

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 080585

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED  
JUL 10 2008

This is to certify that SULLIVAN ROBERT D. TRUSTEE / MK Associates  
has permission to Service (Auto) retail center Sullivan Trust - 11 all interior renovations  
AT 333 ST JOHN ST PL 065 C008001

provided that the person or persons firm or person 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 buildings and structures, and of the application on file in  
this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procedure is complete this building or part thereof is closed or service closed-in. **YOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

#### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cross  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

James B. [Signature] 7/10/08  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

Permit No: 08-0585	Issue Date:	CBL: 065 C008001
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Location of Construction: 333 ST JOHN ST	Owner Name: SULLIVAN ROBERT D TRUSTE	Owner Address: 41 ACCORD PARK DR	Phone:
Business Name:	Contractor Name: MFK Associates	Contractor Address: 63 Johnson Road Sawbormon	Phone 6033651998
Lessee/Buyer's Name	Phone:	Permit Type: <del>Additions</del> - Alterations Commercial	Zone: B-2

Past Use: Commercial - Service (Auto) retail center "Sullivan Tire"	Proposed Use: Commercial - Service (Auto) retail center "Sullivan Tire" - Phase II interior renovations <i>(connected to permit # 05-0236)</i>	Permit Fee: \$1,220.00	Cost of Work: \$120,000.00	CEO District: 2
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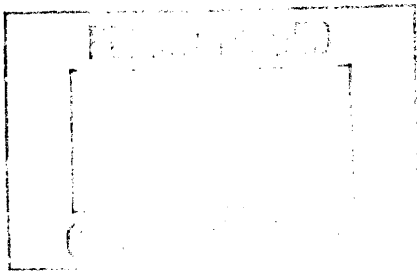
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>Verify Wall Const. (separating)</i>	INSPECTION: Use Group: S1 Type: 2 IBCL-2003
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Proposed Project Description: Service (Auto) retail center "Sullivan Tire" - Phase II interior renovations	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 7/10/08
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Idobson	Date Applied For: 05/23/2008	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> <i>OK w/ conditions</i> Date: 6/3/08 <i>ABM</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:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District 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>ABM</i>
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**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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**INVOICE FOR PERMIT FEES**

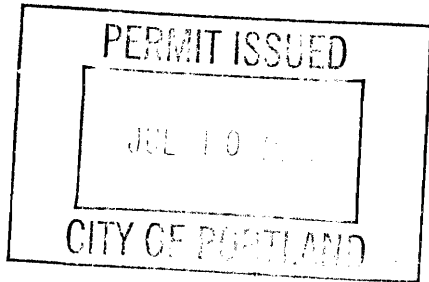
<b>Application No:</b> 8-0585	<b>Applicant:</b> SULLIVAN ROBERT D TRUSTEE
<b>Project Name:</b> Service (Auto) retail center "Sulliv	<b>Location:</b> 333 ST JOHN ST
<b>CBL:</b> 065 C008001	<b>Development Type:</b>
<b>Invoice Date:</b> 05/30/2008	

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$1,220.00		\$0.00		\$1,220.00	On Receipt

**First Billing**

<b>Previous Balance</b>	<b>\$0.00</b>
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<b>Fee Description</b>	<b>Qty</b>	<b>Fee/Deposit Charge</b>
Building Permit Fee First \$1000	1	\$30.00
Building Permit Fee Add'l \$1000	1	\$1,190.00
		<u>\$1,220.00</u>
<b>Total Current Fees:</b>	+	<b>\$1,220.00</b>
<b>Total Current Payments:</b>	-	<b>\$0.00</b>
<b>Amount Due Now:</b>		<b>\$1,220.00</b>



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 Detach and remit with payment

**Bill to:** SULLIVAN ROBERT D TRUSTEE  
 41 ACCORD PARK DR  
 NORWELL, MA 02061

CBL 065 C008001  
**Application No:** 8-0585  
**Invoice Date:** 05/30/2008  
**Invoice No:** 31218  
**Total Amt Due:** \$1,220.00  
**Payment Amount:**

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.

**BUILDING PERMIT INSPECTION PROCEDURES**

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X  Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

X  Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

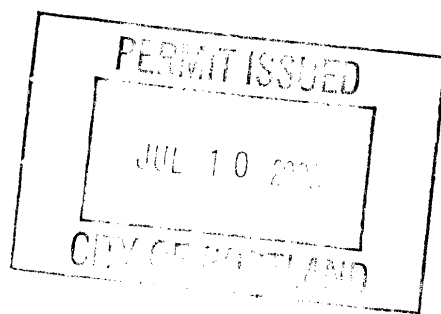
**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

[Signature]   
Signature of Applicant/Designee

7/14/08   
Date

[Signature]   
Signature of Inspections Official

7/10/08   
Date



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

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

<b>Permit No:</b> 08-0585	<b>Date Applied For:</b> 05/23/2008	<b>CBL:</b> 065 C008001
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<b>Location of Construction:</b> 333 ST JOHN ST	<b>Owner Name:</b> SULLIVAN ROBERT D TRUSTEE	<b>Owner Address:</b> 41 ACCORD PARK DR	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> MFK Associates	<b>Contractor Address:</b> 63 Johnson Road Sawbormon	<b>Phone</b> (603) 365-1998
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial - Service (Auto) retail center "Sullivan Tire" - Phase II interior renovations (connected to permit #08-0236)	<b>Proposed Project Description:</b> Service (Auto) retail center "Sullivan Tire" - Phase II interior renovations
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 06/03/2008**Note:** **Ok to Issue:** 

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 07/10/2008**Note:** **Ok to Issue:** 

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 06/05/2008**Note:** **Ok to Issue:** 

- 1) Wall separating sales/ waiting area requires a 2 hr. Fire rated construction. Need to verify.

**Comments:**

7/10/2008-jmb: Per Ross Robinson, both mezzanines were removed on the previous permit 08-0236 and the stairwell access.



# 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>333 ST JOHN STREET, PORTLAND, ME</u>		
Total Square Footage of Proposed Structure/Area <u>6,920 sq</u>		Square Footage of Lot <u>APPROX. 1 ACRE</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <u>must be owner</u> / Lessee or Buyer* Name <u>SULLIVAN ROBERT D TRUSTE</u> Address <u>41 OGDEN PARK DR.</u> City, State & Zip <u>NOBUELL, MA 02041</u>	Telephone: <u>781-982-1550</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>\$120,000.</u> <sup>023</sup> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>SERVICE (AUTO) RETAIL CENTER</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME AS EXISTING</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>INSTALL NEW FLOORING, CEILING &amp; DOORS IN SOLES AND SITTING AREAS. INSTALL NEW SUBFRAMES IN ENTRANCES AND WINDOW OPENINGS FROM EXTERIOR CONCRETE BLOCK END WALLS. INSTALL NEW GREEN COP FLOUSING, NEW ELECTRICAL PANELS, ROCKWELL FRESHENER IN SEWER MAIN</u>		
Contractor's name: <u>MAFK ASSOCIATES, INC.</u> Address: <u>63 JOHNSON ROAD</u> City, State & Zip <u>SOMERSET, NH 03265</u> Telephone: <u>603-286-7419</u> Who should we contact when the permit is ready: <u>ROSS C. ROBINSON</u> Telephone: <u>603-365-1998</u> Mailing address: <u>SOME OF BUSINESS ADDRESS</u> <sup>ELI#</sup>		

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: [Handwritten Signature] Date: 5/20/2006

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

**MFK**  
**ASSOCIATES, INC.**  
*Management of Construction*

SINCE 1993

**MEMO**

To: Lannie Dobson

Date: May 21, 2008

From: Ross C. Robinson

Re: Sullivan Tire Retail Center  
333 St. John Street  
Portland, ME

Attached, please find building permit application and sealed architectural plans for Phase 2 of above mentioned project.

Please review, you can reach me on my cell phone (603)-365-1998 with any questions.

We will forward payment of building permit fee as soon as you can calculate from building permit application and contact me with total.

Any help in expediting this permit will be greatly appreciated.

As always, please contact me with any questions.

Thank you for your assistance.

Sincerely,  
Ross

Copy To: file

Signed: Ross C. Robinson  
Vice President

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

## BUILDING INSPECTION PERMIT

Permit Number: 080236

8002 1 - HP

PERMIT ISSUED

This is to certify that SULLIVAN ROBERT D. T. STEE / MEK Associates  
 has permission to remove some Non structural block walls, etc. install doors in all openings  
 AT 333 ST JOHN ST L 065 C008001

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 buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4  
 YOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. Area Cross  
 Health Dept. \_\_\_\_\_  
 Appeal Board \_\_\_\_\_  
 Other \_\_\_\_\_  
 Department Name

*James Burke* 3/28/08  
 Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



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

Permit No: 08-0236	Issue Date:	CBL: 065 C008001
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Location of Construction: 333 ST JOHN ST	Owner Name: SULLIVAN ROBERT D TRUSTE	Owner Address: 41 ACCORD PARK DR	Phone:
Business Name:	Contractor Name: MFK Associates	Contractor Address: 63 Johnson Road Sawbomon	Phone 6033651998
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2

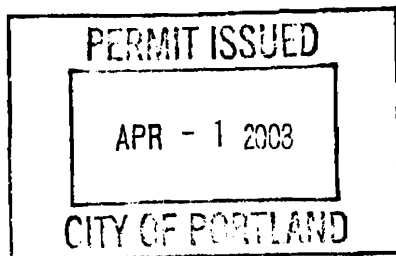
Past Use: Commercial - Sullivan Tire -	Proposed Use: Commercial - Sullivan Tire - remove some Non structural block walls & Mezzanine, install Doors in all openings	Permit Fee: \$770.00	Cost of Work: \$75,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: S1 Type: 2 IBL-2003	

Proposed Project Description: remove some Non structural block walls & Mezzanine, install Doors in all openings	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 3/28/08
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: ldobson	Date Applied For: 03/17/2008	<b>Zoning Approval</b>
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

<b>Special Zone or Reviews</b> <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"/> Date: <i>3/17/08</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:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District 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:
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**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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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

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

<b>Permit No:</b> 08-0236	<b>Date Applied For:</b> 03/17/2008	<b>CBL:</b> 065 C008001
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<b>Location of Construction:</b> 333 ST JOHN ST	<b>Owner Name:</b> SULLIVAN ROBERT D TRUSTE	<b>Owner Address:</b> 41 ACCORD PARK DR	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> MFK Associates	<b>Contractor Address:</b> 63 Johnson Road Sawbormon	<b>Phone</b> (603) 365-1998
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial - Sullivan Tire - remove some Non structural block walls & Mezzanine, install Doors in all openings	<b>Proposed Project Description:</b> remove some Non structural block walls & Mezzanine, install Doors in all openings
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 03/17/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>1) Separate permits shall be required for any new signage.</li> <li>2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ol>			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 03/28/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>1) All glazing must meet safety requirements of IBC 2003 Sec. 2406</li> <li>2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.</li> <li>3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.</li> </ol>			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Greg Cass	<b>Approval Date:</b> 03/19/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>1) Demo of mezzanine only with new exterior doors.</li> </ol>			



# General Building Permit Application

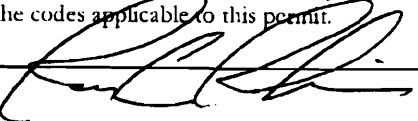
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>333 ST JOHN STREET, PORTLAND, ME</u>		
Total Square Footage of Proposed Structure/Area <u>67004</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>265</u> Block# <u>C</u> Lot# <u>8</u>	Applicant <u>must be owner</u> , Lessee or Buyer Name <u>PORTLAND/333 ST JOHN ST. REDDY TRUST</u> Address <u>41 OSCAR POLK DRIVE</u> City, State & Zip <u>NORWELL, MA</u>	Telephone: <u>781-982-1350</u>
Lessee/DBA (If Applicable)  <u>MAR 17 2008</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>75,000.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>TIRE GARAGE, SERVICE</u> If vacant, what was the previous use? Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>DEMOS BLOCK WALLS (NON STRUCTURAL FOR BLOCK) AND MESSAGING ABOVE IN SERVICE BAY AREA. IN NIGHT BAY AREA DEMO MESSAGING AND CEILING. INSTALL ON ROOFS IN ALL OPENINGS.</u>		
Contractor's name: <u>MAFK ASSOCIATES, INC.</u> <u>SEE ATTACHED PLANS</u> Address: <u>63 JOHNSON ROAD</u> <u>CELL#</u> City, State & Zip <u>SANBORNTON, NH 03269</u> Telephone: <u>603-365-1998</u> Who should we contact when the permit is ready: <u>ROSS C. ROBINSON</u> Telephone: <u>603-296-4419</u> <u>(VICE PRESIDENT)</u> Mailing address: <u>SAME AS ABOVE</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: 	Date: <u>3/17/2008</u>
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This is not a permit; you may not commence ANY work until the permit is issue

# TOWN OF PORTLAND

## Application for Building Permit Construction/Alteration/Addition to Single Famile/2 Family Dwelling Connecticut Building Code

What is Proposal? DEMOLITION OF  
EXISTING MEZZININES AS  
SHOWN ON PLANS, REMOVE AND  
REPLACE ALL ON DOORS

Permit Fee: \_\_\_\_\_

C.O. Fee: \_\_\_\_\_

Other Fees: \_\_\_\_\_

Estimated Costs of Construction (Labor & Materials): \_\_\_\_\_

TOTAL FEE: \_\_\_\_\_

Date: 2/15/2008 (Please Print or Type All Entries)

Property Location (Street Address): 353 ST. JAMES ST

Owner's Name (as it appears in Land Records): SULLIVAN TRUST CO

Street Address: 71 N. 39th STREET Town: PORTLAND State: MA Zip: 02861

Home Phone: \_\_\_\_\_ Work Phone: 781-767-1550 FAX: \_\_\_\_\_ Mobile: \_\_\_\_\_

Applicant's Name (If other than Owner): MPK ASSOCIATES, INC.

Street Address: 63 JOHNSON ROAD Town: SOMERENTON State: NH Zip: 03269

Home Phone: \_\_\_\_\_ Work Phone: 603-286-9919 FAX: 603-286-2998 Mobile: 603-365-1998

General/Home Improvement Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Job Site Supervisor: ROSS C. ROBINSON Phone #: CELL 603-365-1998

Purpose of the Permit: New  Addition  Well Water  City Water  Other

Check Appropriate: Septic  City Sewer  Well Water  City Water  Other

Square Footage of Job: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Basement \_\_\_\_\_ Garage \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Is the property within the 100 year flood plain? Yes  No

Description of Job Plan: REMOVE MEZZININE & REPLACE DOORS

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/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief:

Print Name: ROSS C. ROBINSON Signature: Ross C. Robinson Date: 2/15/2008

Building Official: \_\_\_\_\_ Completed Application Received Date: \_\_\_\_\_

**Page 2 (Continuation of Building Permit Application)**

Property Location Street Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Height of Building: Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

Total Square Footage of Building: \_\_\_\_\_

List below the gross square footage of each story, above and below grade:

Story	Area in Sq. Ft.	Story	Area in Sq. Ft.	Story	Area in Sq. Ft.
ON GRADE					

Architect's Information: (Attach as applicable) License #: \_\_\_\_\_

Engineer's Information: (Attach as applicable) License #: \_\_\_\_\_

Interior Design: (Attach as applicable) License #: \_\_\_\_\_

**Documents Submitted/Attached**

Zoning  Building Plans  Site Plans  Building Sections  Building Elevations  Health Reports  Calculations  
 Details  Photographs  Threshold Review\*  Correspondence  Authorization of Applicant Other than Owner  
 Manufacturer's Literature  Statement of Special Inspections\*  Other (describe) \_\_\_\_\_

Estimated Cost of Construction: 76,000 (Value of Labor & Materials)

**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/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Not: \*See instructions

Signature of Owner/Authorized Agent 

**The following Items are for Building Official's Use Only**

Building Permit Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Other Fees: \_\_\_\_\_

Total Fee:  Cash  Check \_\_\_\_\_

Completed Application Received Date: \_\_\_\_\_

Signature of Building Official: \_\_\_\_\_

**Asbestos  
Project  
Notification**

2008 Revision

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
N**

Page 1 of 3

**Important Notice:** The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.

<b>1. Project* Code</b>  AA-8003 (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC	<b>2. Type of Notification</b> <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)	<b>3. Type of Activity</b> <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	<b>4. Variances</b> (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)
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<b>5. Asbestos Contractor</b> Name Abatement Alliance Services Address 236 Eaton Hill RD City Rumford State ME Zip 04276 Contact Brent Wells TEL 364-3846 FAX 364-3896	<b>6. Facility Owner</b> Name Sullivan Tire Corp Mailing Address 333 ST John ST City Portland State ME Zip 04101 Contact TEL FAX
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<b>7. Facility Location (Where removal is to take place)</b> BLDG Name Sullivan Tire Corp Floor and/or Rm.# Garage Bay Physical Address 333 ST John ST City Portland State ME Zip 04101	<b>8. Facility Description</b> Present Use Tire Company Prior Use Garage BLDG Size 6700sq ft No. Floors 2 BLDG Age 33yrs
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<b>9. Notification Fees (Required fees must accompany notification)</b> <input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input checked="" type="checkbox"/> Not Required or Not Included (Complete Block #9A)	<b>9A. Notification Fee Not Included</b> <input type="checkbox"/> Single family home exemption <input checked="" type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption	<b>10. Project Work Hours</b> 7:00 AM to 5:00 PM (Show actual hours) <b>Weekdays (Check all that apply)</b> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <b>Weekend (Check all that apply)</b> <input type="checkbox"/> Sat <input checked="" type="checkbox"/> Sun
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**11. Scheduled Dates for Asbestos Project**  
 Project Start Date (mm/dd/yy) 03/16/08 Project Completion Date 03/16/08  
 ACM Removal Dates (from) 03/16/08 (to) 03/16/08

12. Asbestos (ACM) Removal			ME DEP USE ONLY	
ACM Type	Amount	Measurement	Postmark/ FAX/ hand delivered	
Elbows	27	SqFt LnFt 14	Date Received _____	
Transite	60	SqFt X LnFt	Check # _____	
		SqFt LnFt	NESHAP _____	
		SqFt LnFt	State _____	
		SqFt LnFt	Variance _____	

<b>Asbestos Project Notification</b> 2008 Revision	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	<b>FORM N</b> Page 2 of 3
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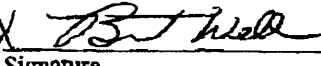
<b>Project Code</b>  AA-8003 (As listed on page 1)	<b>13. Demolition (complete as applicable)</b> <input type="checkbox"/> Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound) <input type="checkbox"/> All other demolitions  Demolition Dates: _____ to _____
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<b>14. Procedure Used to Detect Presence of Asbestos</b> Testing <input type="checkbox"/> Assumed Positive <input checked="" type="checkbox"/> Tested Positive Method <input type="checkbox"/> PLM <input type="checkbox"/> TEM Sampled By Tom Hatch (Print Name)  Company NTC	<b>15. Project Clearance</b> Visual evaluation by: (Air Monitor (if known) and Company) Brent Wells- Abatement Alliance Services  Air Clearance by: (Air Monitor (if known) and Company)
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**Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.**

<b>16. Asbestos Abatement Methods (check all that apply &amp; submit variance request (Form V) if required)</b> <input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input checked="" type="checkbox"/> Regulated area with Exclusion zone <input type="checkbox"/> Intact flooring demo by heavy equipment <input checked="" type="checkbox"/> Multiple non-contiguous glovebags (variance required) <input type="checkbox"/> Adhesive by grinding or bead blasting <input type="checkbox"/> Contiguous glovebags less than 30 Ln/ft (variance required) <input type="checkbox"/> Enclosure <input type="checkbox"/> Wrap & cut- TSI in good condition (no containment)(variance required) <input type="checkbox"/> Encapsulation <input type="checkbox"/> Wrap & cut- TSI not in good condition (containment required) <input type="checkbox"/> Roofing removal by mechanical saws/cutters <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars <input type="checkbox"/> Other (specify)	
--	--

<b>17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)</b> Name Archies Disposal Address PO Box 367 City Mexico State ME Zip 04257 Contact Allen TEL 877-868-3725 FAX	<b>18. Disposal Site</b> Name WM Disp. Services of Maine Address 356 Mercer Rd. City Norridgewock State me Zip 04957 Contact TEL 634-2714 FAX
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<b>19. Certification (Notification Submitted by)</b> I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations.  Signature _____ \ Print Name <i>Brent Wells</i> Date 03/10/08 Mailing Address 236 Eaton Hill Rd City Rumford State ME Zip 04276	
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**Asbestos Project Notification**

Project Code  
AA-8003

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
N**

**Page 3 of 3**

2008 Revision

**20. Emergency Notification (oral notification must be made within 1 working day of the emergency)**

Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.

**Detailed Explanation (Include the date and hour on which the emergency occurred)**

X  
Signature (Emergency Notification requested by)

Print Name X

Date 03/10/08

**MEDEP Action on Emergency Notification**

APPROVED     DISAPPROVED (by) \_\_\_\_\_  
(date) \_\_\_\_\_

**21. Notification Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)**

Complete when a waiver to the standard notification period is requested when reasonable planning & foresight could not have predicted the event & other notification procedures would not suffice to protect public health & the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler & associated piping/valves failure).

**Detailed Explanation** Can only do removal on Sunday, due to company hours of operation

X   
Signature (Notification Waiver requested by)

Print Name X Brent Wells

Date 03/10/08

**MEDEP Action on Notification Waiver Request**

APPROVED     DISAPPROVED (by) \_\_\_\_\_  
(date) \_\_\_\_\_



<b>Asbestos Project Notification</b> Project Code AA-8003	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	<b>FORM N</b> Page 3 of 3 2008 Revision
<p><b>20. Emergency Notification (oral notification must be made within 1 working day of the emergency)</b></p> <p>Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.</p> <p>Detailed Explanation (Include the date and hour on which the emergency occurred)</p> <p><i>No</i></p> <p>Signature (Emergency Notification requested by) _____ Print Name: <i>X</i></p> <p>Date: 03/10/08</p> <p>MEDEP Action on Emergency Notification</p> <p><input type="checkbox"/> APPROVED    <input type="checkbox"/> DISAPPROVED (by) _____</p> <p>(date) _____</p>		
<p><b>21. Notification Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)</b></p> <p>Complete when a waiver to the standard notification period is requested when reasonable planning &amp; foresight could not have predicted the event &amp; other notification procedures would not suffice to protect public health &amp; the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler &amp; associated piping/valves failure).</p> <p>Detailed Explanation: Can only do removal on Sunday, due to company hours of operation</p> <p><i>[Signature]</i></p> <p>Signature (Notification Waiver requested by) _____ Print Name: <i>Brent Wells</i></p> <p>Date: 03/10/08</p> <p>MEDEP Action on Notification Waiver Request</p> <p><input checked="" type="checkbox"/> APPROVED    <input type="checkbox"/> DISAPPROVED (by) <i>Steph [Signature]</i> 3/10/08</p> <p>(date) _____</p> <p style="text-align: right;"><b>735</b></p>		



**Maine Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program**

17 State House Station, Augusta, Me 04333-0017  
Tel: (207) 287-2651 Fax: (207) 287-7826



**Building Demolition Notification Form (BDNF)**

***Important Notice: Maine law requires the filing of this "Building Demolition Notification Form" prior to demolition of any building except a single-family home***

1) Building owners are required to provide this notification of the demolition of a building to the DEP at least 5 working days prior to the demolition. This notification is not required before the demolition of a single-family residence or related structure (e.g., garage, shed, barn). It is also not required if previous notification of the demolition has been provided to the DEP as part of an asbestos abatement project notification. *Demolition* means the tearing down or intentional burning of a building or part of a building.

2) Prior to demolition, building owners must determine if there is any asbestos-containing material(s) (ACM) in the building. An "asbestos inspection" by a DEP-licensed Asbestos Consultant is required for all buildings except single-family homes and residential buildings with 2-4 units built after 1980. In lieu of an asbestos inspection, pre-1981 residential buildings with 2-4 units can be surveyed to identify possible ACM by someone knowledgeable about ACM, such as a code enforcement officer or building inspector. If materials that may contain asbestos are found, then you can either assume they are ACM or hire a DEP-licensed Asbestos Consultant to test the materials.

3) Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the *Maine Asbestos Management Regulations* by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check [www.state.me.us/dep/rwm/asbestos/index.htm](http://www.state.me.us/dep/rwm/asbestos/index.htm) for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the DEP requests that municipalities have applicants for municipal demolition permits complete this form and fax it to the DEP at 207-287-7826. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

Were asbestos-containing materials found?  YES  no  no inspection or survey required (post-1980 2-4 unit)

<i>property address:</i> Sullivan Tire 333 St. Johns Street Portland, ME 04101	<i>building description:</i> <input type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input checked="" type="checkbox"/> other: Commercial Structure
<i>asbestos survey performed by: (name &amp; address)</i> tom Hatch/ Northeast Test Consultants 587 Spring Street Westbrook, Me 04096 <i>telephone: (207) 854 - 3939</i>	<i>asbestos inspection performed by: (name of licensed Asbestos Consultant)</i> Northeast Test Consultants ME DEP SF-0004 <i>telephone: (207) 854 - 3939</i>
<i>property owner: (name &amp; address)</i> FORTLAND / 333 ST JOHN ST 41 BUCKLE PARK DRIVE NORWELL, MA <i>telephone: 781 - 982 - 1560</i>	<i>demolition contractor: (name &amp; address)</i> FLOYD & BROWN JR CONSTRUCTION CO. LLC 165 MOSELER ROAD GORDON, ME 04088 <i>telephone: 207 - 892 - 0739</i>
<i>demolition start date:</i>	<i>demolition end date:</i>

3/17/2008  
Date Submitted

Notification Submitted by: (please print)

**Help save Maine fisheries – Remove and recycle mercury thermostats and fluorescent lamps from your building prior to demolition!**



41 Accord Park Drive Norwell, Massachusetts 02061

Phone (781) 982-1550

Fax (781) 871-0176

Email: [Roy.Donlon@sullivanfire.com](mailto:Roy.Donlon@sullivanfire.com)

Legal/Real Estate Department

February 19, 2008

City of Portland  
Planning & Development Department  
389 Congress Street  
Portland, ME 04101

333 St. John Street, Portland, ME

To whom it may concern:

Sullivan Tire Company has authorized MFK Associates, Inc. to be their agent in charge of construction for the work being performed at the above stated location.

If there are any questions or we can be of any service please feel free to contact me. Thank you for your cooperation with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Roy A. Donlon".

Roy A. Donlon

RAD/

FEB 17 2008

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (603)669-0704 FAX (603)669-6831  
**Infantine Insurance, Inc.**  
 P.O. Box 5125  
 Manchester, NH 03108  
 Danielle West

INSURED **M.F.K. Associates, Inc.**  
 63 Johnson Road  
 Sanbornton, NH 03269

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>Acadia Insurance Co.</b>	<b>31325</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	CPA008460614	10/01/2007	10/01/2008	EACH OCCURRENCE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPIOP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CPA008460614	10/01/2007	10/01/2008	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCA008462914	10/01/2007	10/01/2008	WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Evidence of coverage**

**CERTIFICATE HOLDER**

City of Portland  
 389 Congress Street  
 Portland, ME 04101

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE *Sherry Davy*