Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read

| Application And Notes, If Any, Attached                                                                             | PERIVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Permit Number: 080585                                                                                    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| This is to certify thatSULLIVAN ROBER                                                                               | T D T STEE /MFK Associates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PERMIT ISSUED                                                                                            |
| has permission to Service (Auto) retail                                                                             | center ullivan II interio novatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ons (11) 1 6 gana                                                                                        |
| AT _333_ST_JOHN_ST                                                                                                  | L065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 C008001                                                                                                |
| provided that the person or person the provisions of the Statutes the construction, maintenance at this department. | s of saine and of the Granances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g this permit shall comply with a of the City of Portland regulation s, and of the application on file i |
| Apply to Public Works for street line and grade if nature of work requires                                          | en and we ten permit ion proceed or seed or seem to lose of the seed or seem to lose daing the seed or | A certificate of occupancy must be procured by owner before this building or part thoroof is occupied.   |

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept.

Appeal Board

Other \_\_ Department Name LEQUIRED,

PENALTY FOR REMOVING THIS CARD

| City o                                                                                             | f Portland, Maine                      | - Buil       | lding or Use                                                 | Permi                  | t Application             | n P                                | ermit No:        | Issue Date:  | _                           | CBL:                    |                |  |
|----------------------------------------------------------------------------------------------------|----------------------------------------|--------------|--------------------------------------------------------------|------------------------|---------------------------|------------------------------------|------------------|--------------|-----------------------------|-------------------------|----------------|--|
| •                                                                                                  | ongress Street, 04101                  |              | •                                                            |                        |                           |                                    | 08-0585          |              |                             | 065 C0                  | 08001          |  |
| Location of Construction: Owner Name:                                                              |                                        |              |                                                              | <u>-ii</u>             | Owner Address:            |                                    |                  |              | Phone:                      |                         |                |  |
| 333 ST JOHN ST SULLIVAN F                                                                          |                                        |              | ROBERT D TRUSTE                                              |                        |                           | 41 ACCORD PARK DR                  |                  |              |                             |                         |                |  |
| Business                                                                                           | Name:                                  |              | Contractor Name                                              |                        |                           | Cont                               | tractor Address: |              | -                           | Phone                   |                |  |
| 1                                                                                                  |                                        | MFK Associat | ates                                                         |                        | 63 Johnson Road Sawbormon |                                    |                  |              | 6033651998                  |                         |                |  |
| Lessee/B                                                                                           | uyer's Name                            |              | Phone:                                                       |                        |                           | Permit Type A Jerations            |                  |              |                             |                         | Zone:          |  |
|                                                                                                    |                                        |              |                                                              |                        |                           | A                                  | iditions - Com   | mercial      |                             |                         | B-2            |  |
| Past Use:                                                                                          | <del></del>                            |              | Proposed Use:                                                |                        |                           | Peri                               | mit Fee:         | Cost of Work | :: TC                       | EO District:            | <del>1</del>   |  |
| Commercial - Service (Auto) retail   Commercial -                                                  |                                        | 1 '          | ercial - Service (Auto) retail<br>'Sullivan Tire" - Phase II |                        |                           | \$1,220.00 \$120,000.              |                  |              | 2                           |                         |                |  |
|                                                                                                    |                                        |              |                                                              |                        |                           |                                    |                  |              | SPECTION:                   |                         |                |  |
|                                                                                                    |                                        |              | 1 -                                                          | interior renovations   |                           |                                    |                  | Denied       | Use Grou                    | Group Type:             |                |  |
|                                                                                                    |                                        |              | (consider                                                    | 10 prm                 | 1 # 05-0236)              | ١.                                 |                  | - I          |                             | ٠, ٢                    | _              |  |
|                                                                                                    |                                        |              |                                                              |                        |                           | Y                                  | levily 1         | NAU          | ズズ                          | BC-20                   | W 5            |  |
| Proposed                                                                                           | l Project Description:                 | -            |                                                              |                        |                           | ت                                  | mat. Cs          | eperterin    | 3                           |                         | -11            |  |
| Servic                                                                                             | e (Auto) retail center "               | Sullivar     | n Tire" - Phase I                                            | I interior renovations |                           | Signature Signature Signature      |                  |              | Signature                   | re/M/B ///0/08          |                |  |
|                                                                                                    |                                        |              |                                                              |                        |                           | PEDESTRIAN ACTIVITIES DISTRICT (P. |                  |              |                             | A.D/)                   | <del>///</del> |  |
| {                                                                                                  |                                        |              |                                                              |                        |                           | Action: Approved Approved w/       |                  |              |                             | onditions $\square$     | Denied         |  |
| }                                                                                                  |                                        |              |                                                              |                        |                           |                                    |                  |              |                             | onditions               | Benied         |  |
|                                                                                                    |                                        |              |                                                              |                        |                           | Sign                               | nature:          |              |                             | Date:                   |                |  |
| Permit T                                                                                           | aken By:                               | Date A       | pplied For:                                                  |                        | -                         | Zoning Approval                    |                  |              |                             |                         |                |  |
| ldobso                                                                                             | on<br>                                 | 05/23        | 3/2008                                                       | <u></u>                |                           |                                    |                  |              |                             |                         |                |  |
| 1. Th                                                                                              | nis permit application d               | oes not      | preclude the                                                 | Special Zone or Revi   |                           | ews Zoning Appeal                  |                  |              | Historic Preservation       |                         |                |  |
| -                                                                                                  | Applicant(s) from meeting applicable S |              | cable State and                                              | d Shoreland            |                           | ☐ Variance                         |                  |              | Not in District or Landmark |                         |                |  |
| Federal Rules.                                                                                     |                                        |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
| 2. Building permits do not include plumbing,                                                       |                                        |              |                                                              | Wetland                |                           |                                    | Miscellaneous    |              |                             | Does Not Require Review |                |  |
| septic or electrical work.                                                                         |                                        |              |                                                              |                        |                           |                                    |                  |              | 1                           |                         |                |  |
| 3. Building permits are void if work is not started within six (6) months of the date of issuance. |                                        |              | Flood Zone                                                   |                        |                           | Conditional Use                    |                  |              | Requires Review             |                         |                |  |
|                                                                                                    |                                        |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
| False information may invalidate a building permit and stop all work                               |                                        |              |                                                              | Subdivision            |                           |                                    | [ Interpretation |              |                             | Approved                |                |  |
| pe                                                                                                 | illit alia stop ali work               |              |                                                              |                        |                           |                                    |                  |              | _                           | -                       |                |  |
|                                                                                                    |                                        |              |                                                              | │                      | te Plan                   |                                    | Approve          | ed           | [ ]                         | Approved w/0            | Conditions     |  |
|                                                                                                    |                                        |              | Maj Minor MM                                                 |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    |                                        |              |                                                              |                        | Denied                    |                                    |                  |              | Denied                      |                         |                |  |
|                                                                                                    |                                        |              | Okw I cand i hay                                             |                        |                           |                                    |                  | ABN          |                             |                         |                |  |
|                                                                                                    |                                        |              | ·<br>•                                                       | Date: 6                | 1368 16                   | <u> </u>                           | Date:            |              | Date                        | :<br>                   |                |  |
|                                                                                                    |                                        |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    |                                        |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    | (*)                                    |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    | Sample of the second second            |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    |                                        |              |                                                              | _                      |                           | 0 N 1                              |                  |              |                             |                         |                |  |
|                                                                                                    |                                        | •            | 1 0.1                                                        |                        | CERTIFICATI               |                                    |                  |              |                             |                         |                |  |
|                                                                                                    | certify that I am the over             |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    | een authorized by the c                |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
|                                                                                                    | ve the authority to enter              |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
| such per                                                                                           |                                        |              | ,                                                            | •                      | ,                         | ·                                  |                  |              |                             | () F                    |                |  |
|                                                                                                    |                                        |              |                                                              |                        |                           |                                    |                  |              |                             |                         |                |  |
| SIGNIATI                                                                                           | URE OF APPLICANT                       |              |                                                              | ·                      | ADDRES                    |                                    |                  | DATE         | -                           | DITO                    | ME             |  |
| DANDIG                                                                                             | ONE OF APPLICANT                       |              |                                                              |                        | ADDKES:                   | )                                  |                  | DATE         |                             | PHO                     | NE             |  |
|                                                                                                    |                                        |              |                                                              |                        |                           |                                    |                  |              | _                           | _                       |                |  |
| RESPON                                                                                             | SIBLE PERSON IN CHAR                   | GE OF W      | ORK, TITLE                                                   |                        |                           |                                    |                  | DATE         |                             | PHO                     | NE             |  |