Location of Construction:	Owner: Rite Aid Corp.	Phor Box 708 Waterville, M		Permit No: 9 8 1 2 6 0
701 Forest Avenue Owner Address:	Lessee/Buyer's Name:		nessName:	
Same As Above	N/A		Rite Aid	PERMIT ISSUED
Contractor Name:	Address:	Phone:	<u> </u>	Permit Issued:
R.L.R. Enterprises, INC	1	P.O. Box 1906, N.Conway, N.H. 03860 603-356-9212		
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE:		NOV 4 1998
	•	\$ 30,000	\$ 170.00	
Retail Pharmacy	Same	FIRE DEPT. Approve		CITY OF PORTLAND
			Use Group: B Type:	
			BOCA 96,1 1	
		Signature:	Signature:	
Proposed Project Description:			TIES DISTRICT (P.A.D.)	Zoning Approval DAM
		Action: Approved		Special Zone or Reviews:
Reconst. 22'x24' drive-thru, canopy-Demo & cosmetic		Approved with Conditions:		Shoreland Ĉ ₽
reconst to original plan.		Denied		
Original Permit #971068				☐ Flood Zone \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Signature:	Date:	☐ Subdivision \
Permit Taken By: MG	Date Applied For: October 2	26. 1998		☐ Site Plan maj ☐minor ☐mm ☐
			Zoning Appeal	
 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. 				□ Variance
				☐ Miscellaneous
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-			☐ Conditional Use ☐ Interpretation	
tion may invalidate a building permit and stop all work				☐ Approved
non may invandate a bunding permit a	ilid stop all work			□ Denied
				Historic Preservation
				☑Not in District or Landmark
				□ Does Not Require Review
				☐ Requires Review
				Action:
	CERTIFICATION			□Appoved
I hereby certify that I am the owner of record			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 applica				
areas covered by such permit at any reason	able hour to enforce the provisions of the	code(s) applicable to such permit	-	Date:
		Ocotber 28, 1998		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	CEO DISTRICT
Wh	ite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-Public File	e Ivory Card-Inspector	KOME L