

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

Please Read  
 Application And  
 Notes, if Any,  
 Attached

**BUILDING INSPECTION**

Permit Number: 061297

This is to certify that MSM ENTERPRISES LTD owns Construction  
 has permission to CVS Pharmacy- interior renovations  
 at 449 FOREST AVE

PERMIT ISSUED

OCT 2 2006

111 A016001

provided that the person or persons who apply for and obtain this permit shall comply with all of the provisions of the Statutes of the State 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 proceeds before this building or part thereof is started or service closed-  
 HOUR NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cass PF D

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Millie A. Collins*  
 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: 06-1297	Issue Date:	CBL: 111 A016001
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Location of Construction: 449 FOREST AVE	Owner Name: MSM ENTERPRISES LTD	Owner Address: 449 FOREST AVE	Phone:
Business Name: CVS Pharmacy	Contractor Name: Teds Construction	Contractor Address: 1081 Diamond Hill Road Woonsocket	Phone: 4017694285
Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Commercial	Zone: B2b

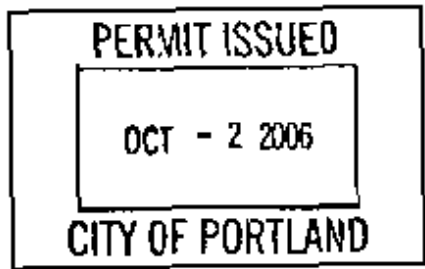
Fast Use: Commercial / CVS Pharmacy	Proposed Use: CVS Pharmacy- interior renovations	Permit Fee: \$510.00	Cost of Work: \$49,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <i>M</i> Type <i>2B</i>	
		TO NTPA 101 <i>FBE 2003</i>		

Proposed Project Description: CVS Pharmacy- interior renovations	Signature: <i>Green Cross</i>	Signature: <i>[Signature]</i>
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: 09/06/2006	<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 Major <input type="checkbox"/> Minor <input type="checkbox"/> Other <input type="checkbox"/> Date: <i>9/14/06</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
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**City of Portland, Maine - Building or Use Permit**

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

Permit No:

06-1297

Date Applied For:

09/06/2006

CBL:

111 A016001

Location of Construction: 449 FOREST AVE	Owner Name: MSM ENTERPRISES LTD	Owner Address: 449 FOREST AVE	Phone:
Business Name: CVS Pharmacy	Contractor Name: Teds Construction	Contractor Address: 1081 Diamond Hill Road Woonsocket	Phone: (401) 769-4285
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: CVS Pharmacy- interior renovations	Proposed Project Description: CVS Pharmacy- interior renovations
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Dept: Zoning      Status: Approved      Reviewer: Marge Schmuckal      Approval Date: 09/14/2006

Note:      Ok to Issue: 

Dept: Building      Status: Approved with Conditions      Reviewer: Michael A. Collins      Approval Date: 09/28/2006

Note:      Ok to Issue: 

- 1) 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.

- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Dept: Fire      Status: Approved with Conditions      Reviewer: Cptm Greg Cass      Approval Date: 09/19/2006

Note:      Ok to Issue: 

- 1) All construction shall comply with NFPA 101



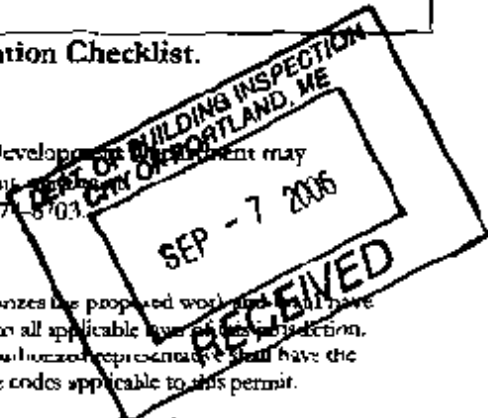
# General Building Permit Application

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: <b>449 FOREST AVE, PORTLAND, ME 04101</b>		
Total Square Footage of Proposed Structure <i>Existing</i> <b>8506 SF.</b>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <b>111</b> Block# <b>17</b> Lot# <b>16</b>	Owner: <b>JAMES L. GOULD, TRUSTEE NEWCASTLE TRUST II VOT 100 BOSTON ST. BOSTON, MA 02116</b>	Telephone: <b>(617) 266-4040</b>
Lessee/Buyer's Name (If Applicable) <b>CVS REALTY CO ONE CVS DRIVE WOONSOCKET, RI 02895 (401) 765-1500</b>	Applicant name, address & telephone: <b>TED'S CONSTRUCTION 100X DIAMOND HILL RD. WOONSOCKET, RI 02896 (401) 769-4205</b>	Cost Of Work: \$ <b>49,000.</b> Fee: \$ _____ Co of O Fee: \$ _____
Current Specific use: <b>MERCHANDISE / PHARMACY</b> If vacant, what was the previous use? _____ Proposed Specific use: <b>SAME</b>		
Project description: <b>PHARMACY RELOCATION - NEW FIXTURES, SECURITY GRILLE, CARPET, PAINT WALLS</b>		
Contractor's name, address & telephone: <b>SAME AS APPLICANT.</b>		
Who should we contact when the permit is ready: <b>RON AUBIN; TED'S CONSTRUCTION</b> Mailing address: _____ Phone: <b>(401) 769-4205</b>		

Please submit all of the information outlined in the Commercial Application 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 visit us at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 877-8703.



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 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 of applicant: *[Signature]* Date: **9/6/06**

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



**CVS Realty Co.**

June 4, 2000

New City Trust II  
715 Baystate Street  
Boston, MA 02116

Re: CVS STORE RESTA Portland, ME

To: Walter R. Moly Cooney

We are planning a R.R. Renovation project at the above-mentioned CVS location. The scope of work entails interior modifications and cosmetic improvements to the Pharmacy area. There are no structural modifications planned.

Although your lease agreement with CVS does not require approval for this type of work your consent is needed so that we may obtain the necessary building permits. Please indicate your consent to this project by signing and dating this letter where indicated below and returning it to my attention via fax.

If you have any questions or concerns regarding this project, please do not hesitate to contact me.

Sincerely,

Brian McCaffrey  
William Starck Architects, Inc.  
Phone: 508-679-5733  
Fax: 508-672-6556

I hereby approve this special project.

**JAMES GOULD**  
\_\_\_\_\_  
(Print Name/Title)

  
\_\_\_\_\_  
(Architect Signature) (Date)



# CITY OF PORTLAND, MAINE

Department of Building Inspections

9.6. 2006

Tell's Coast - Co Inc

449 FOUNDA AVE -

\$1,500.00

Plumbing (15) Electrical (2) Site Plan (07)

M. A. 16

File 22

Total Collected \$10.00

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted on the premises. Acceptance of fee is no guarantee that permit will be issued. PRESERVE THIS RECEIPT. In case permit cannot be issued the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy