SIGNATURE OF CONTRACTOR

or Mail call

AT 38.00		MINIMUM FEE			$2.00	38.00
		TOTAL AMOUNT DUE				
					10.00	
					3.00	
					2.00	
				5	4.00	8.00
					50.00	
					1.00	
				xxx	12.00	12.00
					2.00	
					52.00	
					5.00	
					15.00	
					2.00	
					10.00	
					2.00	
					10.00	
					3.00	
mbers		Other (specify)			5.00	
ns		Dryers			5.00	
ok Tops		Wall Ovens			5.00	
					2.00	
					1.00	
					5.00	
					1.00	
			800		52.00	
		AMPS OVER	800		52.00	
			800		12.00	
		TLT AMPS TO	800	400	12.00	12.00
					50	
nescent					50	
ights		Smoke Detector			50	

TOTAL EACH FEE

ADDRESS

Permit # 2439

Date 04 September 1998

ctrical Ordinance,
cal installations

CITY OF OAKLAND, MAINE

ELECTRICAL INSTALLATIONS

Permit Number: [illegible]

Location: [illegible]

Owner: [illegible]

Date of Permit: [illegible]

Final Inspection

By Inspector

PROGRESS INSPECTIONS:

Date	

INSPECTION: Service

Service called in

Cleaning-in

DATE:	REMARKS:
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]

If the answer to item (H), (I) or (K) above is yes, the facility is in a sensitive geologic area.

STATE USE ONLY

Reviewer: _____ Date: ___/___/___ Map Number: _____

Comment: _____

N. Facility is now or will be used for (check one):

___ Wholesale Distribution of Oil
_X_ Retail Distribution of Oil
___ Oil storage at a Commercial Establishment for on-site consumption
___ Oil storage at an Industrial Establishment for on-site consumption
___ Oil storage at a single family residence
___ Oil storage at a multi-family residence.
___ Oil storage/farm
___ Oil storage/Public Facility (state or local)
___ Oil Storage/Federal Facility

3. TANK OWNER:

A. Name: RMR, Inc. (last) (first) (middle initial)

B. Mail Address: P.O. Box 778

C. Town/City: Scarborough D. State: ME

E. Zip Code: 04070-0778 F Phone: 883-5191

4. TANK OPERATOR: (if different from owner.)

A. Name: _____ (last) (first) (middle initial)

B. Mail Address: _____

C. Town/City: _____ D. State: _____

E. Zip Code: _____ F Phone: _____

5. CONTACT PERSON:

A. Name: Sarah Bourget B. Phone: 883-5191

6. INDIVIDUAL TANK DATA: Complete for each tank.

A. TANK TYPE:
- C = Cathodically Protected Steel - Single Wall with Excavation Liner.
- W = Cathodically Protected Steel - DoubleWalled
- E = Fiberglass - Single wall with Liner.
- G = Fiberglass - Double Walled
- N = Other - Please specify.

B. Piping Type:
- E = Single Walled Fiberglass with liner
- G = Double Walled Fiberglass
- M = Single Walled Steel with Liner.
- O = Copper with Secondary Containment
- W = Cathodically Protected Steel

C. Tank Size:
Fill in with the Size of the Tank in gallons.

D. Form of Leak Detection/Retrofitted Tank:
- 1 = Continuous Electronic Monitoring of Groundwater
- 2 = Continuous Electronic Monitoring of Vapors
- 3 = Secondary Containment with Interstitial space monitoring
- 4 = Manual Groundwater Sampling
- 5 = Continous In-Tank Gauging
- 6 = In-Line Leak Detector

E. Product Stored:
1 = Kerosene 2 = #2 Fuel Oil 4 = # 4 Fuel Oil
5 = #5 Fuel Oil 6 = #6 Fuel Oil 20 = Unleaded-Plus
22 = Premium 23 = Unleaded 28 = Premium unlead
29 = Diesel 81 = Waste Oil 99 = Other-Please Specify

F. Date Installed:
Fill in Month and Year of Installation.

G. Tank Status:
- B = Active
- C = Out of Service
- D = Abandoned in Place-Filled
- E = Planned for Removal

H. System Type:
1 = Suction 2 = Pressurized

I. Form of Interstitial Tank Leak Detection/ New and Replacement Tanks
- 1 = Continuous Groundwater in Liner
- 2 = Manual Groundwater in Liner
- 3 = Continuous Vapor Monitoring
- 4 = Continuous Hydrostatic
- 5 = Continuous Free Product
- 6 = Continuous Vacuum or Pressure
- 7 = Other-Please Specify

J. Overfill Spill/Leak Detection:
- 1 = Automatic Shutoff (95% Tank Capacity)
- 2 = Automatic Alarm (95% Tank Capacity)
- 3 = Overfill Spill Container (5-gallon minimum)

TANK 1:
A. G B. E C. 10,000 D. 3 E. 23 F. 8 / 92 G. B H. 2 I. 4 J. 1&2

TANK 2:
A. G B. E C. 8,000 D. 3 E. 28 F. 8 / 92 G. B H. 2 I. 4 J. 1&2

TANK 3:
A. B. C. D. E. F. / G. H. I. J.

TANK 4:
A. B. C. D. E. F. / G. H. I. J.

12. If this registration involves the replacing or installing of tanks or piping, the following information must be attached:

(a) A map, plotted on the most current 1:24,000 scale (7 1/2 minute) USGS topographical quadrangle, showing the location of the facility. If a 7 1/2 minute map is not available, a 1:62,500 scale (15 minute) map may be used.

(b) Attach a DETAILED drawing of the facility showing the exact location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION FOR TANKS MUST BE DETAILED ON THE DRAWING! If new tanks are not installed as indicated on this drawing, the registration must be amended within 10 days!

(c) Attach a copy of the tank manufacturers warranty showing the expiration date for each tank being installed or replaced.

92 3970

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** $100 **Zone** _____ **Map #** _____ **Lot#** _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: MaxkxGian R M R Inc Phone # 883-5191

Address: Box 778 ; Scarboro, ME 04070

LOCATION OF CONSTRUCTION 704 Congress St. (7-11 Store)

Contractor: Michael Quinn Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: retail store -tank

_____ Past Use: _____

# 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 Remove 3 tanks; install 2 tanks

$30 $70

For Official Use Only

Date 8/3/92

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: Name _____ Lot _____

Ownership: Public Private

AUG - 5 1992

CITY OF PO AND

Zoning:

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) _____

Mail Permit: JOseph L. Fitzpatrick
Box 778 ; Scarboro,ME 04074

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 _____

PERMIT ISSUED WITH REQUIREMENTS

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: _____

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 ISSUED WITH REQUIREMENTS

Permit Received By Louise Ewa

Signature of Applicant: Joseph L. Fitzpatrick 8/3/92

Joseph L. Fitzpatrick

CEO's District 3

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

(3) MRS. Lowe

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date September 3, 1992, 19___
Receipt and Permit number 3213

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: 704 Congress St

OWNER'S NAME: Seven - Eleven RMC ADDRESS: _____

	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 2	4.00
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 _____	_____
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 9-4-92 PM, 19__; or Will Call _____

CONTRACTOR'S NAME: Royal River Elec James Thompson

ADDRESS: RR2 1735 Penny Rd New Gloucester

TEL.: 926-4547

MASTER LICENSE NO.: 3213 SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: _____ James M Thomson

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

931148

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $45.20 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Christy's Market, Inc. Phone # 508 586-0474

Address: 22 Christy's Dr- Brockton, MA 02401

LOCATION OF CONSTRUCTION 704 Congress St. (Christy's)

Contractor: Alco Sign Inc Sub.: 508 584-8711

Address: 270 Howard St- Brockton Phone # MA 02402

Est. Construction Cost: _____ Proposed Use: commercial w sign

_____ Past Use: _____

# 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 replace two sign/faces

For Official Use Only

Date 12/6/93

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: Name _____ Lot _____

Ownership: _____ Public _____ Private

DEC - 8 1993

Zoning: _____

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) _____

12-8-93

HISTORIC PRESERVATION

Not in District or Landmark.

Does not require review.

Requires review.

Action ____ Approved.

Approved with Conditions.

Denied

Date: 12/8/93

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: _____

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 _____ Date _____

CEO's District 3

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

3 MSLowe.

ELECTRICAL PERMIT
City of Portland, Me.

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 City of Portland Electrical Ordinance, National Electrical code and the following specification:

Date 10 Oct '95

Permit # 2436

LOCATION: 704 Congress St

OWNER Christy's ADDRESS

							TOTAL	EACH	FEE
OUTLETS	Receptacles	5	Switches			5	.20	1.00
FIXTURES	(number of)							
	incandescent		fluorescent				.20	
	fluorescent strip						.20	
SERVICES								
	Overhead			TYLAMPS TO	800		15.00	
	Underground				800		15.00	
TEMPORARY SERV.								
	Overhead			AMPS OVER	800		25.00	
	Underground				800		25.00	
METERS	(number of)						1.00	
MOTORS	(number of)						2.00	
RESID/COM	Electric units						1.00	
HEATING	oil/gas units						5.00	
APPLIANCES	Ranges		Cook Tops	Wall Ovens			2.00	
	Water heaters		Fans	Dryers			2.00	
Disposals	Dishwasher		Compactors	Others (denote)			2.00	
MISC. (number of)	Air Cond/win						3.00	
	Air Cond/cent						10.00	
	Signs						5.00	
	Pools						10.00	
	Alarms/res						5.00	
	Alarms/com						15.00	
	Heavy Duty					2	2.00	4.00
	Outlets							
	Circus/Carnv						25.00	
	Alterations						5.00	
	Fire Repairs						15.00	
	E Lights						1.00	
	E Generators						20.00	
	Panels						4.00	
TRANSFER	0-25 Kva						5.00	
	25-200 Kva						8.00	
	Over 200 Kva						10.00	
				TOTAL AMOUNT DUE				
				MINIMUM FEE		25.00		25.00

INSPECTION: Will be ready ready or will call

CONTRACTORS NAME Mancini Electric
ADDRESS 179 Sheridan St
TELEPHONE 774-5829
MASTER LICENSE No. 2436
LIMITED LICENSE No.

SIGNATURE OF CONTRACTOR
Gino Mancini

INSPECTIONS: Service ______________ by ______________

Service called in ______________

Closing-in 10-11-95 by SB

PROGRESS INSPECTIONS: ______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

ELECTRICAL INSTALLATIONS—

Permit Number 2436

Location 704 Congress

Owner Christy's

Date of Permit 10-10-95

Final Inspection 10-13-95

By inspector [signature]

DATE:	REMARKS:
10-11-95	See notes to Amy Simpson

Department of Human Services
Division of Health Engineering

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	704 Congress

PROPERTY OWNER'S NAME

Last	[illegible] First [illegible]
Applicant Name	[illegible]
Mailing Address of Owner/Applicant (If Different)	[illegible]

PORTLAND

Date Permit Issued [illegible] $ [illegible] FEE Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # [illegible]

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[signature] Sep 27 '95
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Amy [signature] 10-12-95
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. ☑ NEW PLUMBING	1. ☐ SINGLE FAMILY DWELLING	1. ☑ MASTER PLUMBER
2. ☐ RELOCATED PLUMBING	2. ☐ MODULAR OR MOBILE HOME	2. ☐ OIL BURNERMAN
	3. ☐ MULTIPLE FAMILY DWELLING	3. ☐ MFG'D. HOUSING DEALER / MECHANIC
	4. ☐ OTHER — SPECIFY Store	4. ☐ PUBLIC UTILITY EMPLOYEE
		5. ☐ PROPERTY OWNER
		LICENSE # [illegible]

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Type of Fixture	Column 1 Number	Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
	OR		Floor Drain		Shower (Separate)
	HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain	(2)	Wash Basin
		(2)	Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
	OR		Bidet	(1)	Laundry Tub
	TRANSFER FEE [$6.00]		Other:		Water Heater
		2	Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				5	Total Fixtures
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			$	Fixture Fee
				$	Transfer Fee
				$	Hook-Up & Relocation Fee
				$ 25	Permit Fee (Total)

Page 1 of 1
HHE-211 Rev. 8/94

TOWN COPY