

**PERMIT ISSUED**

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

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

Permit No: 01-0211	Issue Date: APR - 9 2001	CBL: 070 A005001
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Location of Construction: 54 St John St	Owner Name: St John Street Associates	Owner Address: Po Box 4821	Phone: CITY OF PORTLAND
Business Name: Barber Foods	Contractor Name: Allied/Cook Construction Corp.	Contractor Address: PO Box 1396 Portland	Phone: 2077722882
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Commercial	Zone:

Past Use: Food Processing Plant	Proposed Use: Food Processing plant with addition	Permit Fee: \$0.00	Cost of Work: \$1,200,000.00
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:

Proposed Project Description: 9,833 sf addition	Signature:	Signature:
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: gg	Date Applied For: 03/20/2001	<b>Zoning Approval</b>	
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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..	<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:	<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 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:
	Signature: _____ Date: _____		

**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.

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

Inspection Date	Type of Inspection	Remarks - prints - page #
30 May 01	Erecting Steel west side 2 areas - Footing West	
7 June 01	wall foundation steel placed by 1 foot sq.	
7 June 01	Foundation work west/north side - Ref. area closing-17 - steel erected center west - 8	
15 June 01	Foundation work completed west north side - Ref. 17 - Close 17 - steel on site south end - Foundation 17 - 8	
5 July 01	South end steel erected 2 <sup>nd</sup> floor steel (metal) install gues 102 on Northwest corner roof area - cut-nubled on west side 90% completed - North end placing concrete floor. 8	
13 July 01	South end steel erected about same as 7:05 of July insp. spoke with supt. regarding (NW) column and beam. The cutting & welding of beam was to large had to do field notification - west side adding closing-17 - North side addition first floor - completed site work for load area - 8	
17 July 01	South end - Forms for floor deck being erected - west side ref. unit structure completed installing ref. unit. North end site work - prep work for drive entrance to loading area be done & L.T. Mc and job supt discuss temp. egress - 8	
30 July 01	South end about completed - west side freezer work bldg enclosed. North end finish work. 8	
6 Aug 01	Check plbg south end of bldg. OK & placing insul. ceiling. 8	
12 Aug 01	walked project - North end 95% completed - equipment being placed second floor - sprinklers installed - one exit second floor will not be ready - Not necessary for cafe - site work completed - west side freeze unit 2 <sup>nd</sup> floor installed finish work - 9	
23 Aug 01	walked project with L.T. McDougal for cafe. North end and west side - ready of temp. in these areas. 8	
05 Sept 01	Work about completed except for equipment - South end closed - M - 8	
10 Sept 01	Working south end of bldg. second floor - 90% completed. 8	
08 Sept 01	Spoke with supt. on site will be looking for cafe in two weeks work done as per plans - will call for cafe. 8	



# Certificate of Occupancy

LOCATION 54 St John St

CBL 070 A00500101

Issued to St John Street Associates/Allied/Cook Construction

Date of Issue 04/09/2001

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 01-0211, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES  
3 additions totalling 9,833 sq.ft.

APPROVED OCCUPANCY  
F-1 Type 2B Construction 1999 BOCA

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

11/26/01 [Signature] [Signature]  
Inspector Inspector of Buildings

(Date)

Inspector

Inspector of Buildings

11/26/01 [Signature]

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# PLUMBING APPLICATION

070-A-005

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: PORTLAND  
 Street Subdivision Lot #: 54 ST. JOHN T.

## PROPERTY OWNERS NAME

Last: Barbar Foods ADDITION  
 Applicant Name: Pine State P & H  
 Mailing Address of Owner/Applicant (If Different): Pine State P & H

PORTLAND Date Permit issued: 6.4.01 7725 TOWN COPY \$ 240.00  If Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0124

## Owner/Applicant Statement

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

Signature of Owner/Applicant

Date

## Caution: Inspection Required

7/5/01 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
underground

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

**This Application is for**

1.  NEW PLUMBING  
 2.  RELOCATED PLUMBING

**Type of Structure To Be Served:**

1.  SINGLE FAMILY DWELLING  
 2.  MODULAR OR MOBILE HOME  
 3.  MULTIPLE FAMILY DWELLING  
 4.  OTHER - SPECIFY Food Processing Plant

**Plumbing To Be Installed By:**

1.  MASTER PLUMBER  
 2.  OIL BURNERMAN  
 3.  MFG'D. HOUSING DEALER/MECHANIC  
 4.  PUBLIC UTILITY EMPLOYEE  
 5.  PROPERTY OWNER  
 LICENSE # 025011

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	0.8	Hosebibb / Sillcock		Bathtub (and Shower)
	2.7	Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. <b>OR</b> <input type="checkbox"/> TRANSFER FEE {\$6.00}		Urinal		Sink
		Drinking Fountain		Wash Basin
	0.5	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			40	Fixtures (Subtotal) Column 2
			<b>Total Fixtures</b>	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
		240	<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE