	<b>Island Zoning</b>	R3 Residential	C26
Streets	C43	R4 Residential	C27
<b>Buildings</b>	I-B	R5 Residential	C28
Building	I-TS	R6 Residential	C29
Out Building	I-R1	ROS Recreation Open Space	C30
	I-R2		C31

# Definitions

City of Portland  
Code of Ordinances  
Sec. 14-47

Land Use  
Chapter 14  
Rev. 9-15-11

proper recreation, civic responsibility, neighborhood responsibility, community welfare or other endeavors. It shall be permissible to serve food and meals on such premises provided adequate dining room space and kitchen facility are available and are provided within all regulations of this article and other applicable codes and ordinances.

*Processing:* Any operation changing the nature of material or materials such as chemical composition or physical qualities. Does not include operations described as fabrication.

*Professional office:* The office of a doctor, dentist, optometrist, psychologist, accountant, lawyer, architect, engineer or similar professional.

*Recent flood plain soils:* Recent flood plain soils include the following soil series as described and identified by the National Cooperative Soil Survey:

Alluvial	Medomak
Charles	Ondawa
Cornish	Podunk
Fryeburg	Rumney
Hadley	Saco
Limerick	Suncook
Lovewell	Winooski

*Recreation facilities:* Any establishment designed or equipped for the conduct of sports or indoor leisure-time recreational activities.

*Registered medical marijuana dispensary:* "Registered medical marijuana dispensary" or "dispensary" means a not-for-profit entity registered under 22 M.R.S.A. section 2428 that acquires, possesses,

cultivates, manufactures, delivers, transfers, transports, sells, supplies or dispenses marijuana or related supplies and educational materials to registered patients who have designated the dispensary to cultivate marijuana for their medical use, and the registered primary caregivers of those patients.

Registered medical marijuana cultivation facility:  
"Registered medical marijuana cultivation facility" means a facility registered under 22 M.R.S.A. section 2428 that cultivates and manufactures marijuana or related supplies for a "registered medical marijuana dispensary" under common management and operating under the same state and local license(s).

*Restaurant:* Any food service establishment, as defined by section 11-16 of this Code, with indoor seating capacity for ten (10) or more patrons.

*Retail:* Sale to the ultimate consumer for direct consumption and not for resale; however, retail, combined with gasoline, diesel or propane fuel sales shall be considered a single use for zoning purposes and shall constitute a major or minor auto service station.

*Retail establishment:* Means (1) any food service establishment as defined by section 11-16 of this Code, with indoor seating capacity for nine (9) or fewer patrons; or (2) any shop or store offering goods or merchandise to the general public for direct consumption and not for resale, but does not include temporary freestanding stands in either case; however, retail establishments combined with gasoline, diesel or propane fuel sales shall be considered a single use for zoning purposes and shall constitute a major or minor auto service station.

*Rooming unit:* A room or suite of rooms in a house, building or portion thereof rented as living and sleeping quarters, but without full kitchens or bathrooms. In a suite of rooms, each room which provides sleeping accommodations shall be counted as one (1) rooming unit for the purpose of this article. Each rooming unit in a lodging house shall have kitchen privileges unless all meals are provided on a daily basis. There shall be no more than two (2) persons residing in each rooming unit.

*Self-storage facility:* Fully enclosed buildings with individual, secured units (accessed with or without supervision) used for the exclusive purpose of storage of non-hazardous business

B-2 & B-2b zones  
under permitted  
uses

10. Communication studios or broadcast and receiving facilities;
11. Health clubs and gymnasiums;
12. Veterinary hospitals, but excluding outdoor kennels;
13. Theaters and performance halls;
14. Hotels or motels of less than one hundred fifty (150) rooms;
15. Dairies in existence as of November 15, 1999;
16. Bakeries in existence as of November 15, 1999;
17. Bakeries established after November 15, 1999, provided the bakeries include retail sales within the principal structures. Bakeries in the B-2b zone shall be no greater than seven thousand (7,000) square feet in size;
18. Drive-throughs associated with a permitted use in the B-2 zone provided that such do not include drive-throughs on any lot adjacent to any residential use or zone. For purposes of this section, only, "adjacent to" shall include uses across a street if within 100 feet of the subject lot boundary;
19. Drive-throughs associated with a permitted use in the B-2b zone, when accessory to a principal use located on the same lot, provided that such do not include drive-throughs on any lot adjacent to any residential use or zone. For purposes of this section, only, "adjacent to" shall include uses across a street if within 100 feet of the subject lot boundary.
20. Registered medical marijuana dispensaries.

(c) Institutional:

## Marge Schmuckal - Re: Fwd: Introduction

---

**From:** Marge Schmuckal  
**To:** Becky DeKeuster  
**Date:** 12/2/2011 12:47 PM  
**Subject:** Re: Fwd: Introduction  
**CC:** Chad Emper; John L Thiele

Hi Becky,

Thank you for your prompt response to my requests. I do have some time on Tuesday morning to meet with you. Do you have time between 10:00 am and 12:00 noon to meet? If that doesn't work, then we can figure out a different time. I am located in City Hall on the 3rd floor in room 315, Inspection Services. The front staff can get me when you come in.

I look forward to meeting with you,

Marge Schmuckal  
 Zoning Administrator

>>> Becky DeKeuster <[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)> 12/2/2011 12:39 PM >>>  
 Oops--used the wrong suffix on Marge's address the first time. Take two...

Becky DeKeuster  
 Northeast Patients Group  
[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)  
 (207) 358 8833

----- Forwarded message -----

From: **Becky DeKeuster** <[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)>  
 Date: Fri, Dec 2, 2011 at 12:37 PM  
 Subject: Introduction  
 To: [mes@portlandmaine.org](mailto:mes@portlandmaine.org)  
 Cc: Chad Emper <[chad@northeastpatientsgroup.org](mailto:chad@northeastpatientsgroup.org)>, "Thiele, John L" <[John.L.Thiele@maine.gov](mailto:John.L.Thiele@maine.gov)>

Hi Marge,

This is Becky with Northeast Patients Group. Chad shared your email with me so that we could be in communication as we go through the permitting process. I understand you'd like more information about our plans for the Portland site, and hope that the following will be helpful:

**The site will be a dispensary only; no cultivation activity will take place there.** Our vision is to create a safe and welcoming space where patients can obtain their medicine, learn more about medical marijuana, and be part of a community that supports their total wellness. The site will only be open to patients or their caregivers.

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If you have some time next week, I'd like to meet with you to discuss NPG, our plans and the process in more detail. I know I'll be in Portland on Tuesday--do you have a half an hour or so that day? If not, Thursday or Friday mornings would work too.

Thanks very much for your time and attention. I look forward to meeting with you!

Becky  
242-1422 direct

Becky DeKeuster  
Northeast Patients Group  
[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)  
[\(207\) 358 8833](tel:(207)3588833)

**Marge Schmuckal - RE: Fwd: Introduction**

---

**From:** Marge Schmuckal  
**To:** John L Thiele  
**Date:** 12/5/2011 9:28 AM  
**Subject:** RE: Fwd: Introduction  
**CC:** Catherine.Valcourt@maine.gov; Phyllis Powell; Renee Guignard; William...

Hi John,

Thank you for your response. I too have no desire to put the applicants in the middle of any paper problem. I just wanted verification/documentation that they have been allowed and will be granted a future certificate of registration. Having this e-mail helps. I now know that you are aware of them and their "official" location to set-up shop. Our City Council has already passed allowances for marijuana dispensaries in several zones, including the zone in which 685 Congress Street is located. So I am unconcerned about the use.

Please send (e-mail is fine) the award for Northeast Patients Group. We will probably need to co-ordinate with each other before our office issues a Certificate of Occupancy.

Thank you,

Marge Schmuckal  
Zoning Administrator

>>> "Thiele, John L" <John.L.Thiele@maine.gov> 12/2/2011 3:52 PM >>>

Marge,

I do have doubts about issuing the Certificate of Registration at this time. My understanding of the situation is that once I issue the Certificate of Registration, medical marijuana may be kept on the premises at 685 Congress St. in Portland. I think we all agree that at this time the premises at this address are not secure. If I understand the situation, you want assurance from the State of Maine that it is supportive of the opening of a dispensary at the above mentioned address before you grant the permits that will allow Ms.DeKuster to make the necessary improvements to 685 Congress St. that will allow for the dispensing of marijuana from this site.

I have no interest in having the fine individuals from Northeast Patients Group getting stuck in a catch 22 that impacts negatively on residents of Maine having access to a treatment recommended by their doctors. Would you accept a copy of the letter awarding Northeast Patients the right to open a dispensary in Public Health District 2( Cumberland County) as proof of the Maine Department of Health and Human Services support for the Northeast Patients Group?

John Thiele  
Maine Medical Marijuana Program Manager  
DHHS-DLRS, SHS #11  
41 Anthony Avenue  
Augusta, ME 04333-0011  
Phone: 1 (207) 287-9300

Fax: 1 (207) 287-5807

**From:** Marge Schmuckal [mailto:MES@portlandmaine.gov]  
**Sent:** Friday, December 02, 2011 12:48 PM  
**To:** Becky DeKeuster  
**Cc:** Thiele, John L; Chad Emper  
**Subject:** Re: Fwd: Introduction

Hi Becky,

Thank you for your prompt response to my requests. I do have some time on Tuesday morning to meet with you. Do you have time between 10:00 am and 12:00 noon to meet? If that doesn't work, then we can figure out a different time. I am located in City Hall on the 3rd floor in room 315, Inspection Services. The front staff can get me when you come in.

I look forward to meeting with you,

Marge Schmuckal

Zoning Administrator

>>> Becky DeKeuster <[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)> 12/2/2011 12:39 PM >>>  
Oops--used the wrong suffix on Marge's address the first time. Take two...

Becky DeKeuster  
Northeast Patients Group  
[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)  
(207) 358 8833

----- Forwarded message -----

From: **Becky DeKeuster** <[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)>  
Date: Fri, Dec 2, 2011 at 12:37 PM  
Subject: Introduction  
To: [mes@portlandmaine.org](mailto:mes@portlandmaine.org)  
Cc: Chad Emper <[chad@northeastpatientsgroup.org](mailto:chad@northeastpatientsgroup.org)>, "Thiele, John L" <[John.L.Thiele@maine.gov](mailto:John.L.Thiele@maine.gov)>

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Becky  
242-1422 direct

Becky DeKeuster  
Northeast Patients Group  
[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)  
[\(207\) 358 8833](tel:(207)3588833)



Wellness Connection  
of Maine

www.mainewellness.org

12/6  
Becky DeKeuster

Executive Director

115 Water St.

Hallowell, ME, 04347

855-848-6740

207 358 8833

becky@mainewellness.org

242-1422  
DBA - N-1-2012

**Marge Schmuckal - Re: Fwd: Introduction**

**From:** Marge Schmuckal  
**To:** Becky DeKeuster  
**Date:** 12/2/2011 12:47 PM  
**Subject:** Re: Fwd: Introduction  
**CC:** Chad Emper; John L Thiele

Hi Becky,

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I look forward to meeting with you,

*ZON Sm...*

Marge Schmuckal  
 Zoning Administrator

>>> Becky DeKeuster <becky@northeastpatientsgroup.org> 12/2/2011 12:39 PM >>>  
 Oops--used the wrong suffix on Marge's address the first time. Take two...

Becky DeKeuster  
 Northeast Patients Group  
[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)  
 (207) 358 8833

----- Forwarded message -----

From: **Becky DeKeuster** <[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)>  
 Date: Fri, Dec 2, 2011 at 12:37 PM  
 Subject: Introduction  
 To: [mcs@portlandmaine.org](mailto:mcs@portlandmaine.org)  
 Cc: Chad Emper <[chad@northeastpatientsgroup.org](mailto:chad@northeastpatientsgroup.org)>, "Thiele, John L" <[John.Thiele@maine.gov](mailto:John.Thiele@maine.gov)>

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242-1422 direct

Becky DeKeuster  
Northeast Patients Group  
[becky@northeastpatientsgroup.org](mailto:becky@northeastpatientsgroup.org)  
[1207\) 358 8833](tel:12073588833)



Google earth



Parking Plan for Northeast Patients Group

$$6500' \times 400' = 16.25 \text{ spaces}$$

685 Congress St

12/13/11

## Marge Schmuckal - Fwd: 685 Congress Street Parking Plan

---

**From:** Lannie Dobson  
**To:** Marge Schmuckal  
**Date:** 12/13/2011 3:51 PM  
**Subject:** Fwd: 685 Congress Street Parking Plan  
**CC:** rsmalley@mainewellness.org  
**Attachments:** 685 Congress Street Parking Plan.pdf

I have sent this to Marge. Thank you, Lannie Dobson

>>> Ron Smalley <rsmalley@mainewellness.org> 12/13/2011 3:46 PM >>>  
Lannie,

Marge had mentioned that we needed to submit a Parking Plan as well. Is it OK for me to send this to you or should it go to someone else?

--

Ron A. Smalley Jr.

**Wellness Connection of Maine**

[rsmalley@mainewellness.org](mailto:rsmalley@mainewellness.org)

Ph: (207) 358 8833

[www.mainewellness.org](http://www.mainewellness.org)

Patient Inquiry: 1 855 848 6740

12/13/11

685 Congress St

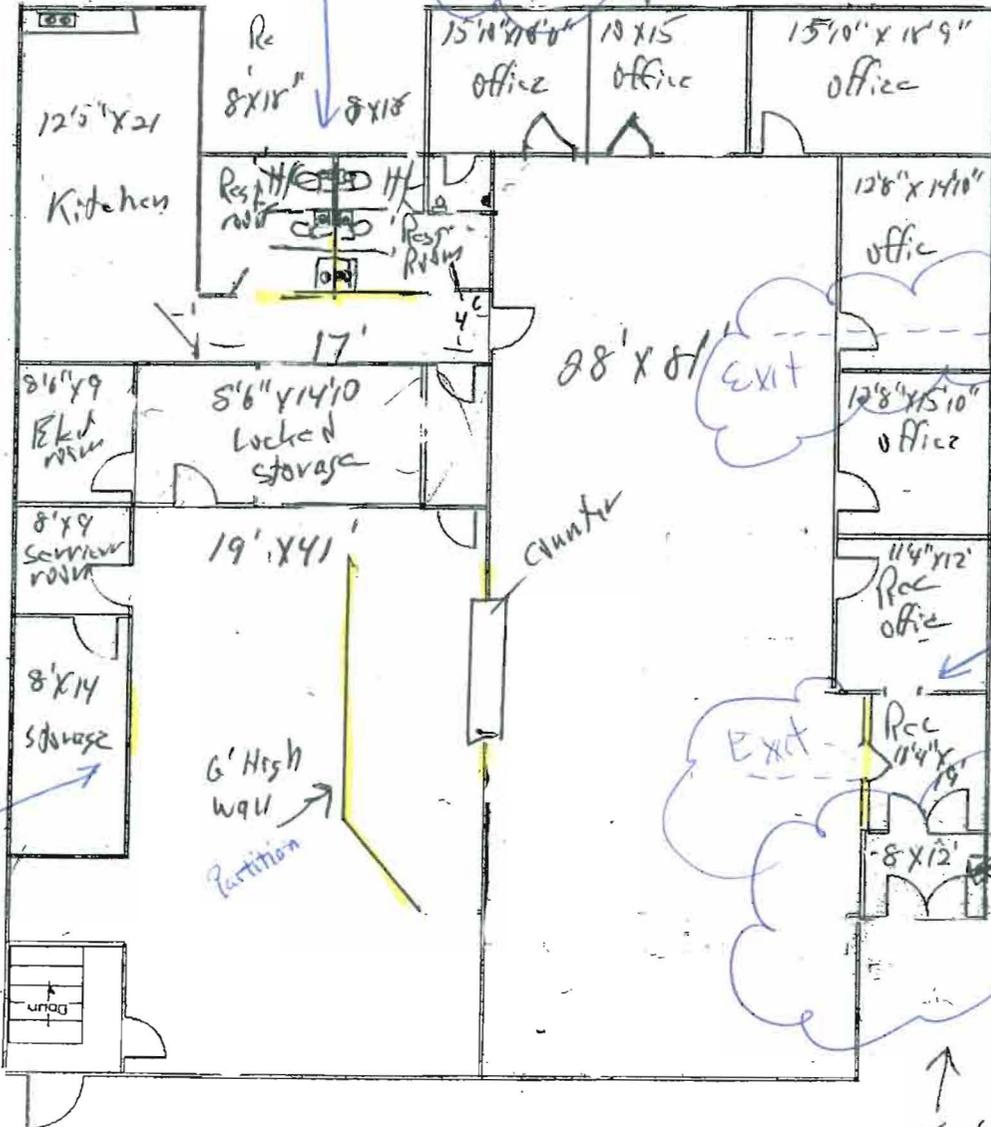
Proposed

1st Floor

Reconfigure existing bathroom for ADA

Water fountain to be installed per Eagle R.

Northeast Patients Group



GROUP

Exit per Eagle R.

New walls

8'8" x 8'1" exit

New sliding window

D. 1/3/12 per Eagle R. Doors swing in direction of travel per JMB

Exit

Entry to Bldg

PARKING Lot

In fill

6' High wall Partition

Counter

Kitchen

8'6" x 9' Elk room

8' x 4' Service room

8' x 14' storage

up

5'6" x 14'10" Locked storage

19' x 41'

6' High wall Partition

Re 8' x 11' 8' x 11'

15'10" x 14'8" office

10' x 15' office

15'10" x 14'9" office

12'8" x 14'10" office

12'8" x 15'10" office

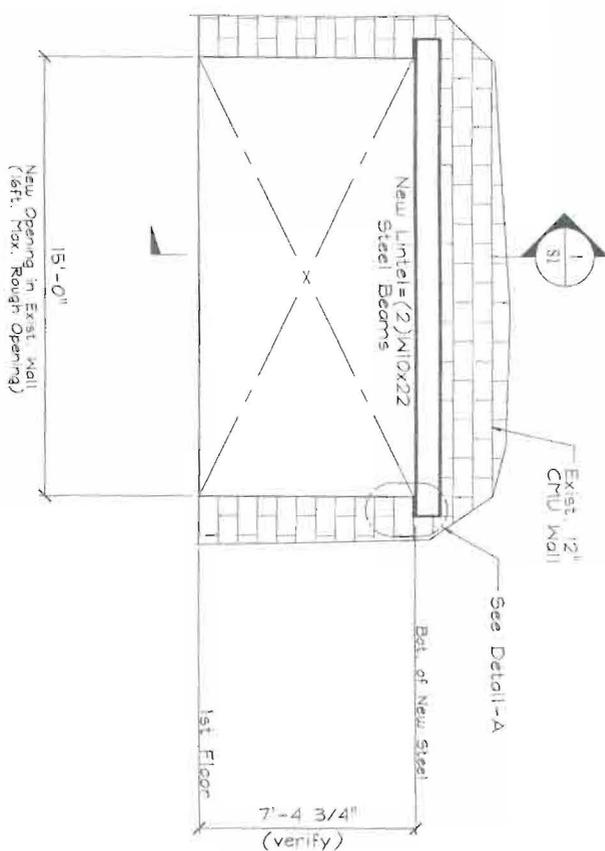
14'4" x 12' Rec office

Rec 11'4" x 12'

8' x 12'

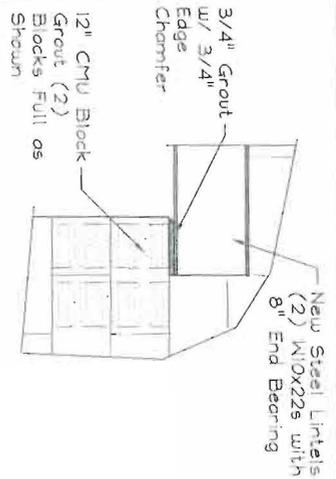




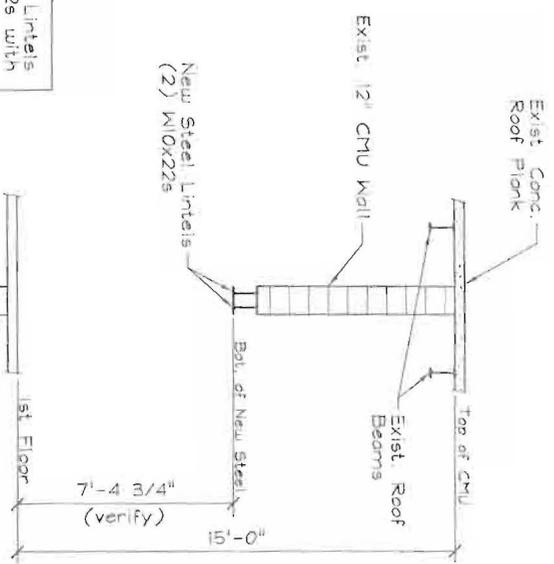


ELEVATION VIEW - NEW WALL OPENING  
SCALE: 1/4" = 1'-0"

- GENERAL NOTES:**
1. ALL DIMENSIONS AND CONDITIONS MUST BE VERIFIED IN THE FIELD.
  2. ALL TEMPORARY SHORING BY CONTRACTOR. ALL MEANS AND METHODS OF DEMOLITION AND INSTALLATION BY CONTRACTOR.
  3. ALL APPLICABLE FEDERAL, STATE, AND MUNICIPAL REGULATIONS SHALL BE FOLLOWED, INCLUDING THE FEDERAL DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND HEALTH ACT.
  4. VERIFY WALL OPENING LOCATION WITH OWNER.
  5. NEW STEEL LINTELS TO BE SOKSI STEEL.

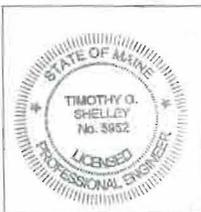


DETAIL A  
SCALE: 3/4" = 1'-0"



SECTION 1  
SCALE: 1/4" = 1'-0"

Rev -1  
Increased Spun Opening  
from 10ft. to 15ft.  
Increased Lintel Size

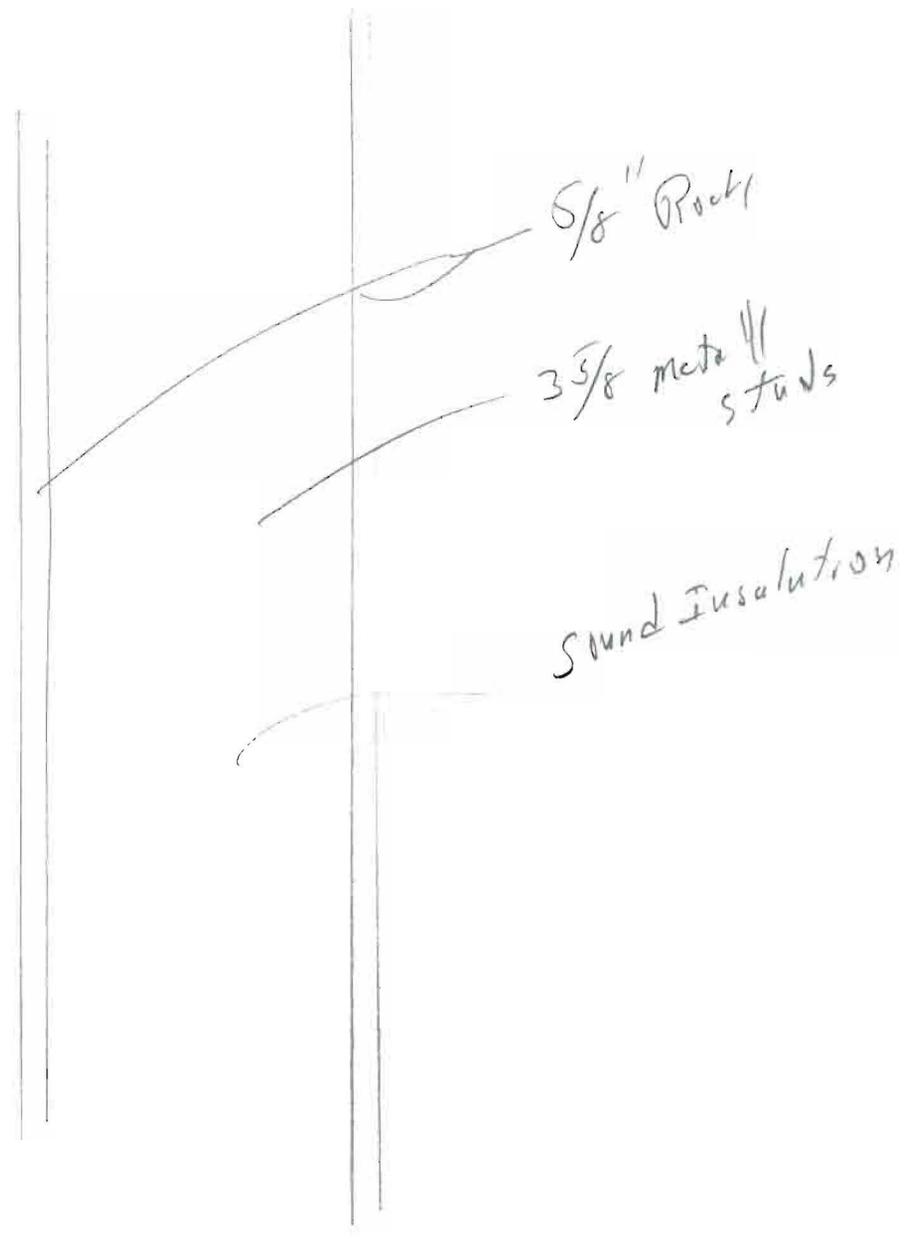


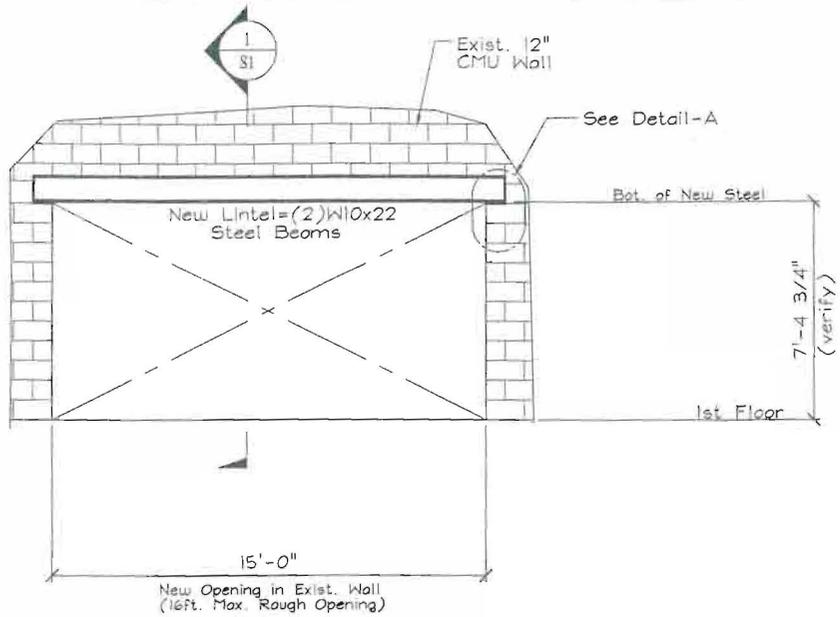
SEI  
SHELLEY ENGINEERING, INC.  
STRUCTURAL CONSULTANTS  
P.O. Box 1030  
GRAY, MAINE 04039  
PHONE (207) 657-8031  
WWW.SHELLEYENGINEERING.COM

NEW WALL OPENING 685 CONGRESS ST. PORTLAND MAINE		
Drawn By: TGS	DATE: 10/21/11	SHEET No. : S1 of 1
Checked By: TGS	Specs: AS NOTED	Job No. : 2011-135



# New walls

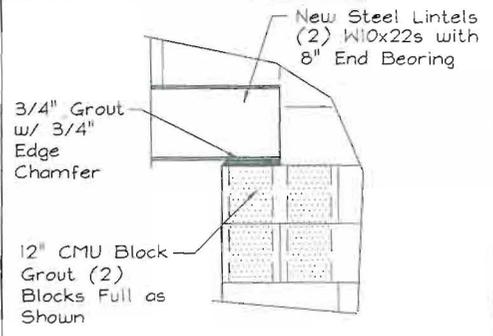




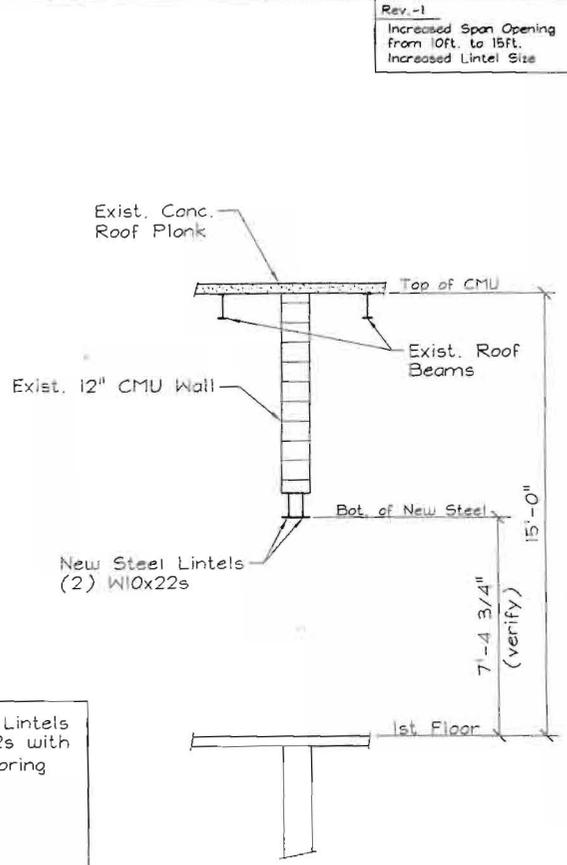
**ELEVATION VIEW - NEW WALL OPENING**  
SCALE: 1/4" = 1'-0"

**GENERAL NOTES:**

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4. VERIFY WALL OPENING LOCATION WITH OWNER.
5. NEW STEEL LINTELS TO BE 50KSI STEEL.



**DETAIL**  
SCALE: 3/4" = 1'-0" (A/S1)



**SECTION**  
SCALE: 1/4" = 1'-0" (1/S1)

NEW WALL OPENING 685 CONGRESS ST.		MAINE
PORTLAND	DATE: 10/21/11	SHEET No. 1 SI OF 1
DRAWN BY: TCS	CHECKED BY: TCS	JOB No.: 2011-135
SHELLEY ENGINEERING, INC. STRUCTURAL CONSULTANTS P.O. Box 1030 GRAY, MAINE 04039 PHONE (207) 657-8031 WWW.SHELLEYENGINEERING.COM		

Tuesday, December 27th, 2011

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- Skycams
- reportstorms.com
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- Scores & Schedules
- Local Sports News
- Closings & Delays
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- Talent Bios
- EEO Public File
- Advertise
- Employment
- Feedback
- Text Alerts
- Android App
- Apple App
- Daybreak
- Political Edge
- Political Pulse
- Scanning the Sky
- Sports Central
- Ski For Free
- Pigskin Predictions
- Movie Mania
- Hey It's Half Off
- MobiDeals



**State concerned about Portland marijuana facility**  
 December 27, 2011 07:23 EST  
 (Eds: APNewsNow.)  
 PORTLAND, Maine (AP) — A state health official says plans by the operators of a medical marijuana dispensary scheduled to open in Portland next month to include a coffee bar, acupuncture clinic and "vapor lounge" at the facility run afoul of state rules.  
 John Thiele of the Health and Human Services Department says a dispensary with such amenities would violate state regulations aimed at ensuring that dispensaries are places to get medicine for serious illnesses, not places to "hang out."  
 He tells The Portland Press Herald (<http://bit.ly/vfodRR>) creating a social setting for the dispensation of medical marijuana is unhealthy because it promotes more marijuana use than is

National News Links

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- Sinead O'Connor Ends...
- Raw Video: Giant Python Shows Up...
- Police: Babysitter Beat...

Maine Headlines

- Heating oil costs drop 2 pennies in Maine
- LePage names 2 Maine judicial nominees
- Man nabbed in hotel robbery in Bangor, Maine
- LePage in Aroostook for Maine budget workshop
- Investigators still seeking ID of Maine body
- Search continues for missing Maine toddler
- Maine aims to build sustainable urchin fishery

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medically necessary.

The operator, Wellness Connection of Maine, could not be reached for comment. Their two other dispensaries in Maine do not have the same amenities.

Information from: Portland Press Herald,  
<http://www.pressherald.com>

Man arrested in Bangor, Maine, stabbing  
 Livemore searches for source of musty water  
 State concerned about Portland marijuana facility  
 Landmark Mexico restaurant closes  
 Maine convicted killer appeals to high court  
 1 dead, 2 hurt in Glenburn crash  
 Maine offers Jan. 1 hikes at state parks  
 Maine police chief: Someone took missing toddler  
 Maine top cop says someone took missing toddler  
 Maine police to talk of about toddler search  
 Ski experts: Riding in car riskier than ski lift  
 Maine police to brief press on toddler search  
 Maine police seek privacy in toddler search

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 News 13 brings you school kids from around the state of Maine who take you inside their school to show you why they think it is special.



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 Diana Ichnon is always on your side with reports that protect and inform.



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4 Click "Open Link" to go directly to [m.wgme.com](http://m.wgme.com) on your mobile device

**more »**

5:00pm - News 13 Live at Five  
 6:00pm - News 13 at Six  
 6:30pm - CBS Evening News  
 7:00pm - Entertainment Tonight  
 7:30pm - The Insider  
 8:00pm - NCIS  
 9:00pm - The 34th Annual Kennedy Center Honors  
 11:00pm - News 13 at Eleven

[Complete Schedule](#)

**Hey-Portland, Mail List**

Enter Email

Yes, I am over 18 years old.

**December 27, 2011 03:06 EST**

Today is Tuesday, Dec. 27, the 361st day of 2011. There are four days left in the year.

Today's Highlight in History  
 On Dec. 27, 1968, Apollo 8 and its three astronauts made a safe, nighttime splashdown in the Pacific.

On this date  
 In 1831, naturalist Charles Darwin set out on a round-the-world



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WGME files and maintains quarterly Children's Television Reports and DTV Consumer Education Activity Reports in its Public File.

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DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that FINANCIAL FACTORS FRC INC

Located At 685 CONGRESS ST

Job ID: 2012-01-3159-ALTCOMM-Amend

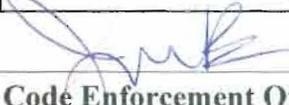
CBL: 047-C-034-001

has permission to Amend permit # 2011-12-2827 to add a wall and door to the main open space 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

\_\_\_\_\_  
Fire Prevention Officer

 2/1/12  
\_\_\_\_\_  
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
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) 8716

Job No: <b>2012-01-3159-ALTCOMM</b>	Date Applied: <b>1/26/2012</b>	CBL: <b>047- C-034-001</b>	
Location of Construction: <b>685 CONGRESS ST</b>	Owner Name: <b>FINANCIAL FACTORS FRC INC</b>	Owner Address: <b>PO BOX 7002 PORTLAND, ME 04112</b>	Phone:
Business Name: <b>Wellness Connection of ME</b>	Contractor Name: <b>Earl Reagan</b>	Contractor Address: <b>106 Merrill RD GRAY MAINE 04039</b>	Phone: <b>(207) 329-3441</b>
Lessee/Buyer's Name:	Phone:	Permit Type: <b>BLDG AMENDMENT</b>	Zone: <b>B-2b</b>
Past Use: <b>Medical Marijuana Dispensary permitted under #2011-12-2827</b>	Proposed Use: <b>Same: Medical Marijuana Dispensary – to amend the original permit to add a wall with a door</b>	Cost of Work: <b>\$3,000.00</b>	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <i>w/conditions</i> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <i>B/A</i> Type: <i>IBC-2009</i> Signature: <i>[Signature]</i>
Proposed Project Description: <b>Amendment to permit # 2011-12-2827</b>	Pedestrian Activities District (P.A.D.) <i>2/1/12</i>		
Permit Taken By: <b>Gayle</b>	<b>Zoning Approval</b>		

<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><b>Special Zone or Reviews</b></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>Maj ___ Min ___ MM ___ Date: <i>1/26/12</i></p>	<p><b>Zoning Appeal</b></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: <i>1/26/12</i></p>	<p><b>Historic Preservation</b></p> <p><i>within</i></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 type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>Any exterior work requires a separate review &amp; approval</i></p> <p>Date: <i>1/26/12</i></p>
	<b>CERTIFICATION</b>		

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

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection/Certificate of Occupancy

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](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2012-01-3159-ALTCOMM

Located At: 685 CONGRESS ST

CBL: 047- C-034-001

## **Conditions of Approval:**

### **Zoning**

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. All previous conditions on the original and any subsequent permits are still in force with the issuance of this permit.

### **Building**

1. All conditions from previous approvals remain in effect.

### **Fire**

1. All conditions from previous approvals remain in effect.

66

2012 01 3159



# General Building Permit Application B-2b

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>685 Congress Street.</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>047</u> Block# <u>C</u> Lot# <u>034</u>	Applicant: (must be owner, lessee or buyer) Name <u>Wellness Connection of ME</u> Address <u>685 Congress St.</u> City, State & Zip <u>Portland ME.</u>	Telephone: <u>207 358 8853</u>
Lessee/DBA <u>WKS Northeast Patients Group</u> <u>RECEIVED</u> <u>JAN 26 2012</u> <u>Dept. of Building Inspections</u> <u>City of Portland Maine</u>	Owner: (if different from applicant) Name <u>Factor Financial FRC</u> Address <u>PO Box 7002 INC</u> City, State & Zip <u>Portland, ME 04112</u>	Cost of Work: <u>\$250.00</u> C of O Fee: \$ <u>    </u> Historic Review: \$ <u>    </u> Planning Amin.: \$ <u>    </u> Total Fee: \$ <u>50.00</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>add wall with door amendment to permit</u> <u>amend memo 2011 12 28 27</u>		
Contractor's name: <u>Reagan &amp; Company</u>		Email: <u>ercusano@maine.com</u>
Address: <u>106 Merrill Rd</u>		
City, State & Zip: <u>Gray, ME 04039</u>		Telephone: <u>207 657 6353</u>
Who should we contact when the permit is ready: <u>Beale</u> →		Telephone: <u>207 329-3441</u>
Mailing address: <u>Call</u>		

Please submit all of the information outlined on the applicable checklist. Failure to do so will 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: [Signature] Date: 1/26/12

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

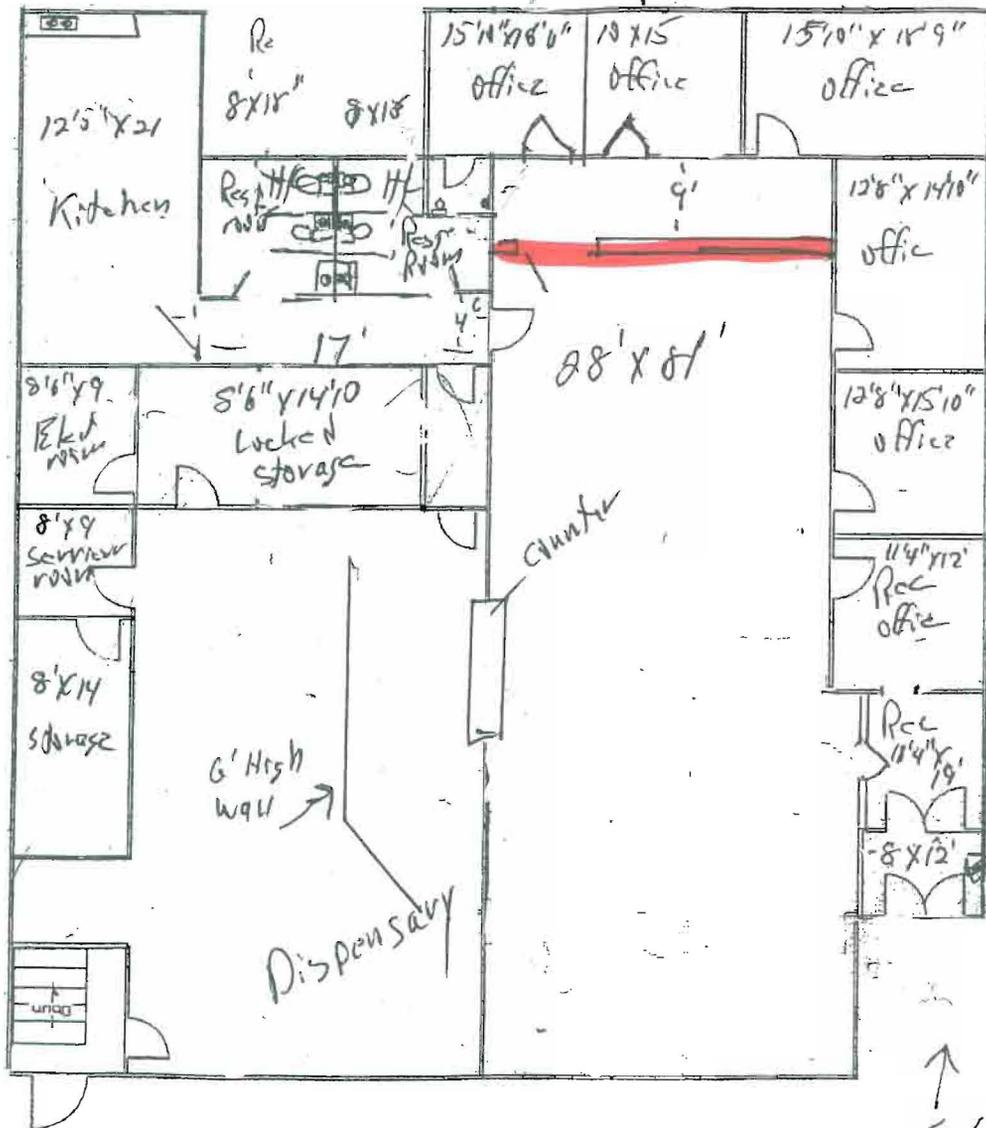
685 Congress St

1st Floor

Northeast Patients

GROUP

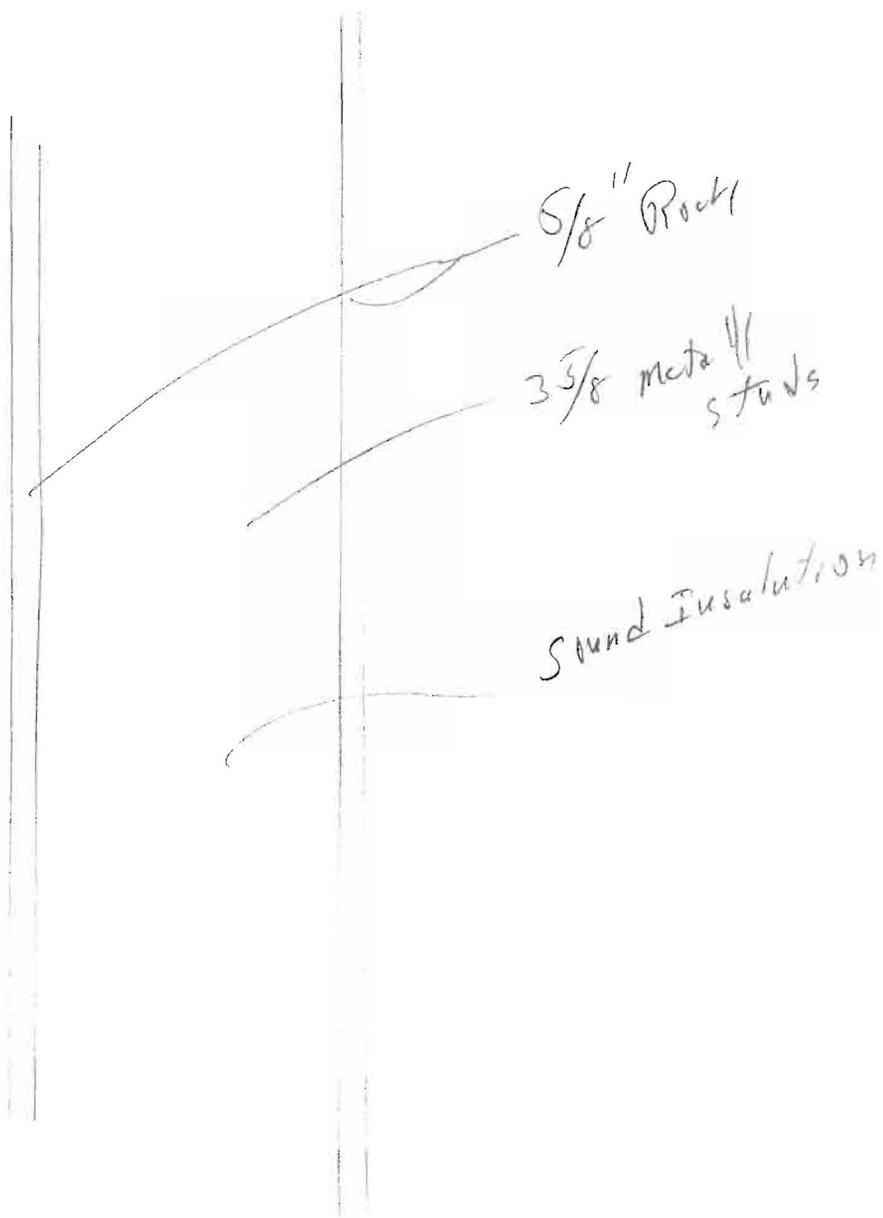
New walls 



PARKING Lot

↑  
Entry to Bldg

# New walls



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that FINANCIAL FRC FACTORS, INC

Located At 685 CONGRESS ST

Job ID: 2011-12-2827-CH OF USE

CBL: 047- C-034-001

has permission to Install floor joist and finishes to cover communicating stairwell to the basement at Marijuana Dispensary provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

\_\_\_\_\_  
Fire Prevention Officer

*[Signature]* 1/17/12  
\_\_\_\_\_  
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
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) 8716

Job No: 2011-12-2827-CH OF USE 2012-14668 AMENDMENT	Date Applied: 1/10/2012	CP#: 047- C-034-001	
Location of Construction: 685 CONGRESS ST	Owner Name: FINANCIAL FRC FACTORS, INC	Owner Address: PO BOX 7002 PORTLAND, ME 04112	Phone:
Business Name:	Contractor Name: TPD Construction Company - Greg Dumont	Contractor Address: PO Box V, 1725 Main Street, Sanford, ME 04073	Phone: (207) 651-5900
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG AMENDMENT	Zone: B-2b
Past Use:  Currently being fit up for a Medical Marijuana Dispensary under #2011-12-2827	Proposed Use:  Same: Medical Marijuana Dispensary - to close in existing stairwell as per plans	Cost of Work: \$48,000.00	CEO District:
		Fire Dept:  <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>[Signature]</i> (58)	Inspection: Use Group: B/A Type: IBC-2009 Signature: <i>[Signature]</i>
Proposed Project Description: close in existing stairwell		Pedestrian Activities District (P.A.D.)  1/17/12	
Permit Taken By: Brad		<b>Zoning Approval</b>	

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 informatin may invalidate a building permit and stop all work.	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK with conditions</i> <i>1/11/12</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: <i>[Signature]</i>	<b>Historic Preservation</b> <i>within</i> <input type="checkbox"/> Not in Dist 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>Any exterior work requires a separate review &amp; approval</i>
	<b>CERTIFICATION</b>		

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

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.

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- **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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

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](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2827-CH OF USE

Located At: 685 CONGRESS ST

CBL: 047- C-034-001

## **Conditions of Approval:**

### **Zoning**

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. All previous conditions on the original permit are still in force with the issuance of this permit.

### **Fire**

1. All construction shall comply with City Code Chapter 10.
2. The stair shall not be abandoned in place. Remove and infill the floor.

### **Building**

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

Entered 1/11/12 (15)

# 2012-14668



# General 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>685 Congress Street</u>		<u>B-2b</u>	
Total Square Footage of Proposed Structure/Area		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>TPD Construction Co</u> Address <u>P.O. Box V</u> City, State & Zip <u>Sanford ME, 04093</u>		Telephone:
<u>017 C034-001</u>	Owner (if different from Applicant) Name <u>Financial FRC Factors Inc</u> Address <u>P.O. Box 7002</u> City, State & Zip <u>Portland, ME 04112</u>		Cost Of Work: \$ <u>900</u> C of O Fee: \$ _____ Total Fee: \$ _____
Lessee/DBA (If Applicable)			
Current legal use (i.e. single family) _____ If vacant, what was the previous use? <u>Protection One</u> <u>Now Northeast Patients Medical in Augusta</u> Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>- Close in existing stairwell</u>			
Contractor's name: <u>TPD Construction Co</u>			
Address: <u>P.O. Box V 1725 Main Street</u>			
City, State & Zip <u>Sanford ME 04093</u>		Telephone: <u>(207) 490-5900</u>	
Who should we contact when the permit is ready: <u>Greg Dumont</u>		Telephone: <u>(207) 651-5900</u>	
Mailing address: <u>P.O. Box V Sanford, ME 04093</u>			

Please submit all of the information outlined on the applicable Checklist. Failure to do so will 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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.

RECEIVED  
JAN 10 2012  
Dept. of Building Inspections  
City of Portland Maine

Signature: Cregory M Dumont, V.P. Date: 1-10-12

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



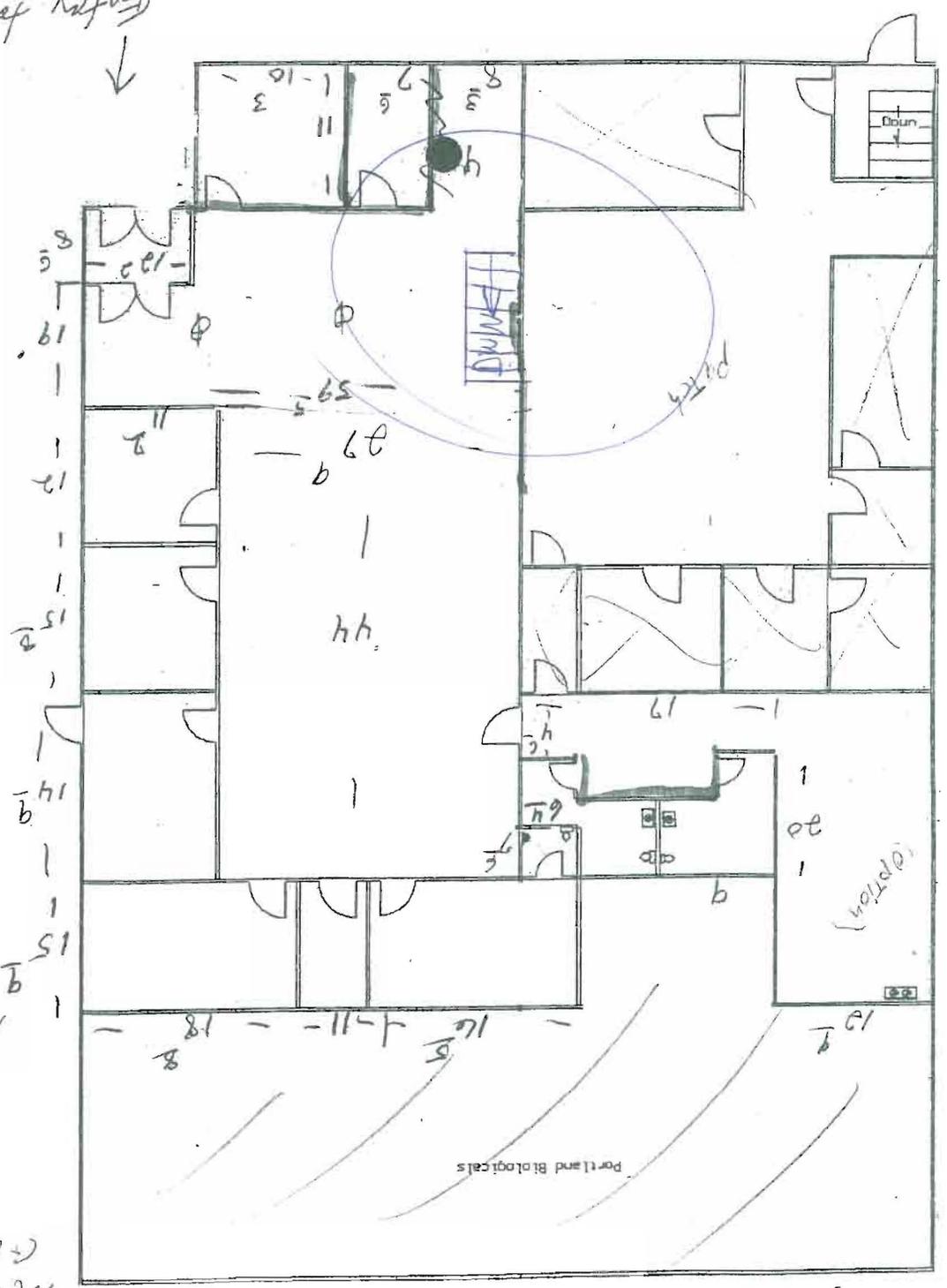
685 Congress St  
1st Floor

Nearest Patients  
Group

Existing  
Layout

Dance Hall

Entry to Bldg  
↓  
Parking Lot



Portland Biologicals

(option)

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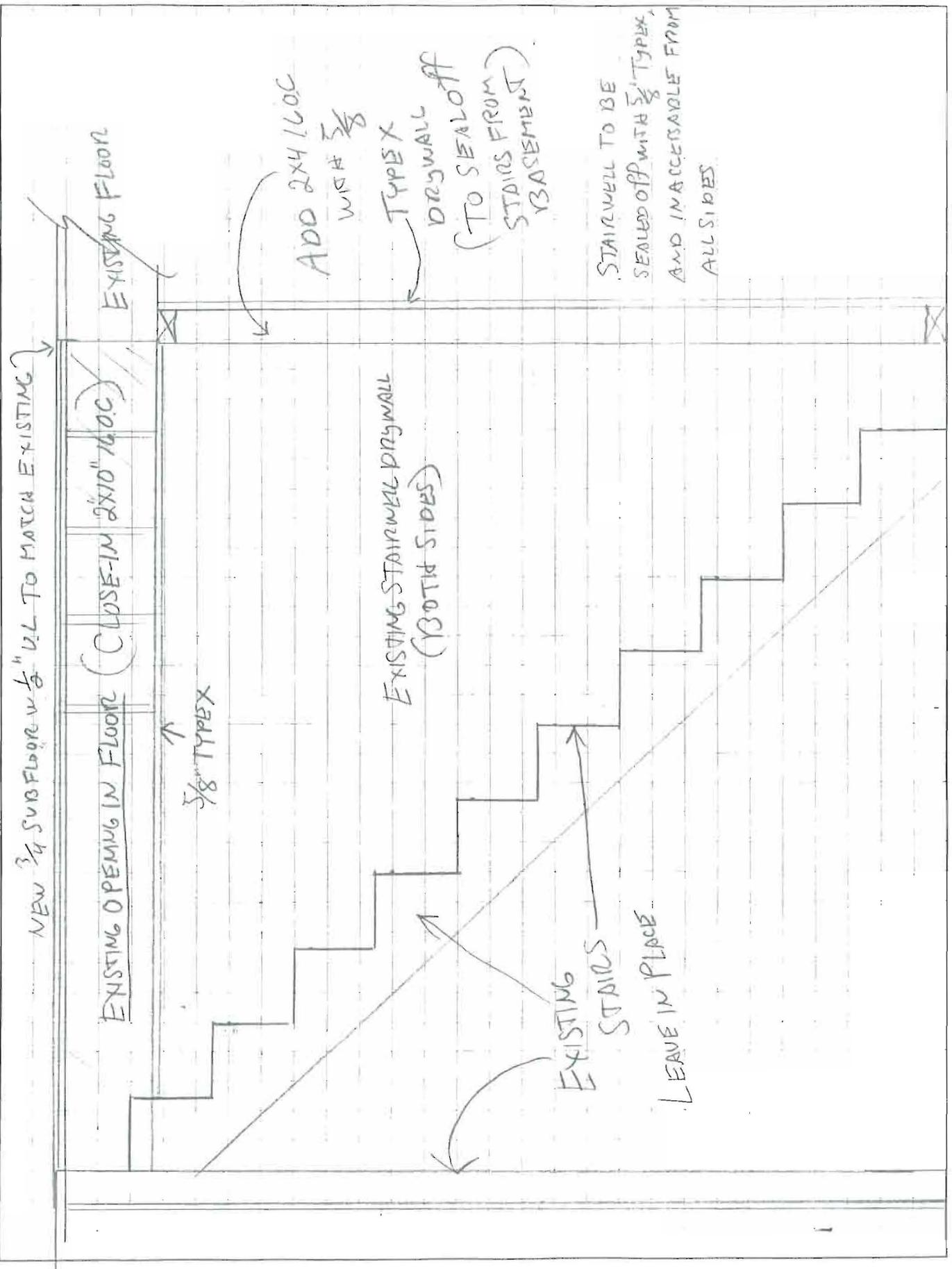
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685 CONGRESS PORTLAND (REAR STAIRWELL) TO BE CLOSED - IN AND REMAIN INACCESSIBLE



SCALE 3/4" = 1 FOOT



1-19-12 DWM Framing OK



# Certificate of Occupancy



## CITY OF PORTLAND, MAINE

Department of Planning and Urban Development  
Building Inspections Division

Location: 685 CONGRESS ST

CBL: 047- C-034-001

Issued to: FINANCIAL FACTORS FRC INC

Date Issued: 3/26/2012

**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. 2011-12-2827-CH OF USE, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

MARIJUANA DISPENSARY

APPROVED OCCUPANCY

USE GROUP B/A  
IBC 2009

Approved:  
3-26-2012

(Date) *Inspector*

*Inspections Division Director*

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.