DISPLAY THIS CA	ARD ON PRINCIPAL F	RONTAGE OF WORK
Please Read Application And Notes, If Any,	PUIL DING INSPECTIC	
Attached	PERMA	Permit Number: 081046
This is to certify thatMASTORAN RESTAU	IRA S INCORPORATED /Marc	pcho
has permission to Replace existing Wood.	& gstore fr (& S⊾,ht w/ alu	um & glass
AT _449 FOREST AVE		L 111 A016001
provided that the person or perso of the provisions of the Statutes the construction, maintenance an this department.	of the end of the Parlar	epting this permit shall comply with all nces of the City of Portland regulating ctures, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information. PERMIT ISSUED	ificatio of inspecton mus on and vien permition proc pre-this ilding or or int there ied or perwise losed-in UR NO	e d A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept Health Dept.		
Appeal Board		9/17/05 Chty LYR
Department Namé PE	NALTY FOR REMOVING THIS	Director - Building & Inspection Services

it	y of Portland, Maine - B	uilding or Use	Permit Applicati	on Per	mit No:	Issue Date;	CBL:	
39	Congress Street, 04101 Te	l: (207) 874-8703	8, Fax: (207) 874-8	/16	08-1046	9/17/06	111 A016001	
ocation of Construction: Owner Name:				r Address:	Phone:			
.4	FOREST AVE	MASTORAN	RESTAURANTS IN	822 I	LEXINGTON	ST SECOND	FLO	
usiness Name: Contractor Name:					actor Address:	Phone		
Marc G Rochon			on		artlett Place A	6176451596		
.essee/Buyer's Name Phone:					t Туре:	Zone	- 10	
					itions - Comn		D	21)
'ast Use: Proposed Use: Commercial - "Burger King" Commercial -		45 1 (1)	Permi	Permit Fee: Cost of Work: CEO District:				
			"Burger King" - ng Wood & glass					
			Skylight w/ aluminum		FIRE DEPT: Approved INSPECTION: Use Group: 4-7 Type:			
		& glass			, IA	Denied	oroup. A 2 ripe:	
							16 - 300/	
2101	oosed Project Description:	<u> </u>						1
-	place existing Wood & glass sto	ore front & Skyligh	t w/ aluminum & glas	s Signat	ure: (sec:	CARR Sig	nature: () 9/17	164
		20	5		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			/
				Action	n: Approve	d 🗔 Annrove	d w/Conditions 🗍 Denied	d
				Action				u
				Signat	ure:		Date:	
Permit Taken By: Date Applied For:			1	Zoning Approval				
	Dad				Loung	Approvai		
	bbson 08	3/2 2 /2008						
	obson 08 This permit application does n	a/22/2008 not preclude the	Special Zone or Re	/iews		Approval gAppeal	Historic Preservatio	
lde	obson 08 This permit application does n Applicant(s) from meeting applicant	a/22/2008 not preclude the	Special Zone or Re	/iews			Historic Preservation	
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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



General Building Permit Application

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

Location/Address of Construction: 449 Forest Que Portland ME					
Total Square Footage of Proposed Structure/Area Square Footage of Lot					
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 111 A 16	Applicant * <u>must</u> be owner, Lessee or Buyer* Name Maistoran Restaurants 7815930990 Incorporated Address 873 Lexington It 2nd Fl City, State & Zip 1. Ja Ithan Mua3452				
Lessee/DBA (If Applicable) Burger King	Owner (if different from Applicant) Name	Cost Of Work: \$ <u>17,000.</u>			
	Address	C of O Fee: \$			
	City, State & Zip	Total Fee: \$			
Current legal use (i.e. single family) <u>fast food revtaurant</u> If vacant, what was the previous use?					
Proposed Specific use: If yes, please name Is property part of a subdivision? If yes, please name Project description: Replace Jexisting Stone Front & Skylight - Cap wood & 61655 +0					
Alterian EGlass					
Contractor's name: <u>Marc G. Rochon</u>					
Address: <u>II Bartle # Place</u> City, State & Zip <u>Qines bing Ma 0913</u>					
Who should we contact when the permit is ready: Marc. G. Rochon. Telephone: 7818930990					
Mailing address: SI2 Lexington St Inc FI Waithan Ma a3453					

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 <u>www.portlandmaine.gov</u>, 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: his is not a permit; you may not commence ANY work/until the permit is issue

ity of Portland, Maine - Building or Use Permit				Permit No:	Date Applied For:	CBL:
9 Congress Street, 04101 Tel: (2	U		8716	08-1046	08/22/2008	111 A016001
cation of Construction:	Owner Name:			Owner Address:		Phone:
49 FOREST AVE	MASTORAN RESTA	URANTS I	N	822 LEXINGTON	ST SECOND FLO	
usiness Name:	Contractor Name:		ľ	Contractor Address:		Phone
	Marc G Rochon			11 Bartlett Place A	mesbury	(617) 645-1596
essee/Buyer's Name	Phone:			Permit Type:		
				Additions - Comm	ercial	
'roposed Use:		Pr	opose	d Project Description:		
Commercial - "Burger King" - Replac				•	glass store front & S	skylight w/ aluminum
front & Skylight w/ aluminum & glass		&	glas	S		
Dept: Zoning Status: Ap	pproved with Condition	s Revie	wer:	Marge Schmucka	l Approval Da	te: 08/25/2008
Note:						Ok to Issue: 🗹
1) Separate permits shall be required	for any new signage.					
 This permit is being approved on t work. It is understood that the foot 						
Dept: Building Status: A	oproved with Condition	s Revie	wer:	Chris Hanson	Approval Da	te: 09/17/2008
Note:					••	Ok to Issue:
1) Public access to construction area	to be limited durring co	nstruction				
 Application approval based upon i and approrval prior to work. 	nformation provided by	applicant.	Any	deviation from appr	oved plans requires s	separate review
Dept: Fire Status: No	ot Applicable	Revie	wer:	Capt Greg Cass	Approval Da	te: 08/26/2008
Note:						Ok to Issue: 🗹

Comments:

8/25/2008-mes: Don't issue permit until planning signs off on a site plan exemption.

8/26/2008-gg: received granted site exemption as of 8/26/08. Gg filed site exemption with permit. (gave ro Jeannie)

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 <u>DO</u> 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 of Applicant/Designee

Date

Signature of Inspections Official

Date

VISUR CAR		50124			
APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW					
Applicant Applicant's Mailing Address Consultant/Agent/Phone Number	Project Nam	e/Description			
CBL: <u>111 A OK</u> Description of Proposed Development: <u>Share endowing</u> and a share balls some and y					
Please Attach Sketch/Plan of Proposal/Development	Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only			
 Criteria for Exemptions: See Section 14-523 (4) on back side of form a) Within Existing Structures; No New Buildings, Demolitions or Additions 		V 			
b) Footprint Increase Less Than 500 Sq. Ft.	*				
c) No New Curb Cuts, Driveways, Parking Areas	it e				
d) Curbs and Sidewalks in Sound Condition/Comply with ADA					
e) No Additional Parking/ No Traffic Increase	<u>ه .</u>				
f) No Stormwater Problems					
g) Sufficient Property Screening AUG 2 6 2008					
h) Adequate Utilities					

Planning Division Use Only



















