



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

449 Forest Ave

CBL 111 A016002

Issued to

Forest Avenue Plaza Llc/Nelson Nash

Date of Issue

07/27/2010

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. 10-0657, 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

449 Forest Ave Plaza
Unit 4

APPROVED OCCUPANCY

Use Group M Type 3B
IBC 2003

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

CAPT. K. Jackson
7/29/10

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.

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 100657

PERMIT ISSUED

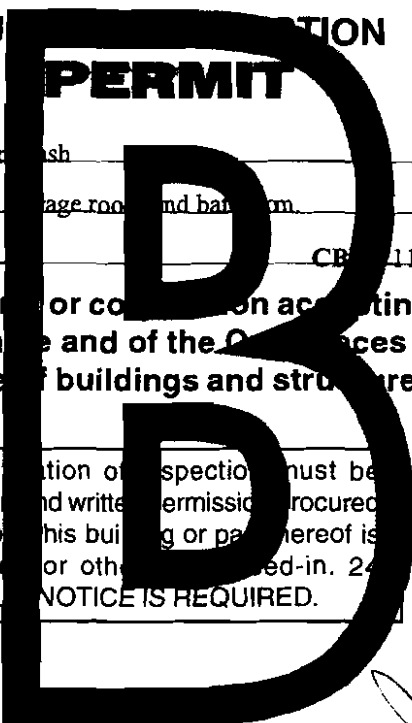
Please Read Application And Notes, If Any, Attached

This is to certify that Forest Avenue Plaza Llc/Nelson Cash

has permission to Tenant fit-up includes adding a storage room and bathroom

AT 449 Forest Ave CB 111 A016002 JUN 24 2010

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is lathed or otherwise red-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. [Signature]

Health Dept.

Appeal Board

Other Department Name

[Signature] 6/24/10 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED


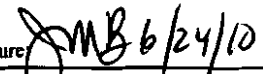
City of Portland, Maine - Building or Use Permit Application

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

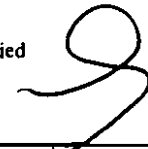
Permit No: 10-0657	Issue Date:	CBL: 111 A016002
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Location of Construction: 449 Forest Ave	Owner Name: Forest Avenue Plaza Llc	Owner Address: 715 Boylston St	Phone:
Business Name: American Mattress	Contractor Name: Nelson Nash	Contractor Address: 22 Burnham Road Gorham	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2h

Past Use: Commercial / Retail "movie Gallery"	Proposed Use: Commercial / Retail; Tenant fit-up includes adding a storage room and bathroom. "American Mattress"	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions	INSPECTION: Use Group: M Type: 3B #B L-2003	

Proposed Project Description: Tenant fit-up includes adding a storage room and bathroom.	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: 06/02/2010	Zoning Approval
------------------------	---------------------------------	------------------------

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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: <i>5/9/10</i>	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <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: 
	<p>PERMIT ISSUED</p> <p>JUN 24 2010</p> <p>City of Portland</p>		

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

7-6-10

ok to close in

need to see full penetration
through units

need suite or unit #'s

~~N/A~~

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

JUN 24 2010

City of Portland

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0657	Date Applied For: 06/02/2010	CBL: 111 A016002
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Location of Construction: 449 Forest Ave	Owner Name: Forest Avenue Plaza Llc	Owner Address: 715 Boylston St	Phone:
Business Name: American Mattress	Contractor Name: Nelson Nash	Contractor Address: 22 Burnham Road Gorham	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial / Retail; Tenant fit-up for "American Mattress" includes adding a storage room and bathroom.	Proposed Project Description: Tenant fit-up includes adding a storage room and bathroom.
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 06/09/2010
Note: **Ok to Issue:**
1) Separate permits shall be required for any new signage.
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 06/24/2010
Note: **Ok to Issue:**
1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 06/10/2010
Note: **Ok to Issue:**
1) Storage room shall be general storage related to the specific business only.
2) All construction shall comply with NFPA 1 and 101.

PERMIT ISSUED
JUN 24 2010
City of Portland



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: <u>449 FOREST AVE</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer* Name <u>FOREST AVE PLAZA L.L.C</u> Address <u>715 Boylston St.</u> City, State & Zip <u>Boston. MA 02116</u>	Telephone:
<u>111 A 016007</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>10,000</u> <u>30,00</u> C of O Fee: \$ _____ <u>90.00</u> Total Fee: \$ _____ <u>130.00</u>
Current legal use (i.e. single family) <u>retail</u> Number of Residential Units _____ If vacant, what was the previous use? <u>MOVIE GALLERY</u> Proposed Specific use: <u>AMERICAN MATTRESS</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>ADDIE STORAGE ROOM AND BATHROOM</u>		
Contractor's name: <u>Nelson Nash</u> Address: <u>22 Burnham Rd</u> City, State & Zip: <u>Gorham</u> Telephone: <u>207-807-6764</u> Who should we contact when the permit is ready: ^{property manager} <u>STUART COLLINS</u> Telephone: <u>207-615-3680</u> Mailing address: <u>33 MAGGIE LANE #2</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

RECEIVED

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 www.portlandmaine.gov, 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 authorized me 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: [Signature] Date: JUNE 4, 2010

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

Sheet 1 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-1

EASTERN FIRE SERVICES INCORPORATED

P.O. BOX 1582

408 HARLOW ST.

AUBURN, MAINE 04211-1582

BANGOR, MAINE 04401

207-795-6314

207-942-8014

Report # 3 of 4

Contract/DW # 23041

Building Name Forest Ave Plaza Contract With _____
 Street 449 Forest Ave. Tester Name Jim Laliberte Lic. # 314
 City and State Portland, Maine Date 6-10-10

Test = the physical operation of equipment to validate condition
 Inspect = a visual exam from floor level to validate condition.
 Maintain = work performed to keep equipment operable or to make repairs.
 Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
 Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your EFSI contract for services to be performed by EFSI.

Owner's or Owner Representative's Name:

	Yes	N.A.	No*
1. General - Perform at all testing visits (UNO)			
a. Owner: Is the building occupancy the same as the last visit?	/		
b. Owner: Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	/		
c. Owner: Have all new additions and building changes been properly protected with sprinklers?		/	
d. Owner: Is the building use the same as the last inspection?	/		
e. Owner: Are all sprinkler systems in service?	/		
f. Owner: Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	/		
2. Annual Sprinkler and Piping Items - Perform at testing visit #1			
a. Inspect: Are hangers and seismic bracing secure?	/		
b. Inspect: Are pipe, fittings and sprinkler heads in satisfactory condition?	/		
c. Inspect: Does the entire building appear to be completely sprinklered?			/
d. Inspect: Are spare sprinklers and sprinkler wrenches properly stored at the property?	/		
e. Inspect: Is all stock or storage at least 18" below sprinkler head deflectors?	/		
3. Valves - Perform at all testing visits (UNO)			
a. Inspect: Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	/		
b. Inspect: Are all pressure reducing and relief valves in good condition and free of leakage?		/	
c. Inspect: Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		/	
d. Maintain: Lubricate all control valves annually. Were valves lubricated at this visit?	/		
e. Test: Control valve operation per NFPA 25 Table 13.1. Are all control valves operating properly?	/		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. Inspect: Are gauges in satisfactory condition?	/		
b. Inspect: Are fire department connections in good condition and easily accessible for emergency use?	/		
c. Maintain: Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?	/		
d. Test: Main drain flow test per NFPA 25 Table 13.1. Was test performed at this visit?	/		/
e. Test: Anti-freeze at fall visit per NFPA 25 Table 5.1. Was test performed at this visit? Temp =		/	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. Inspect: At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?		/	
b. Inspect: Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?		/	
c. Maintain: At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?		/	
d. Maintain: Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?		/	
e. Maintain: At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?		/	
f. Test: Quick-Opening devices per NFPA 25 Table 13.1. Are QOD's operating properly?		/	
g. Test: Priming water levels per NFPA 25 Table 13.1. Is priming water satisfactory?		/	
h. Test: Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 13.1. Was test performed at this visit?		/	
6. Alarms - Perform at all testing visits (UNO)			
a. Inspect: Are all alarm devices in satisfactory condition?	/		
b. Test: Flow alarm devices per NFPA 25 Table 5.1. Are all sprinkler alarms working properly?	/		
c. Test: Low air pressure alarms per NFPA 25 Table 13.1. Are all low air pressure alarms working properly?		/	
d. Test: Valve supervisory switches per NFPA 25 Table 13.1. Are all supervisory switches working properly?	/		

Sheet 2 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-2

EASTERN FIRE SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST
BANGOR, MAINE 04401
207-942-8014

Report # 3 of 4

Contract/DW # 2304Q

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests		Yes	N.A.	No*
a.	Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 5.1? (every 5 years)		/	
b.	Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 20 years and 10 years thereafter)		/	
c.	Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 50 years and 10 years thereafter)		/	
d.	Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 5.1? (5 years thereafter)		/	
e.	Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 5.1?		/	
f.	Have gauges been replaced or tested for accuracy every 5 years? YEAR last tested or replaced:		/	
8. Obstruction Investigation				
a.	Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 14?			/
b.	If 8a = yes what year was the flushing / examination performed? YEAR:			
c.	At annual trip test of dry pipe, preaction and deluge systems was 1/4 cup or less scale removed from the valve interior?		/	
d.	During annual draining of low points were the valves free of scale and blockage?		/	

9. System Information					
	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 1	Alicon	Hodgman B 8" 1967	System 4		
System 2			System 5		
System 3			System 6		

10. Water Supply Information - PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water							
System 1	System 2	System 3	System 4	System 5	System 6		
CW							

11. Drain Tests									
	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 1	2"	101	—	—	System 4				
System 2					System 5				
System 3					System 6				

12. Trip Tests										
	Pressure Before Test		Test Orifice		Control Valve # Turns Open	Valve Tripped At		Full Flow - Time For Water at ITC	Quick Opening Devices	
	Air	Water	Size	Location		PSI Air	Time		Manuf / Model	Trip Time
System 1										
System 2										
System 3										
System 4										
System 5										
System 6										

13. Comments - *Explain all "no" answers here. Attach additional sheets if necessary.

2c The outside canopies and some small areas are not sprinkled.

4d A full drain test can't be done due to an inadequate drain.

8c unknown

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

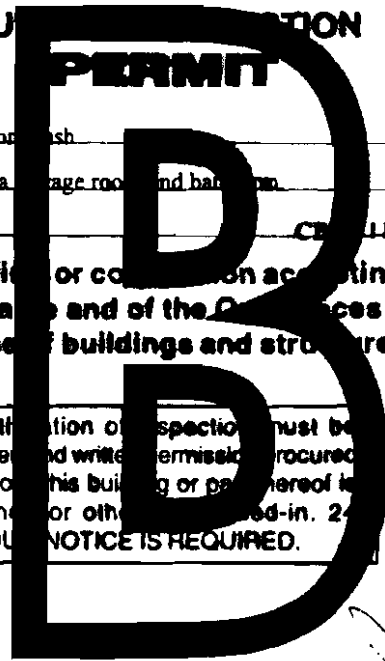
Permit Number: 100657

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that Forest Avenue Plaza LLC/Nelson has permission to Tenant fit-up includes adding a storage room and bathroom AT 449 Forest Ave CE 111 A016002 JUN 24 2010

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is lath or other work is put-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Anderson
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Annex Bank 6/24/10
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: 10-0657	Issue Date: 06/24/2010	CBL: 111 A016002
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Location of Construction: 449 Forest Ave	Owner Name: Forest Avenue Plaza Llc	Owner Address: 715 Boylston St	Phone:
Business Name: American Mattress	Contractor Name: Nelson Nash	Contractor Address: 22 Burnham Road Gorham	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial / Retail - "Movie Gallery"	Proposed Use: Commercial / Retail; Tenant fit-up for "American Mattress" includes adding a storage room and bathroom.	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 1
Proposed Project Description: Tenant fit-up includes adding a storage room and bathroom.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		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: 06/02/2010	Zoning Approval		
------------------------	---------------------------------	------------------------	--	--

<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <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:	Zoning Appeal <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:	Historic Preservation <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:
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CERTIFICATION

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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 property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>449 FOREST AVE</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant ^{must be} <u>owner, Lessee or Buyer</u> Name <u>FOREST AVE PLAZA L.L.C</u> Address <u>715 Boylston St.</u> City, State & Zip <u>Boston, MA 02116</u>	Telephone.
<u>111 A 016007</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>10,000</u> <u>30,00</u> C of O Fee: \$ _____ <u>90.00</u> Total Fee: \$ <u>180.00</u>
Current legal use (i.e. single family) <u>retail</u> Number of Residential Units _____	If vacant, what was the previous use? <u>MOVIE GALLERY</u>	
Proposed Specific use: <u>AMERICAN MATTRESS</u>	Is property part of a subdivision? _____ If yes, please name _____	
Project description: <u>ADDIE STORAGE ROOM AND BATHROOM</u>		
Contractor's name: <u>Nelson Nash</u>		
Address: <u>22 BURNHAM RD</u>		
City, State & Zip: <u>PORTLAND, ME</u>	Telephone: <u>207-807-6764</u>	
Who should we contact when the permit is ready: <u>STUART COLLINS</u>	Telephone: <u>207-615-3680</u>	
Mailing address: <u>33 MAGGIE LANE #2</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

RECEIVED

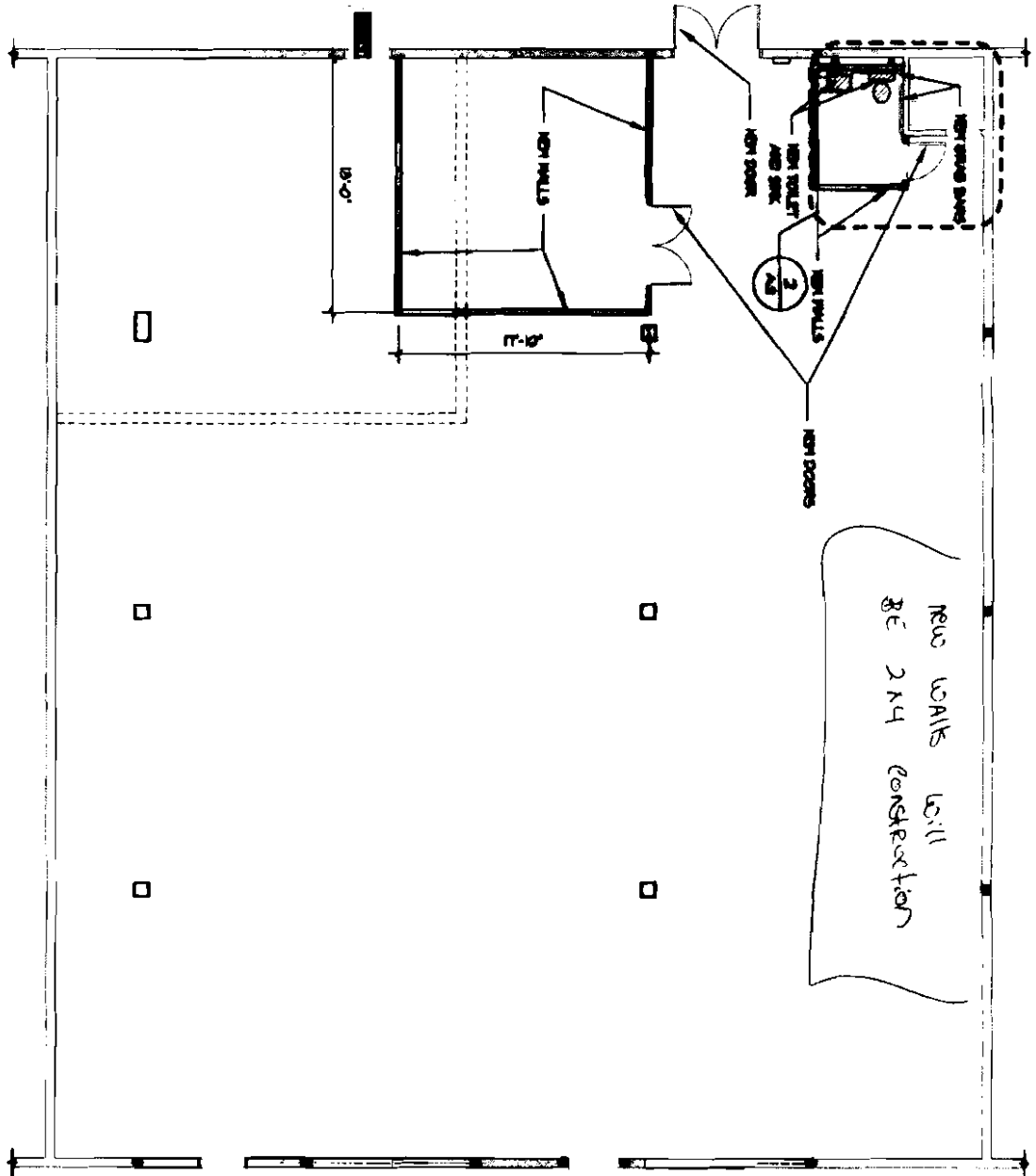
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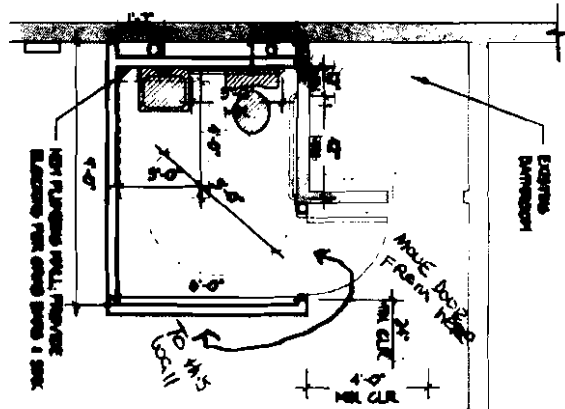
Signature: [Signature] Date: JUNE 4, 2010

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

1 ADDITIONS PLAN



2 ADA PLAN



ARCHITECTURE
INTERIOR DESIGN
PLANNING

49 OARSMOUTH STREET
PORTLAND, MAINE 04101
www.jdforch.com

© 2010 JDF Architects

TITLE
ADDITIONS PLAN

449 Forest Avenue - Interior Modifications
PORTLAND, ME

JOB # 10-040
DATE 4 JUNE 2010
SCALE AS NOTED

SHEET
A.2

DATE: 11/10/2010 10:55:56 AM

PROJECT: 449 FOREST AVENUE - INTERIOR MODIFICATIONS

A.3 SHEET

449 Forest Avenue - Interior Modifications
 PORTLAND, ME
 JOB# 10-080
 DATE 4 JUNE 2010
 SCALE 1/8"=1'-0"








TITLE REFLECTED CEILING PLAN

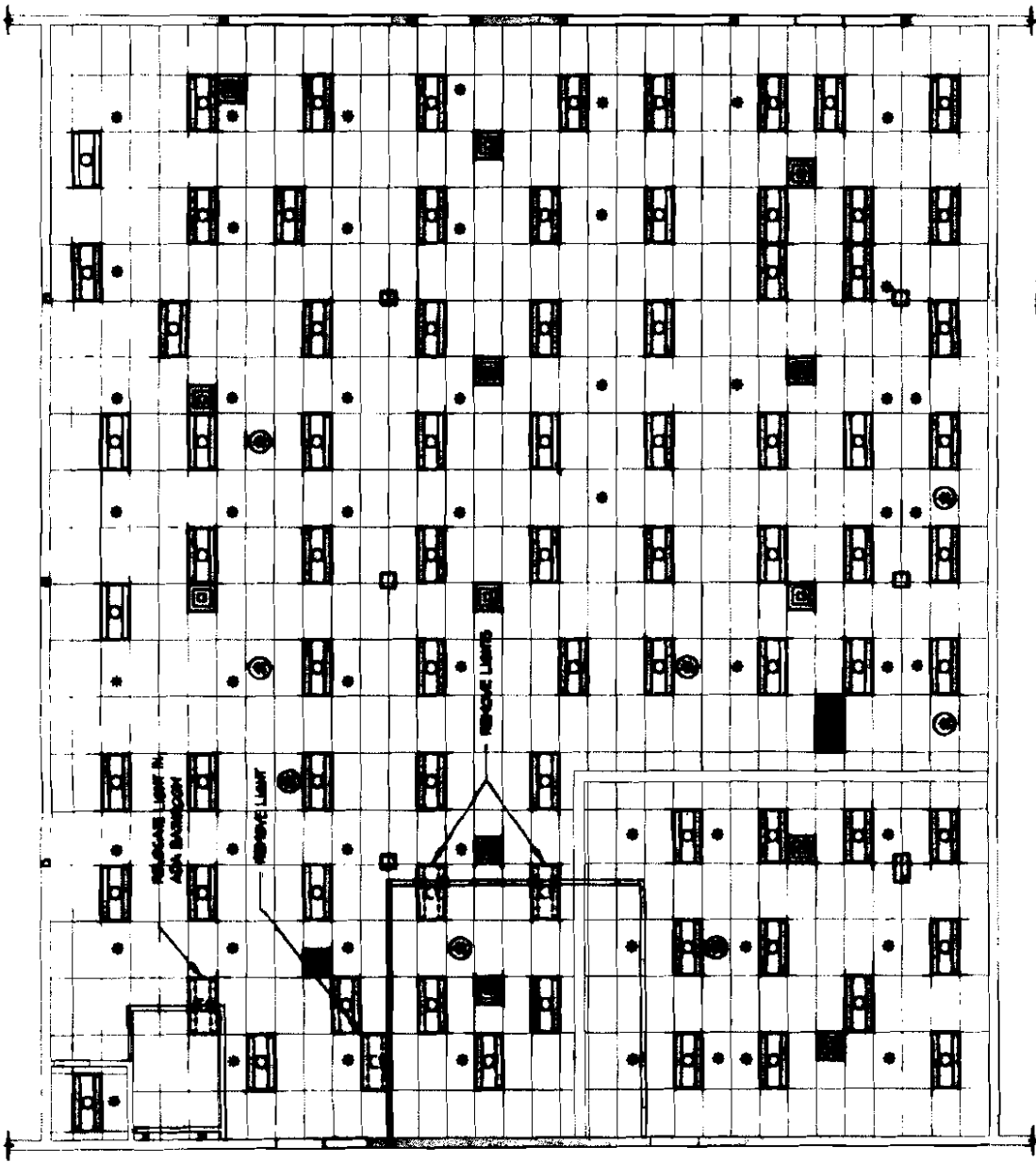
© 2008 PDI Associates

ARCHITECTURE
 INTERIOR DESIGN
 PLANNING
 40 DARTMOUTH STREET
 PORTLAND, MAINE 04101
 WWW.PDIARCH.COM

10.13

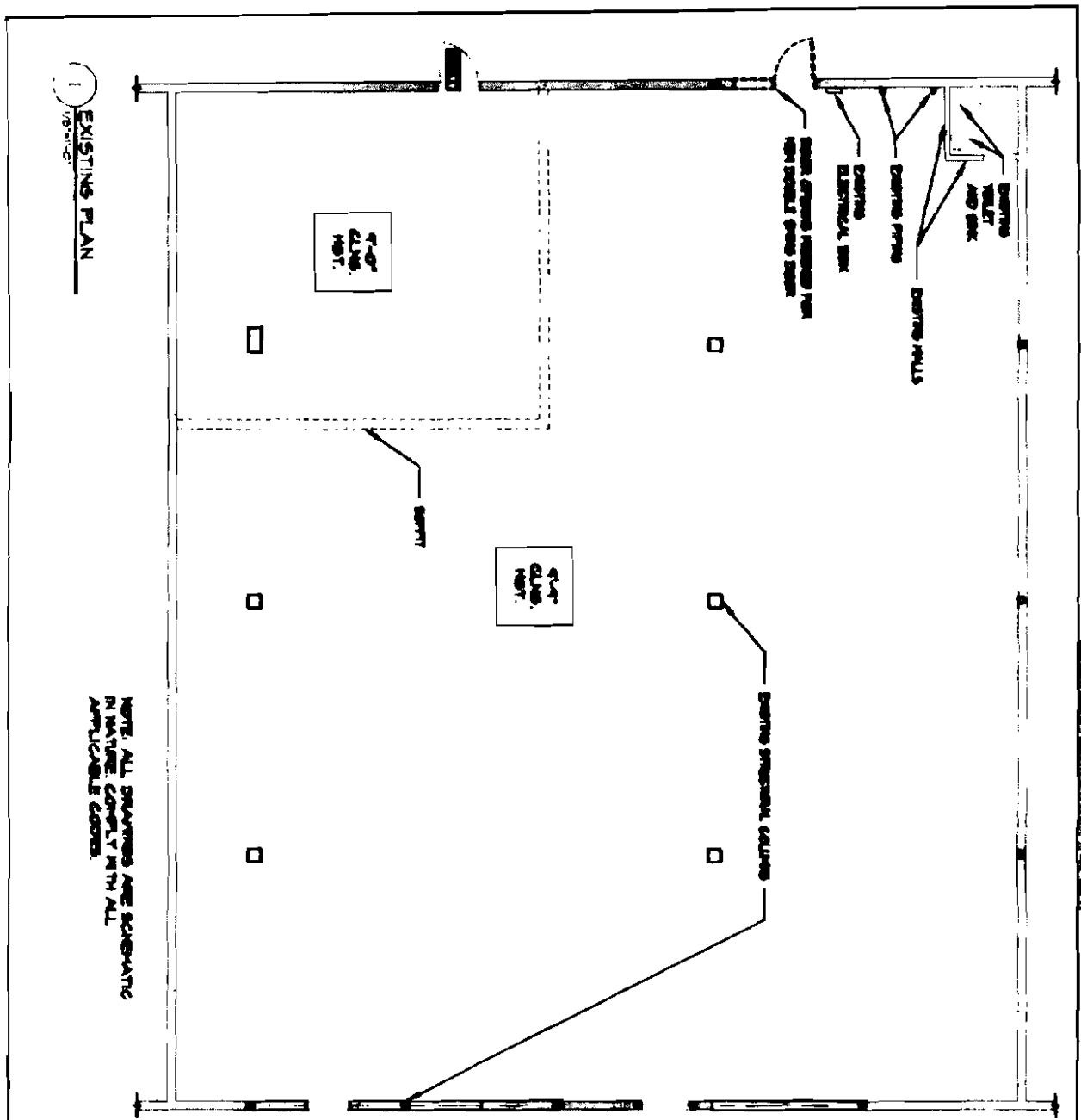
LIGHTING / FIXTURES LEGEND:

-  2' x 2' VENTILATION DUCT
-  2' x 4' FLUORESCENT
-  SPRINKLER HEAD
-  CEILING MOUNTED SPEAKER
-  24" x 4" CEILING VENT
-  24" x 24" CEILING VENT
-  STRUCTURAL COLUMN



NOTE: ALL REMOVED LIGHTS TO BE REPLACED BY NEW CEILING TILE

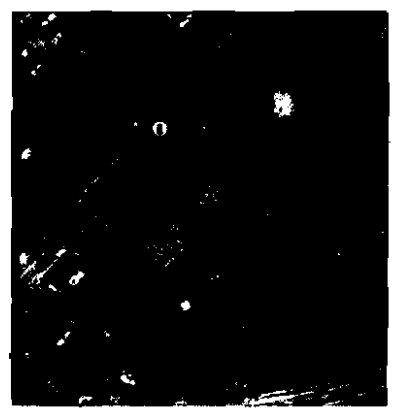
1 REFLECTED CEILING PLAN
 10.13



1 EXISTING PLAN
1/8" = 1'-0"

NOTE: ALL DIMENSIONS ARE SCHEMATIC IN NATURE. COMPLY WITH ALL APPLICABLE CODES.

2 PROXIMITY DIAGRAMS
1/8" = 1'-0"



ARCHITECTURE
INTERIOR DESIGN
PLANNING

49 DANFORTH STREET
PORTLAND MAINE 04103
www.potarch.com

IC 2009 P01 Architects

TITLE
EXISTING PLAN

449 Forest Avenue - Interior Modifications
PORTLAND, ME

JOB # 10-040
DATE 4 JUNE 2010
SCALE 1/8" = 1'-0"

SHEET
A.1

Vertical text on the right edge of the drawing area.

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date _____

Permit # 2010 4421

CBL# 111 A 016 002

LOCATION: 649 Forest Ave Plaza METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	<u>4</u>	Receptacles	<u>4</u>	Switches		Smoke Detector	.20	
FIXTURES		Incandescent		Fluorescent		Strips	.20	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
	MISC. (number of)		Air Cond/win					3.00
			Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
		Fire Repairs					10.00	
	<u>4</u> E Lights					8.00		
	E Generators					20.00		
PANELS		Service		Remote		Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE/COMMERCIAL	55.00	
						MINIMUM FEE	45.00	

111A16

RECEIVED
 JUL - 2 2010
 Dept. of Building Inspections
 City of Portland

CONTRACTORS NAME Johnson Electric Inc. MASTER LIC. # MS 600 15110
 ADDRESS 64 Ashiswamp Rd LIMITED LIC. # _____
 TELEPHONE 883-8025 OFFICE
671-2484 cell
 SIGNATURE OF CONTRACTOR [Signature]

White Copy - Office Yellow Copy - Applicant

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 8/19/09
 Permit # 00094472
 CBL# 111 A016

LOCATION: 449 Forest Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT 2nd Floor PHONE # _____

TOTAL EACH FEE

OUTLETS	<u>20</u>	Receptacles	<u>10</u>	Switches		Smoke Detector	.20	
FIXTURES	<u>10</u>	Incandescent	<u>10</u>	Fluorescent		Strips	.20	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
	MISC. (number of)		Air Cond/win					3.00
			Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
	Circus/Carnv					25.00		
	Alterations					5.00		
	Fire Repairs					15.00		
	<u>3</u>	E Lights					1.00	
		E Generators					20.00	
PANELS		Service		Remote		Main	4.00	
		0-25 Kva					5.00	
		25-200 Kva					8.00	
TRANSFORMER		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE/COMMERCIAL	55.00	
						MINIMUM FEE	45.00	
							<u>35.00</u>	

111 A016

AUG 19 2009

CONTRACTORS NAME Folsom Electric Inc MASTER LIC. # 17560015110
 ADDRESS 94 Ash Swamp Rd Scarborough LIMITED LIC. # _____
 TELEPHONE 883-8025 - OFFICE
671-2484 -
 SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 11/24/09
 Permit # 2009 4106
 CBL# 111 A 016002

LOCATION: 449 Forest Ave Plaza METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT _____ PHONE # _____

111 A 016002

						TOTAL EACH FEE	
OUTLETS	Receptacles	Switches	Smoke Detector				.20
FIXTURES	Incandescent	Fluorescent <u>3</u>	Strips				.20
SERVICES	Overhead	Underground	TTL AMPS <800				15.00
	Overhead	Underground	TTL AMPS >800				25.00
Temporary Service	Overhead	Underground	TTL AMPS				25.00
							25.00
METERS	(number of)						1.00
MOTORS	(number of)						2.00
RESID/COM	Electric units						1.00
HEATING	oil/gas units	Interior	Exterior				5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens				2.00
	Insta-Hot	Water heaters	Fans				2.00
	Dryers	Disposals	Dishwasher				2.00
	Compactors	Spa	Washing Machine				2.00
	Others (denote)						2.00
MISC. (number of)	Air Cond/win						3.00
	Air Cond/cent		Pools				10.00
	HVAC	EMS	Thermostat				5.00
	Signs						10.00
	Alarms/res						5.00
	Alarms/com						15.00
	Heavy Duty(CRKT)						2.00
	Circus/Carnv						25.00
	Alterations						5.00
	Fire Repairs						15.00
E Lights <u>3</u>						1.00	
E Generators						20.00	
PANELS	Service	Remote	Main				4.00
	TRANSFORMER	0-25 Kva					5.00
		25-200 Kva					
Over 200 Kva							10.00
TOTAL AMOUNT DUE							
MINIMUM FEE/COMMERCIAL 55.00						MINIMUM FEE	45.00 55.00

CONTRACTORS NAME Tokom Electric Inc MASTER LIC. # MS60015110
 ADDRESS 94 Ash Swamp Rd Scarborough Me LIMITED LIC. # _____
 TELEPHONE cell 671-2484 office 883-8025
 SIGNATURE OF CONTRACTOR J.B. Tole

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 449 Forest Ave

PROPERTY OWNER

Last: Gould CO First:

Applicant Name: Robert Cwlad

Mailing Address of Owner/Applicant (If Different): 158 St John St Port

2010 8/180

PORTLAND PERMIT # 11336 TOWN COPY

Date Permit Issued: 7/1/10 \$ 1124 Double Fee Charged

Jeanne Beaulac Local Plumbing Inspector Signature L.P.I. # 07312

11 A 016

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.

Robert Cwlad 7/1/10

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] [Date]

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 Comp

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 # 1568

111 A 111

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Silcock	
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment (softener, filter, etc.)		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2			Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Transfer Fee
				Hook-Up & Piping Fee
				Permit Fee (Total)

RECEIVED

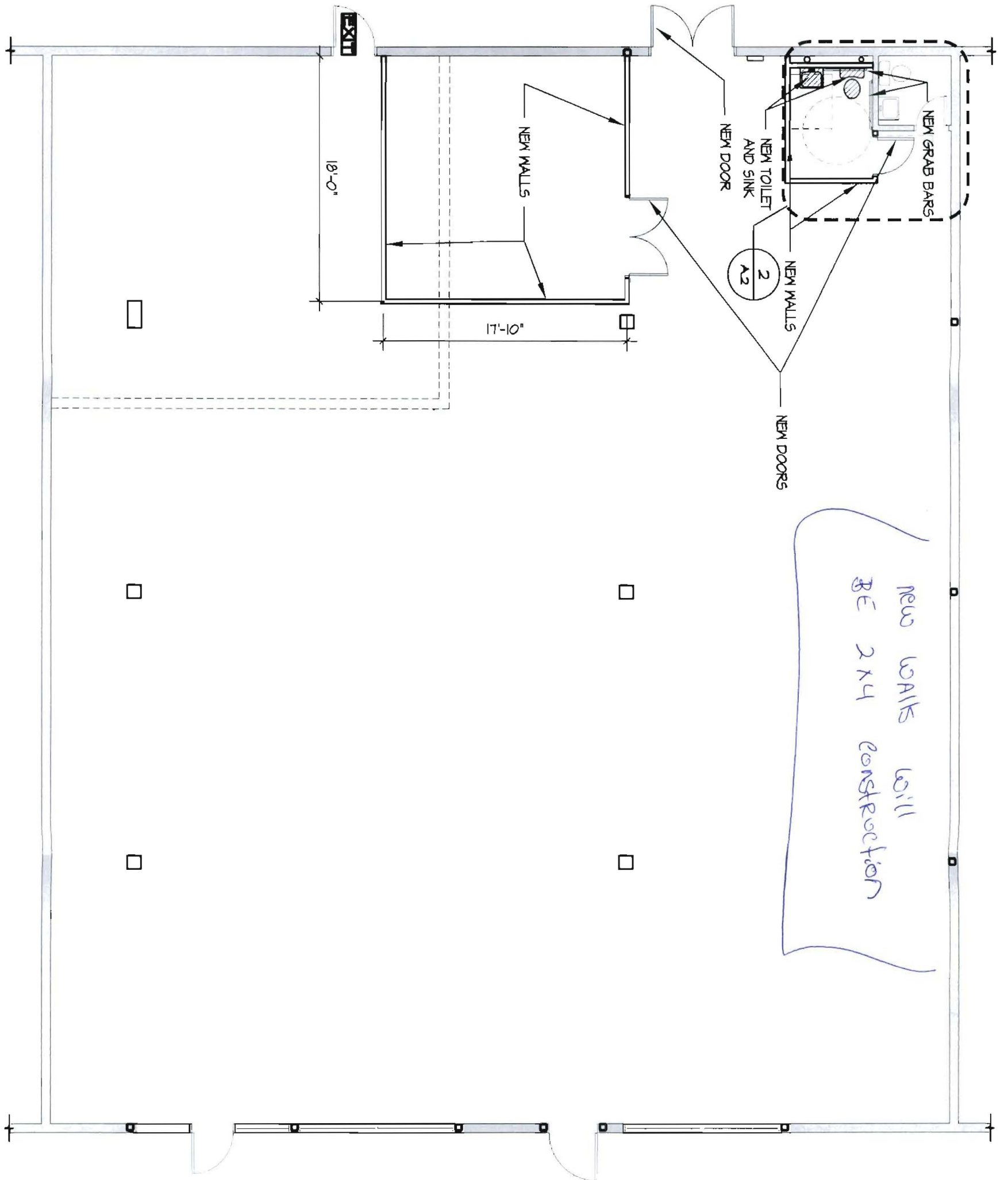
JUL - 1 2010

Dept. of Building Inspections
City of Portland Maine

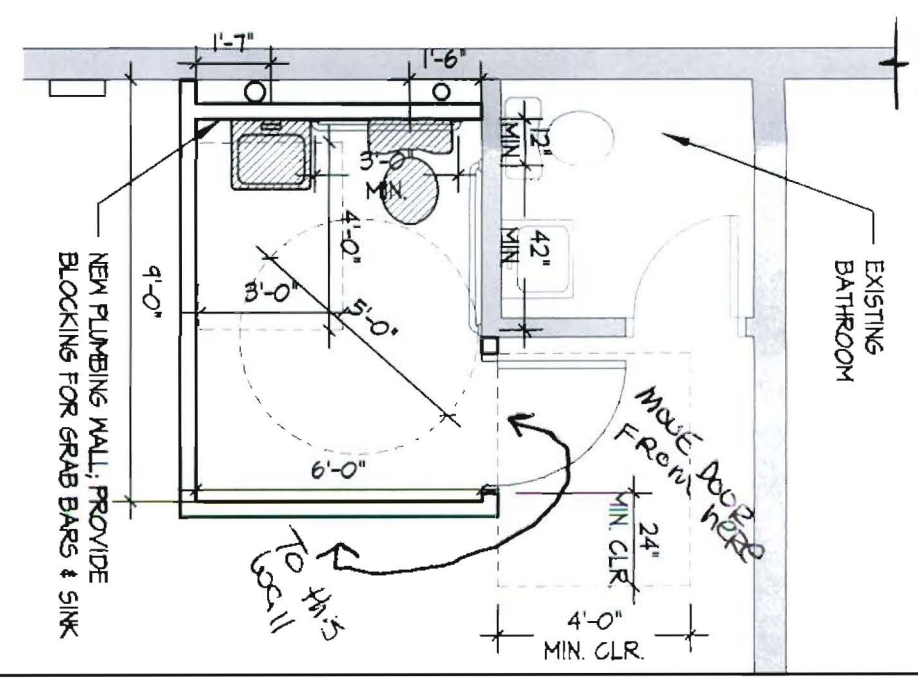
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24
11/13

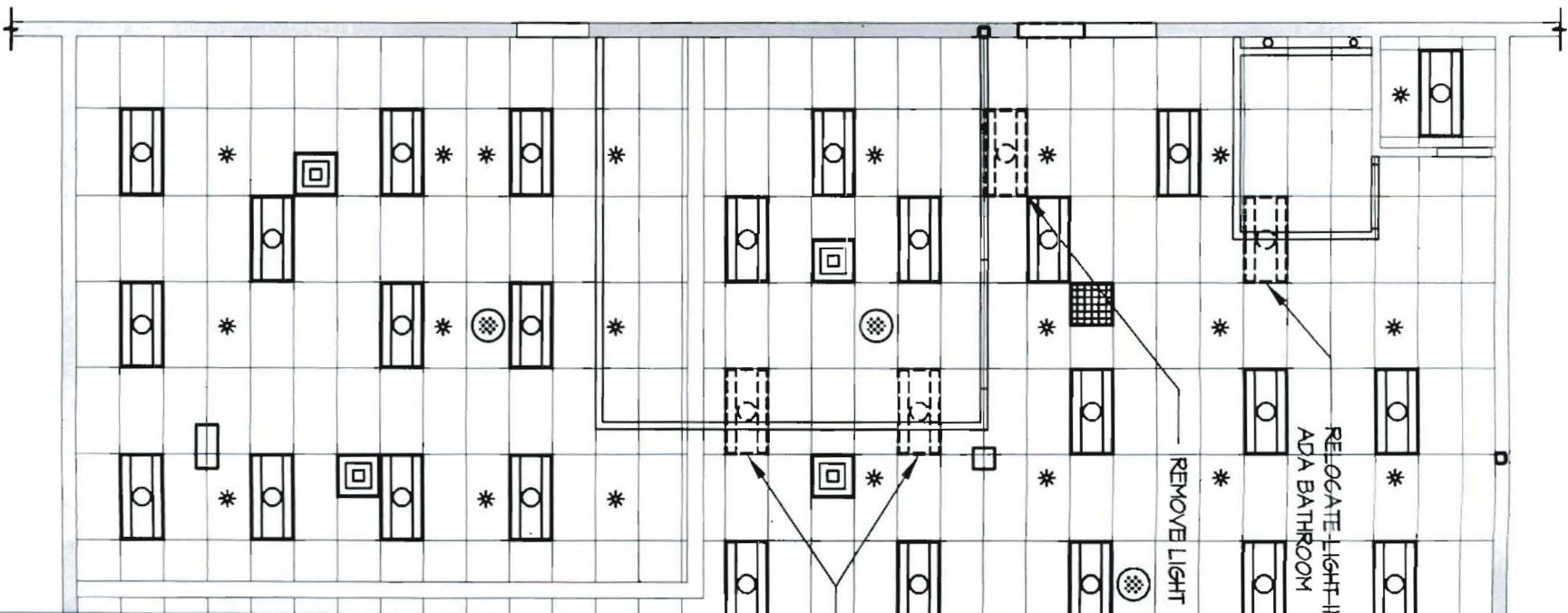
1 ADDITIONS PLAN
1/8"=1'-0"



2 ADA PLAN
1/4"=1'-0"



1 REFLECTED CEILING PLAN
1/8"=1'-0"



FIXTURES LEGEND:

- 2' VENTILATION DUCT
- 4' FLOURESCENT
- HANGER HEAD
- HANGER MOUNTED
- REMOVE LIGHT HANGER
- CEILING VENT
- CEILING VENT
- STRUCTURAL COLUMN

ARCHITECTURE
INTERIOR DESIGN
PLANNING

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PORTLAND, MAINE 04101
www.pdtarchs.com

ARCHITECTS

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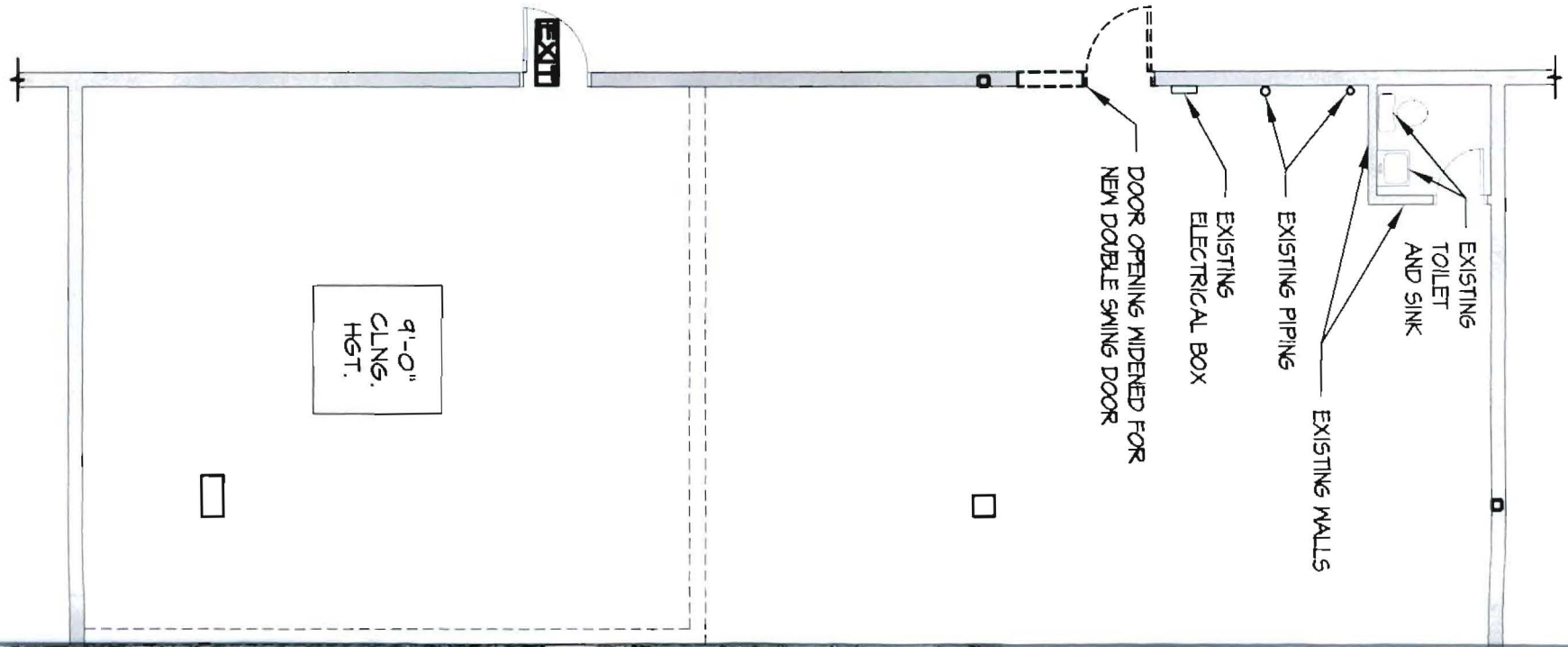
449 Forest Avenue - Interior Modifications
PORTLAND, ME

TITLE
REFLECTED CEILING PLAN

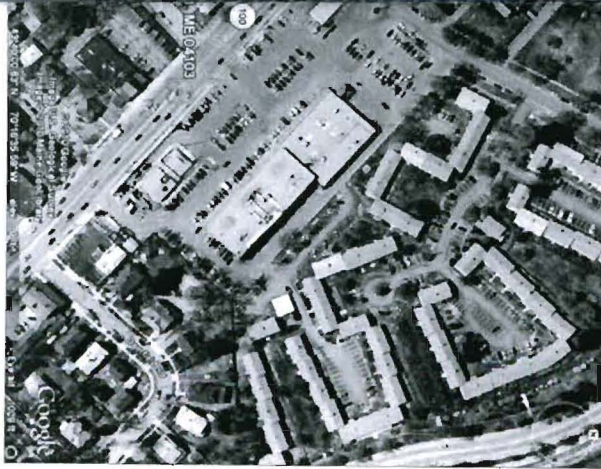
JOB # 10-040
DATE 4 JUNE 2010
SCALE 1/8"=1'-0"

SHEET
A.3

1 EXISTING PLAN
1/8"=1'-0"



PROXIMITY DIAGRAMS
NTS.



ARCHITECTURE
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PLANNING

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449 Forest Avenue - Interior Modifications
PORTLAND, ME

TITLE
EXISTING PLAN

JOB # 10-040
DATE 4 JUNE 2010
SCALE 1/8"=1'-0"

SHEET
A.1

SCALE 1/8"=1'-0"
DATE 4 JUNE 2010
JOB # 10-040

A.1
SHEET

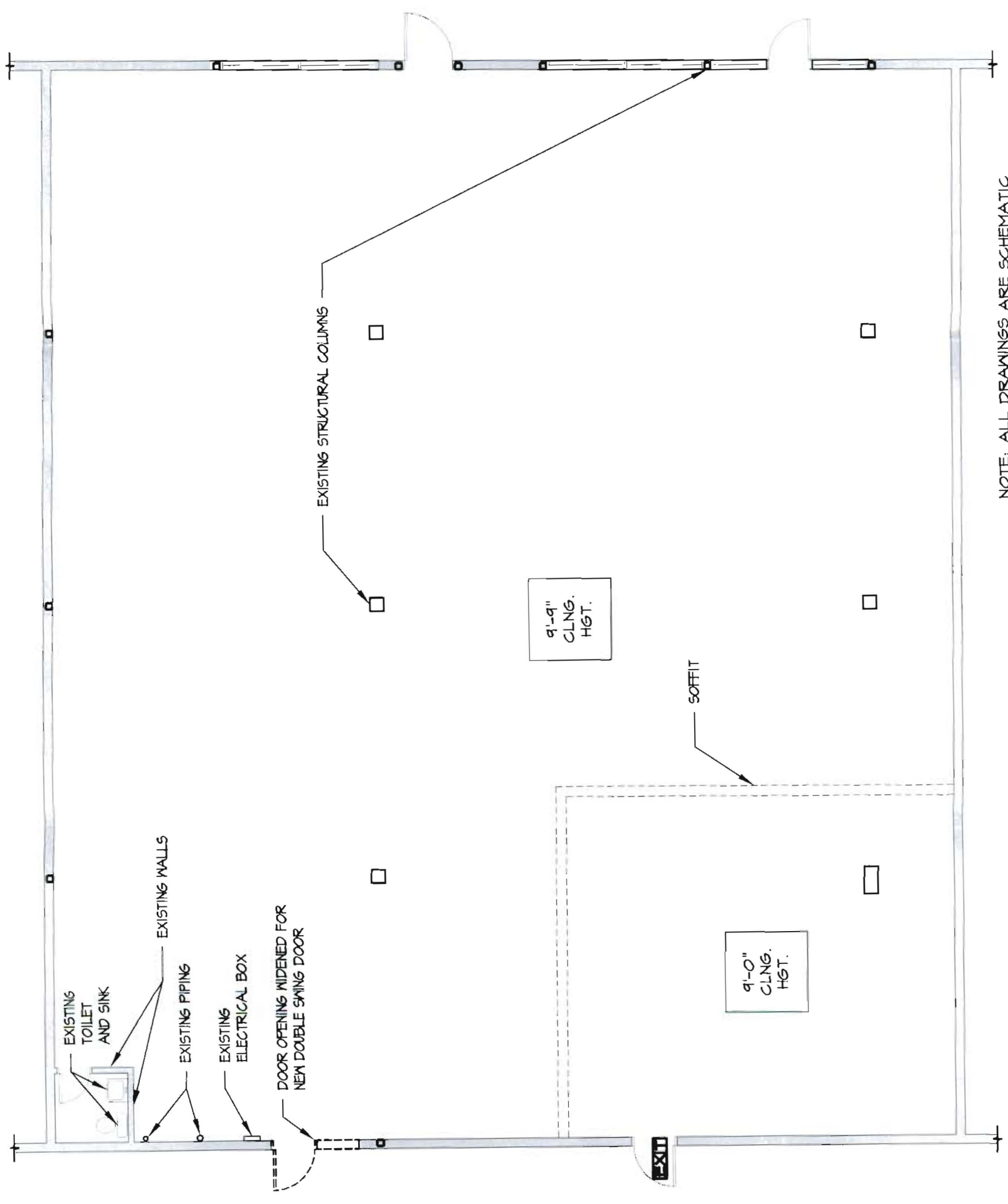
TITLE
EXISTING PLAN

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PORTLAND, ME

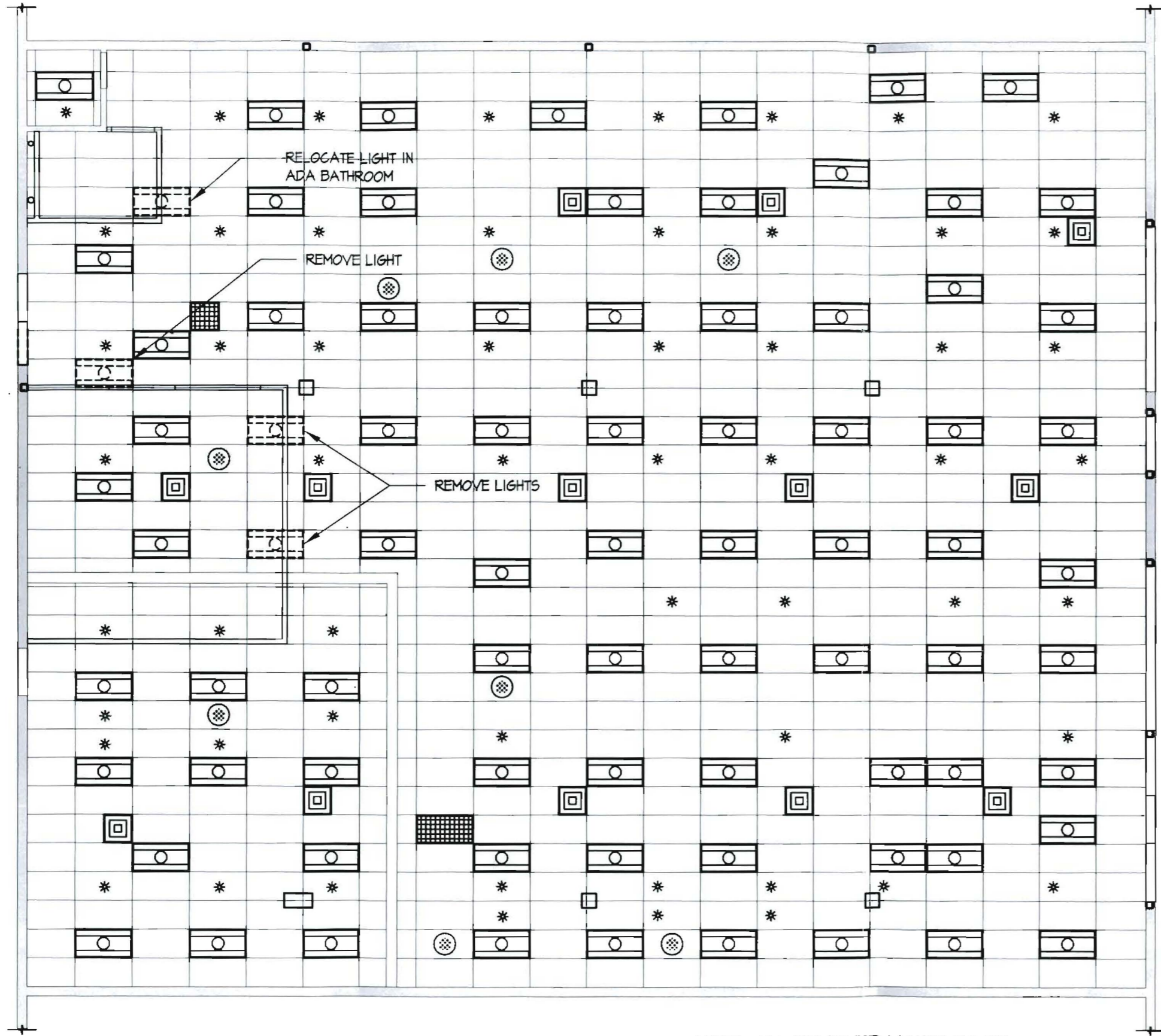
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PLANNING

2 PROXIMITY DIAGRAMS
NTS










NOTE: ALL DRAWINGS ARE SCHEMATIC
IN NATURE. COMPLY WITH ALL
APPLICABLE CODES.

1 EXISTING PLAN
1/8"=1'-0"



LIGHTING / FIXTURES LEGEND:

-  2' X 2' VENTILATION DUCT
-  2' X 4' FLOURESCENT
-  SPRINKLER HEAD
-  CEILING MOUNTED SPEAKER
-  2'X4' CEILING VENT
-  2'X2' CEILING VENT
-  STRUCTURAL COLUMN

NOTE: ALL REMOVED LIGHTS TO BE REPLACED W/ NEW CEILING TILE.

1 REFLECTED CEILING PLAN
1/8"=1'-0"

449 Forest Avenue - Interior Modifications
PORTLAND, ME

TITLE REFLECTED CEILING PLAN

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SHEET
A.3

JOB # 10-040
DATE 4 JUNE 2010
SCALE 1/8"=1'-0"