Form # P 04

Appeal Board \_\_

Department Name

Other \_

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached		PERIVI		Number: 061602
This is to certify that	ROSS-MONROE LLC			PERMIT ISSUED
has permission to AT _170 BRIGHTON	Relocate bathroom & it	nterio novation	080 D001001	NOV - 9 2006
of the provision	the person or pers ons of the Statutes on, maintenance a nt.			mit shall peoply with a y of Portland regulation the application on file
	Works for street line ure of work requires	fification of inspersion must generally and wenter property of the control of the	A certi e s procure in 4 ing or p	ficate of occupancy must be ed by owner before this build- part thereof is occupied.
OTHER REQ	UIRED APPROVALS			

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

City of Portland, Maine	- Building or Use	Permi	t Application	Permit No:	Issue Date	:	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax:	(207) 874-871	6 06-1602			080 D0	01001
<b>Location of Construction:</b>	Owner Name:			Owner Address:			Phone:	
170 BRIGHTON AVE	ROSS-MONR	OE LLO	C	200 STAR AVE	STE 212			
Business Name:	Contractor Name	:		Contractor Address:			Phone	
	Petroleum Eng	gineerin	g INC	12 William Way	Bellingham		50896616	600
Lessee/Buyer's Name	Phone:			Permit Type:				Zone:
				Alterations - Co	mmercial			B-1
Past Use:	Proposed Use:		-	Permit Fee:	Cost of Wor	·k: (	CEO District:	
Commercial	Commercial R	elocate	bathroom &	\$260.00	\$24,00	00.00	3	
	interior renova	ations		FIRE DEPT:	Approved	INSPEC	TION:	
					Denied	Use Gro	ир: 🖊 1	Type: $\mathcal{ZB}$
					_ Demed	l	,	_
7-11 Store & GAS	5 Phulps					1 3 8	16 2003	3
Proposed Project Description:				_				
Relocate bathroom & interior	renovations			Signature (	(AR)	Signatur		11/0/1
				PEDESTRIAN ACT	IVITIES DIS	TRICT (P.	.A.D.)	
				Action: Appro	ved App	proved w/C	Conditions	Denied
				Signature:			Date:	
Permit Taken By:	Date Applied For:	_		<u> </u>				
dmartin	11/01/2006			Zoning	g Approva	11		
1 This populi application d		Spe	cial Zone or Revie	ws Zoni	ng Appeal		Historic Pres	ervation
<ol> <li>This permit application de Applicant(s) from meeting Federal Rules.</li> </ol>	-		oreland	☐ Varianc			Not in Distric	ct or Landmai
2. Building permits do not in septic or electrical work.	nclude plumbing,		etland wternslu	) (Miscell	aneous		Does Not Re	quire Review
3. Building permits are void		Fig	ood Zone		onal Use		Requires Rev	view
within six (6) months of t False information may in- permit and stop all work	validate a building	☐ Su	bdivision	☐ Interpre	tation		Approved	
		Sit	te Plan	Approv	ed		Approved w/	Conditions
PERMIT ISS	UED	Maj [	Minor MN	Denied			Denied	7
		Date:	7/1/10/	Date:		Dat	te:	
CITY OF PORT	06 L <b>AND</b>	C	ERTIFICATIO	) DN		<u>'</u>	<i>-</i>	
I hereby certify that I am the ov I have been authorized by the of jurisdiction. In addition, if a po- shall have the authority to enter such permit.	owner to make this appliermit for work described	med pro cation a d in the	operty, or that the as his authorized application is is	e proposed work is agent and I agree sued, I certify that	to conform the code off	to all app icial's au	olicable laws thorized repr	of this esentative
SIGNATURE OF APPLICANT			ADDRESS		DATE		РНО	NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of	Portland, M	aine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Co	ngress Street, 0	4101 Tel:	(207) 874-8703, Fax: (207)	207) 874-8716	06-1602	10/30/2006	080 D001001
Location	of Construction:		Owner Name:		Owner Address:		Phone:
170 BR	IGHTON AVE		ROSS-MONROE LLC		200 STAR AVE S	TE 212	
Business	Name:		Contractor Name:	(	Contractor Address:		Phone
			Petroleum Engineering	; INC	12 William Way B	ellingham	(508) 966-1600
Lessee/Bu	yer's Name		Phone:	I	Permit Type:	_	
					Alterations - Com	mercial	
Proposed	Use:			Proposed	l Project Description:	<u> </u>	
Comme	rcial Relocate ba	throom & ii	nterior renovations	Reloca	te bathroom & inte	erior renovations	
Dept: Note:	Zoning	Status:	Approved with Condition	s Reviewer:	Marge Schmucka	al <b>Approval</b> D	Pate: 11/06/2006 Ok to Issue: ✓
	•	required for	Approved with Conditions  any electrical, plumbing, ubmitted for approval as a	or HVAC syste		ns <b>Approval D</b>	Pate: 11/08/2006  Ok to Issue: ✓
Dept:	Fire	Status:	Approved	Reviewer:	Cptn Greg Cass	Approval D	Date: 11/07/2006
Note:					. •	• •	Ok to Issue:

nd me

## PETROLEUM

ENGINEERING, INC.

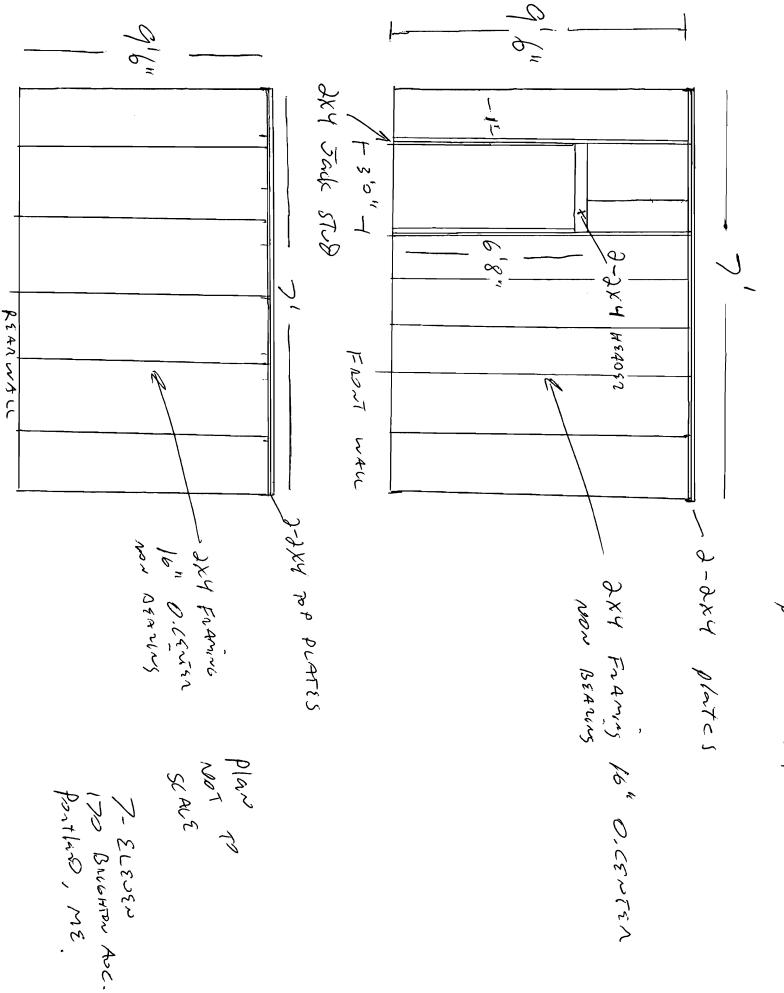
Troy Comire
Project Manager

# ilding Permit Application

real estate or personal property taxes or user charges on any ngements must be made before permits of any kind are accepted.

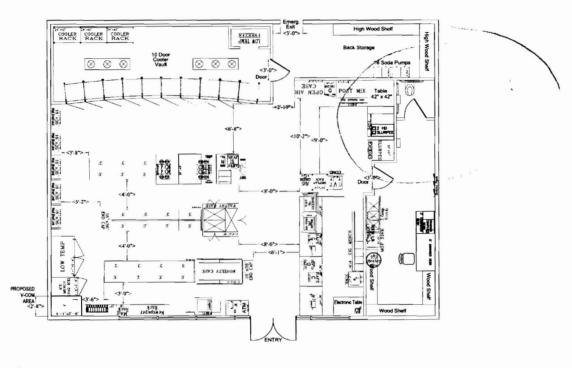
Specializing in Franchise Building Construction

Location/Address of Construction: 170	EN ISU IOIO PEUE	
Total Square Pootage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: ROGS MOUNDE	Telephone:
CFU D CE / Less ce/Buyer's Name (If Applicable)	7/ELEVEN	
Less ce/Buyer's Name (If Applicable)	Norm Duquette rosaus 9853	Cost Of Work: \$ 24.000.00
	12 williams way Belling Ham on a	Fee: \$ 260.00 C of O Fee: \$
Current Specific use:	C.	Cof O Fee: }
If vacant, what was the previous use?		
n 1		
	- Mara 404 / mall. or 1	
explete gescribnon: 156 rocute 15/15	- MAKE ADA COMPLIANS.	
reolect description: 186 for the 16/16	- MAKE ADA COMPLIANT.	
trojeti description: ISB Loc Atte ISIR I	- MAKE ADA COMPLIAN.	
troject description: ISB For Vite ISIR	- MAKE ADA COMPLIAN.	
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Contractor's name, address & telephone: $0.7$	704 run Eng	
Contractor's name, address & telephone: $0.7$	704 run Eng	
Contractor's name, address & telephone: $0.7$	704 run Eng	C-208 -5205-
Contractor's name, address & telephone: $0.7$	704 run Eng	~-205° 80C-
Contractor's name, address & telephone: $0.7$	704 run Eng	~-205°. 8°C
Contractor's name, address & telephone: $0.7$	704 run Eng	e-305- 80C-
Contractor's name, address & telephone: Pot 12 williams WAY Belington Who should we contact when the permit is rea Mailing address:  12 williams way Ballinshan Ma	70teum Eng to MA. dy: Thoy Coming Phone: Office 1-504 946-1000 CON 500	
Contractor's name, address & telephone: April 12 will Ans WAY Belling How Who should we contact when the permit is realizing address:  12 will Amb way Belling Home Malling Ho	TOUR Comine  Phone: OFFICE 1-5-08 946-AUD COIL ST	
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Contractor's name, address & telephone: Pot 12 williams WAY Belling W. Who should we contact when the permit is realising address:  12 williams way Bellinskan Market Bellinsk	They Coming  Phone: OFFICE 1-5-24 946-100 Coll 50  Lined in the Commercial Application ( atic denial of your permit.  Il scope of the project, the Planning and Develope	Checklist, ment Department may
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Contractor's name, address & telephone: AT.  12 Williams WAY Belling to the should we contact when the permit is realizing address:  12 Williams Way Bellington Ma.  Please submit all of the information out address address will result in the automate order to be sure the City fully understands the full order to be sure the City full order to be sure the Ci	They Coming  Phone: office 1-5-29 946-100 Coll 50  Lined in the Commercial Application (atic denial of your permit.  Il scope of the project, the Planning and Develope of a permit. For further information visit us on-line ctions office, room 315 City Hall or call 874-8703	Checklist,  ment Department may ne at .  proposed work and that I have
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Contractor's name, address & telephone: April 12 will Arns WAY Belling How Who should we contact when the permit is realizing address:  12 will am a way Bolling Home Maddress and Belling Home Maddress.	They Com Me  They Com Me  Phone: office 1-5-27 946-16-10 Coll of  Lined in the Commercial Application ( atic denial of your permit.  Il scope of the project, the Planning and Develope of a permit. For further information visit us on-line ections office, room 315 City Hall or call 874-8703  and property, or that the owner of record authorizes the his/her suthorized agent. I agree to conform to all application is issued, I certify that the Code Official's authorizes	Checklist,  ment Department may ne at  proposed work and that I have licable laws of this jurisdiction. d representative shall have the
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5-5pe-900

Collin 7'11" FINNS



① EXISTING FLOOR PLAN- AQIP PROGRAM- ADA RESTROOM



erchitecture
engineering
management
pittsheid, ma
(sen) 336 8960
west heriford, ot
(860) 233 8262

unwing name store # 32537- 170 brighton ave., portland, me

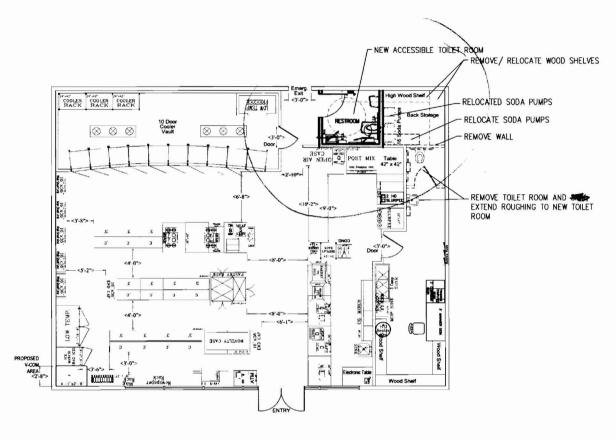
project name restroom renovation

project no sel- 2524B- 32537 issue late: 10/26/06 rwg, rof; store #32537

builetin ile i

, 1/8"= 1'-0" , dpm , jri

SK-EX



#### GENERAL NOTES:

- CONTRACTORS SHALL NOT SCALE THESE DRAWNGS. IN THE EVENT OF OMISSION OF NECESSARY DIMENSIONS THE CONTRACTORS SHALL NOTIFY THE 7-ELEVEN CONSTRUCTION MANAGER.
- CONTRACTOR SHALL VERIFY ALL BUILDING DIMENSIONS, AND SITE GRADES PRIOR TO START OF WORK.
- VERIFY SIZE, LOCATION, AND CHARACTERISTICS, OF ALL WORK AND EQUIPMENT TO BE FURNISHED BY OWNER OR OTHERS, WITH THE MANUFACTURER OR SUPPLIER BEFORE ANY CONSTRUCTION PERTAINING TO SAME IS BEGUN.
- ALL DIMENSIONS ON PLANS UNLESS OTHERWISE NOTED ARE FROM FACE OF CYPSUM BOARD TO FACE OF CYPSUM BOARD AND FROM FACE OF CYPSUM BOARD TO FACE OF EXTERIOR FINISH SURFACE.

## FINISH NOTES:

- 1. REPLACE COVE BASE THROUGHOUT.
- 2. REPLACE WHITE MARLITE FRP WALL COVERING.
- 3. INTERIOR DEEP CLEAN AND POLISH FLOOR.

#### CASEWORK NOTES:

1. REPAINT ALL COUNTERS TO MATCH.

## CEILING NOTES:

- 1. CLEAN GRID & TILES.
- 2. REPLACE 4X4 RETURN VENT COVERS.
- 3. CLEAN SUPPLY & RETURNS.
- 4. REPLACE EMERGENCY LIGHTS WITH WHITE FIXTURES.

### ELECTRICAL NOTES:

- 1. RE-LABEL ELECTRICAL PANEL.
- 2. DOOR ANNOUNCER.
- INSTALL EMERGENCY LIGHTS IN BACK ROOM & NEW TOILET ROOMs.

PROPOSED FLOOR PLAN- AQIP PROGRAM- ADA RESTROOM

/8° = 1'-0"

architecture
engineering
management
pritteled, me
(see) 320 mood
veel harbride, et
(feo) 323 5322

drawing name store # 32537- 170 brighton ave., portland, me

rect rame: restroom renovation

project to sel- 2524B- 32537

10/26/06

dwg ref store #32537

millern re

SK-PL

