

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

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|---|---|---|----------------------------|--------------------------|---|--|------------|------------|
| Location of Construction: 165 Spring St | Owner: 165 Spring St | Phone: 774-3111 | | | | | | |
| Owner Address: 165 Spring St 360 Spring St | Lessee/Buyer's Name: | Phone: | | | | | | |
| Contractor Name: | Address: | Phone: | | | | | | |
| Past Use: | Proposed Use: | <table border="1"> <tr> <td>COST OF WORK: \$</td> <td>PERMIT FEE: \$</td> </tr> <tr> <td>FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied</td> <td>INSPECTION: Use Group: Type:</td> </tr> <tr> <td>Signature:</td> <td>Signature:</td> </tr> </table> | COST OF WORK: \$ | PERMIT FEE: \$ | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type: | Signature: | Signature: |
| COST OF WORK: \$ | PERMIT FEE: \$ | | | | | | | |
| FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type: | | | | | | | |
| Signature: | Signature: | | | | | | | |
| Proposed Project Description: REPAIR TO REPAIR TO REPAIR TO | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date: | | | | | | | |
| Permit Taken By: <i>Sherry...</i> | Date Applied For: April 21, 1998 | | | | | | | |

Permit No: **980422**

PERMIT ISSUED

APR 29 1998

61-F-38410

CITY OF PORTLAND

Zone: CBL: ~~...~~

Zoning Approval: ~~...~~

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

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 information may invalidate a building permit and stop all work..

CERTIFICATION

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

SIGNATURE OF APPLICANT: _____ ADDRESS: _____ DATE: 4/23/98 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

61-F-38410

CEO DISTRICT

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

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Location of Construction: <i>11441 ALICE - 1101 AD</i> | | Owner: <i>JAY & LATE - 1101</i> | | Phone: <i>774-5731</i> | | Permit No: | |
| Owner Address: <i>360 Spring St</i> | | Lessee/Buyer's Name: | | Phone: | | Business Name: | |
| Contractor Name: | | Address: | | Phone: | | Permit Issued: | |
| Past Use: | | Proposed Use: | | COST OF WORK: \$ | | PERMIT FEE: \$ | |
| | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | |
| Proposed Project Description: <i>*SEE ATTACHED ERECT SIGNAGE - 1101 AD POLICE LINE PARTIAL PARTIAL ERECTED SIGNAGE - 1101 AD</i> | | Signature: | | Signature: | | Zone: CBL: | |
| Permit Taken By: <i>Thomas J. Meehan</i> | | Date Applied For: <i>1/2/06</i> | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | | Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> | |

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 information may invalidate a building permit and stop all work..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

Att. Jay Sweeney

CERTIFICATION

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

| | | | | | | | |
|--|--|----------------------------------|--|------------------------|--|---------------------------|--|
| SIGNATURE OF APPLICANT <i>Thomas J. Meehan</i> | | ADDRESS: <i>360 Spring St</i> | | DATE: <i>1/2/06</i> | | PHONE: <i>774-5731</i> | |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>Att. Jay Sweeney</i> | | | | | | PHONE: <i>774-5731</i> | |

CEO DISTRICT

CERTIFICATE FOR TEST

FAX TRANSMITTAL # of Pages 2
TO: GARY SAWCZY FROM: RAW 1672
CO: _____ MAINE BAY CANVAS INC.
DEPT. _____ PHONE: (207) 878-8888
FAX # _____ FAX: (207) 878-5119
COMMENTS _____

MAR 13 '98 09:50
702 P01
MAINE BAY CANVAS
207-878-5119

Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN No. A-217

ISSUED BY JOHN BOYLE & COMPANY, INC.
SALISBURY ROAD
STATESVILLE, NC 28677
704-872-8151

Date treated or manufactured
8-88

This is to certify that the materials described on the reverse side hereof have been flame retardant treated (or are inherently nonflammable).

FOR MAINE BAY CANVAS ADDRESS 53 FARMVILLE WAY
CITY PERMAN, NE. STATE _____

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Fire Marshal Regulations of the State Fire Marshal.

Name of chemical used 15 ounce Blue water Chem Chem. Reg. No. _____
Method of application PR 80 X 90 YELW + GREEN TEST

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used _____ Reg. No. _____

The Flame Retardant Process Used WILL NOT Be Removed By Washing

ACTUAL CERTIFICATE SENT INTO TEST.

JOHN BOYLE & COMPANY, INC.
Name of Applicator or Production Superintendent

JOHN BOYLE & COMPANY, INC.
Mark G. Boyle