

PERMIT ISSUED

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 04-0812	Issue Date: JUL 05 2004	CBL: 143 A065001
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Location of Construction: 980 Forest Ave	Owner Name: Pickus Owen B	Owner Address: 2 Chabot St CITY OF PORTLAND	Phone: 857-9311
Business Name:	Contractor Name: Sheridan Corporation	Contractor Address: PO Box 359 Fairfield	Phone: 2074539311
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zoning: R-F

Past Use: <del>none</del> offices	Proposed Use: canopy	Permit Fee: \$52.50	Cost of Work: \$3,500.00	CEO District: 4
Proposed Project Description: Canopy to protect & secure exterior mounted electrical panels		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: 5B 7/2/04	

Signature: <i>[Signature]</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: jodinea	Date Applied For: 06/15/2004	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK per revised plans</i> Date: 7/1/04	<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: <i>[Signature]</i>
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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 \_\_\_\_\_

# All Purpose 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: 980 Forest Avenue, Portland, Maine		
Total Square Footage of Proposed Structure 75 square feet	Square Footage of Lot 31,000 square feet	
Tax Assessor's Chart, Block & Lot Chart#          Block#          Lot#	Owner: Dr. Owen Pickus d/b/a Maine Centers for H/Care	Telephone: Ext 225 (207) 857-9311
Lessee/Buyer's Name (If Applicable) Dr. Owen Pickus d/b/a Maine Centers for Health Care	Applicant name, address & telephone: (207) 453-9311 Dana C. Sturtevant c/o The Sheridan Corporation PO Box 359 - Fairfield ME 04937	Cost Of Work: \$ 3,500.00  Fee: \$
Current use: <u>Business</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>A canopy to protect and secure exterior mounted electrical panels</u> Project description:		
Contractor's name, address & telephone: The Sheridan Corporation 33 Sheridan Drive - Fairfield, ME 04937		
Who should we contact when the permit is ready: <u>Mr. Dana C. Sturtevant</u>		
Mailing address: The Sheridan Corporation P. O. Box 359 Fairfield, Maine 04937		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up.      PHONE: (207) 453-9311		

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

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Signature of applicant: <u>Dana C. Sturtevant</u>	Date: <u>6/19/04</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.  
If you are in a Historic District you may be subject to additional permitting and fees with the  
Planning Department on the 4<sup>th</sup> floor of City Hall**

# All Purpose Building Permit Application

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Total Square Footage of Proposed Structure 75 square feet	Square Footage of Lot 31,000 square feet	
Tax Assessor's Chart, Block & Lot Chart# <u>143</u> Block# <u>A</u> Lot# <u>65</u>	Owner: Dr. Owen Pickus d/b/a Maine Centers for H/Care	Telephone: Ext 225 (207) 857-9311
Lessee/Buyer's Name (If Applicable) Dr. Owen Pickus d/b/a Maine Centers for Health Care	Applicant name, address & telephone: (207) 453-9311 Dana C. Sturtevant c/o The Sheridan Corporation PO Box 359 - Fairfield ME 04937	Cost Of Work: \$ <u>3,500.00</u>  Fee: \$
Current use: <u>Business</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>A canopy to protect and secure exterior mounted electrical panels</u> Project description:		
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Signature of applicant: <u>Dana C. Sturtevant</u>	Date: <u>6/19/04</u>
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Planning Department on the 4<sup>th</sup> floor of City Hall**



**The Sheridan Corporation**

PO Box 359, Fairfield, ME 04937  
 Phone (207) 453-9311, Fax (207) 453-2820  
 PO Box 689, Westbrook, ME 04098  
 Phone (207) 774-6138, Fax (207) 774-2885  
 www.sheridancorp.com

**LETTER OF TRANSMITTAL**

TO City of Portland, Maine  
City Hall, Room 315  
389 Congress St. Portland, Me. 04101

DATE	6-9-04	JOB NO.	M-031051
ATTENTION	Mr. Michael Nugent, B. I.		
RE	Canopy Addition Building Permit Application Amendment to B. P. No. 04-0123? (can't read No.) Maine Centers for Health Care 980 Forest Avenue Portland, Maine 04101		

GENTLEMEN:

- WE ARE SENDING YOU  Attached  Under separate cover via Hand Carry the following items:  
 Shop drawings  Prints  Plans  Samples  Specifications  
 Copy of letter  Change order

COPIES	DATE	NO.	DESCRIPTION
2	6-9-04	N. A.	Building Permit Application
2	6-9-04	N. A.	Application for Site Plan Review Exemption
1	6-1-04	N. A.	Check in the amount of \$52.50
2	6-9-04	S-1	Site Plan showing location of canopy on building
2	6-1-04	CA-1	Canopy Addition Elevation
2	6-1-04	CA-2	Canopy Addition Roof Bracket
2	6-1-04	CA-3	Canopy Addition Bottom Bracket
2	6-1-04	CA-4	Canopy Area Photo

THESE ARE TRANSMITTED as checked below:

- For approval  Approved as submitted  Resubmit \_\_\_\_\_ copies for approval  
 For your use  Approved as noted  Submit \_\_\_\_\_ copies for distribution  
 As requested  Returned for corrections  Return \_\_\_\_\_ corrected prints  
 For review and comment  \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 20  PRINTS RETURNED AFTER LOAN TO US

REMARKS: We enclose our sketches of a small 2'-6" x 30' long canopy to cover the electrical panels, provide security for same and act as a drip edge on the rear of the existing building we are rebuilding for Maine Centers for Health Care. The canopy will be anchored to the building's foundation and new wall blocking for support.

The value of work is estimated to be \$3,500. We therefore enclose a check in the amount of \$52.50 (being \$30.00 plus \$22.50 to cover the cost of this permit.

Thank you for your time to review this application  
 Copy to : Connie Nadeau, MCHC; Gary Owen, TSC

SIGNED: *James C. Shea*

If enclosures are not as noted, kindly notify us at once.



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Thank you for your time to review this application  
 Copy to : Connie Nadeau, MCHC; Gary Owen, TSC

SIGNED: *Blaine C. Stur*

If enclosures are not as noted, kindly notify us at once.



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 PO Box 689, Westbrook, ME 04098  
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 www.sheridancorp.com

**LETTER OF TRANSMITTAL**

DATE	6-2804	JOB NO.	M-031051
ATTENTION	Mr. Michael Nugent, B. I.		
RE	Revision of Canopy Addition Building Permit Application Maine Centers for Health Care 980 Forest Avenue Portland, Maine 04101		

TO City of Portland, Maine  
City Hall, Room 315  
389 Congress St. Portland, Me. 04101

GENTLEMEN:

- WE ARE SENDING YOU  Attached  Under separate cover via Hand-Carry US Mail the following items:  
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 Copy of letter  Change order

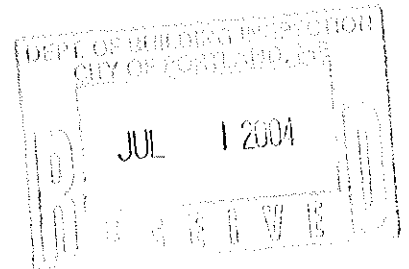
COPIES	DATE	NO.	DESCRIPTION
2	6-28-04	S-1	Revised Site Plan showing location of canopy on building
2	6-28-04	CA-1	Revised Canopy Addition Elevation
2	6-28-04	CA-2	Revised Canopy Addition Roof Bracket = 24" max. projection from building
2	6-28-04	CA-3	Revised Canopy Addition Bottom Bracket = Trim to fit column plumb line

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 For review and comment  \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 20 \_\_\_\_\_  PRINTS RETURNED AFTER LOAN TO US

REMARKS: We enclose our revised sketches of the 2'-0" x 30' long canopy to provide for the allowed 24" setback distance as understood per our telephonic conversation with Marge last week. Please review and approve as soon as possible.

Thank you for your time to review this application  
 Copy to : Connie Nadeau, MCHC; Gary Owen, TSC



SIGNED: *Alona C. Stubb*

If enclosures are not as noted, kindly notify us at once.

REAR CANOPY

980 FOREST AVE

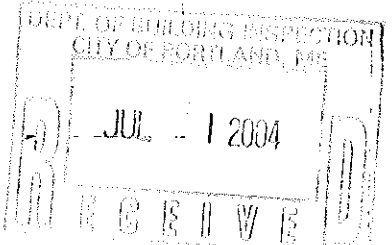
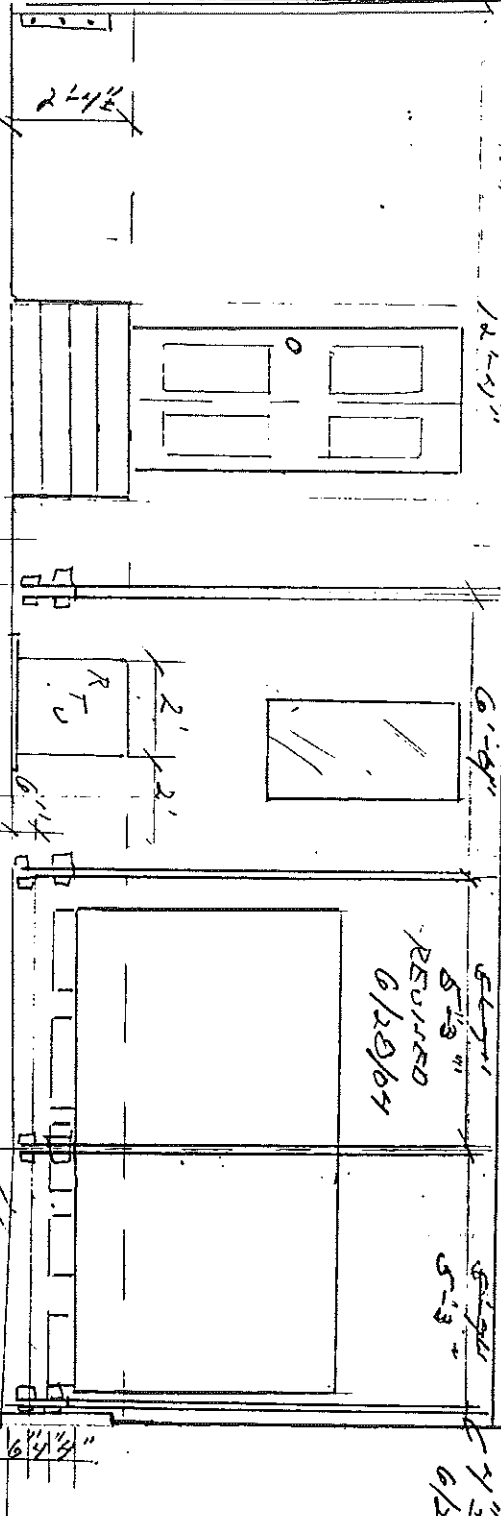
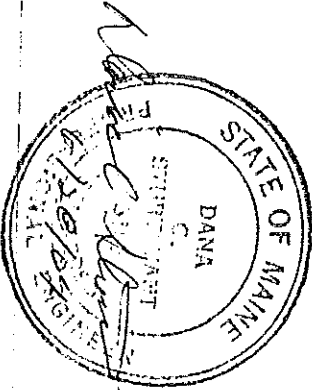
5/20/04

DC-1

REV. 6/28/04 KRL

22-141 50 SHEETS  
22-142 100 SHEETS  
22-144 200 SHEETS

REVISIONS



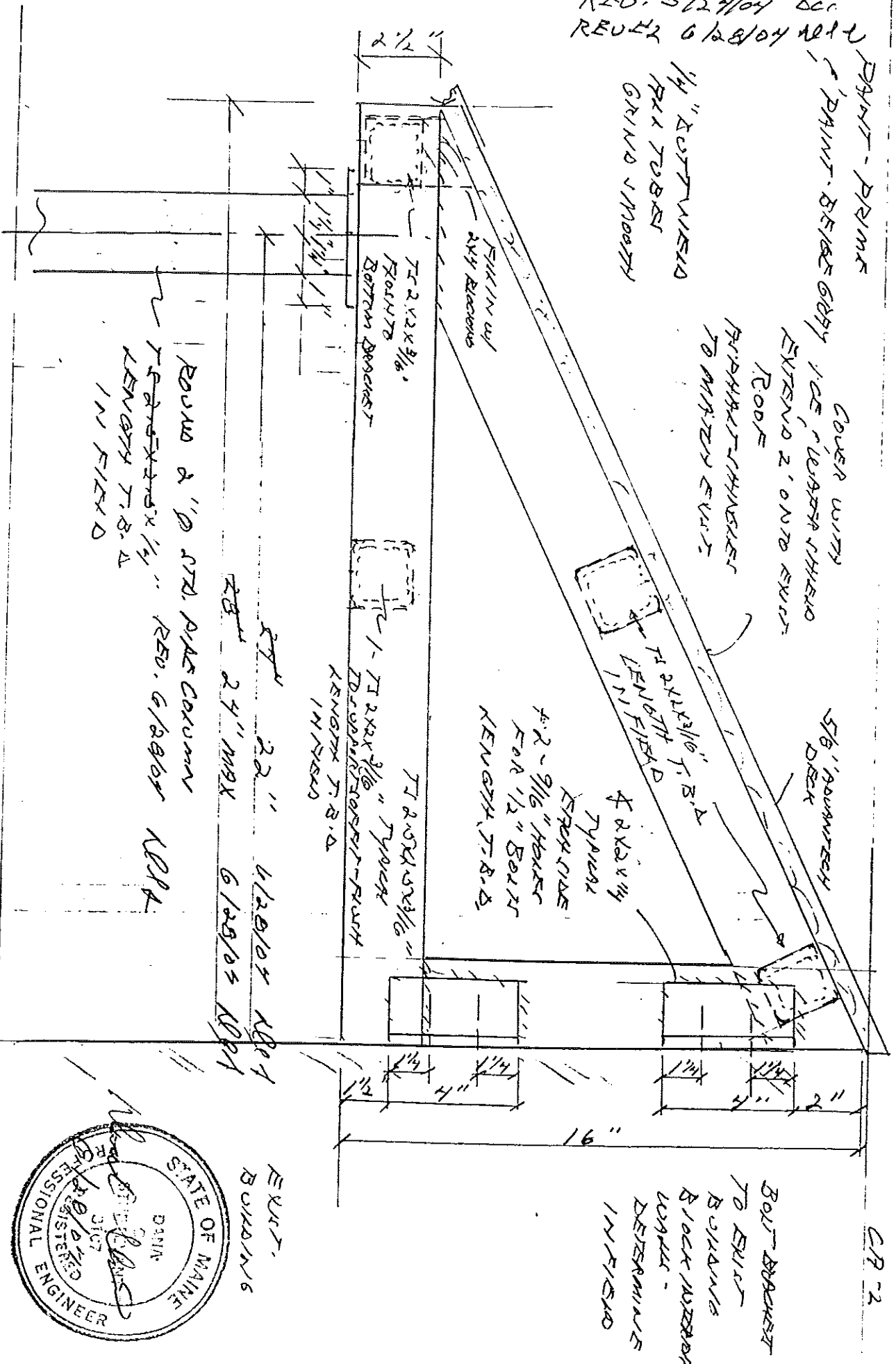
CR-1

REAR CANOPY

960 FOREST AVE

5/21/04 DCI

REV. 5/27/04 DCI  
REV. 6/28/04 ALU



22-141 50 SHEETS  
22-142 100 SHEETS  
22-144 200 SHEETS

IMPACT (REV)



EXIST. ROUNDING

CR-2



REAR CANOPY

980 FOREST AVE

5/21/04

CC1

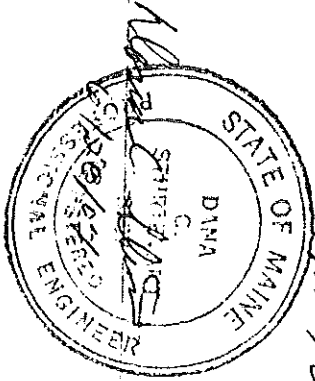
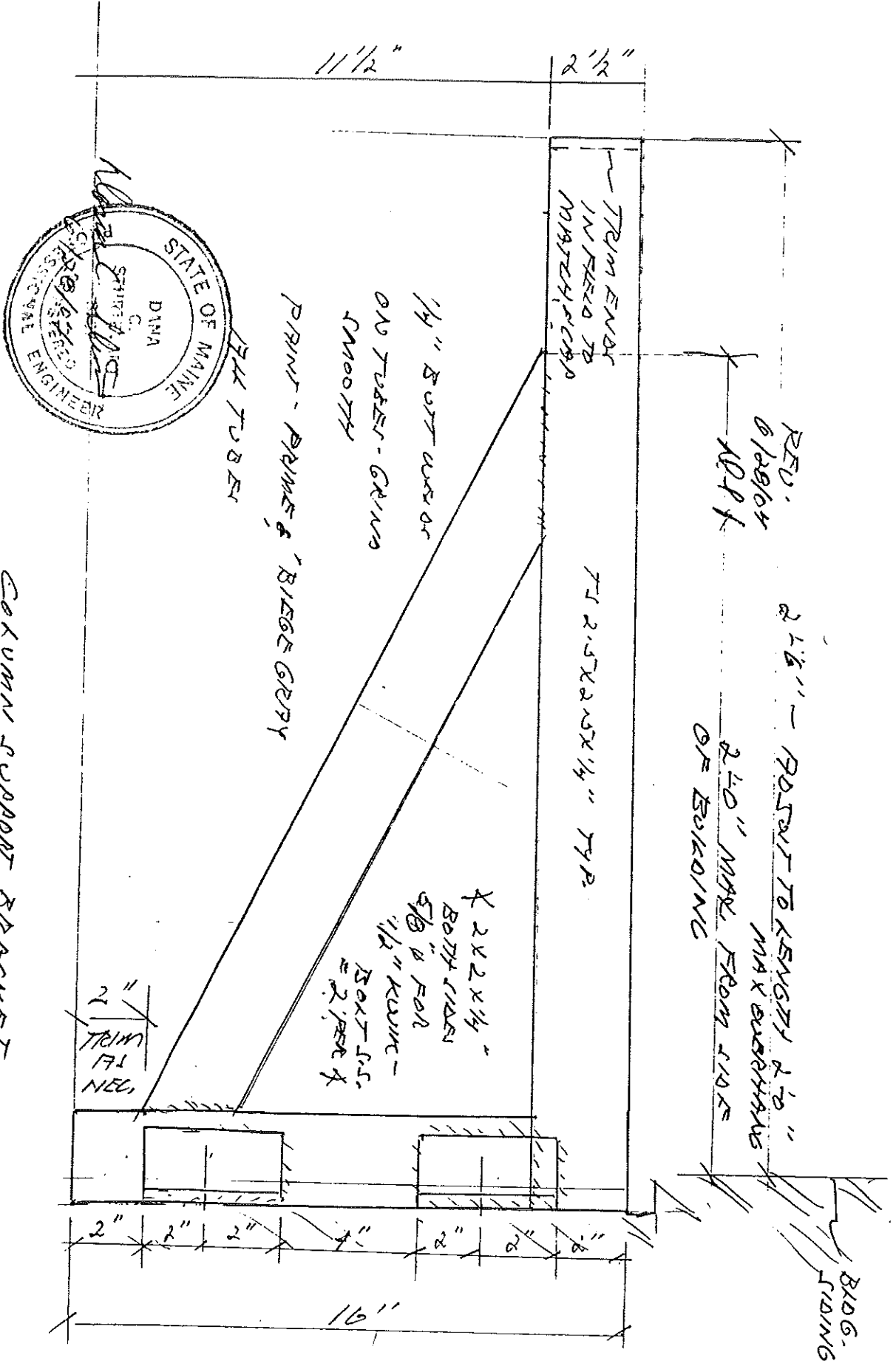
REV. 6/28/04 KDR

22-141 5th SHEETS  
22-142 10th SHEETS  
22-144 20th SHEETS

DESIGNED BY  
D. J. ...

COLUMN SUPPORT BRACKET

5 REQ'D (1 MAX DIST. BETWEEN)  
(SEE ENGINEERING)



CP-3

REAR CANOPY

980 FOREST AVE

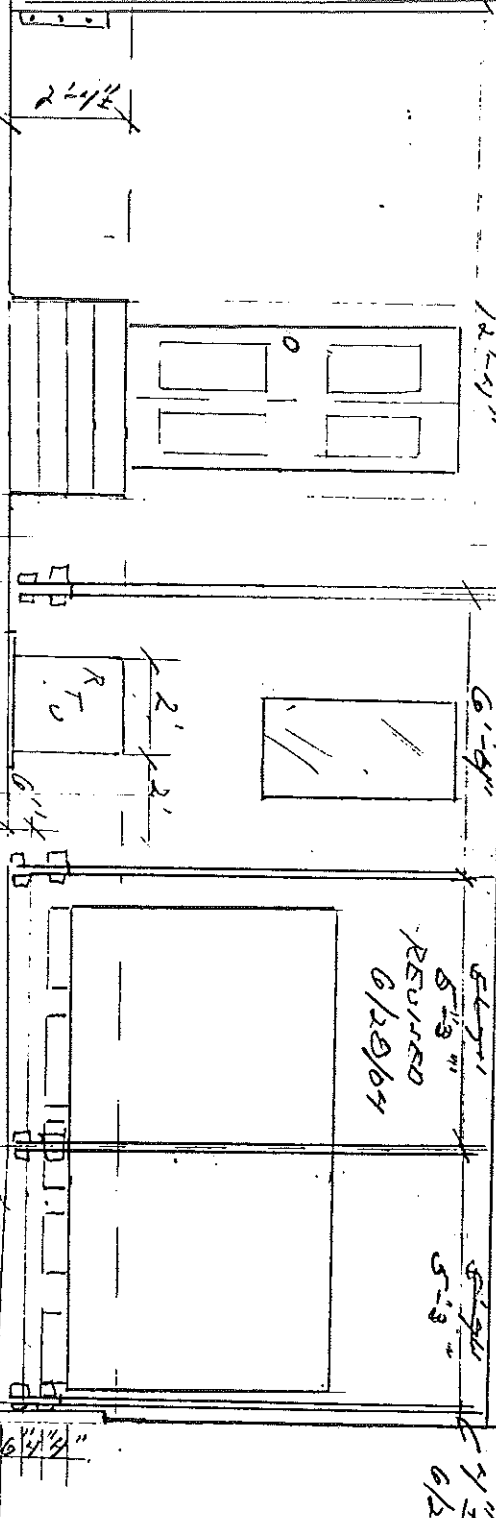
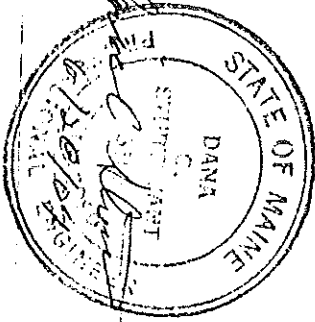
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DCI

REV. 6/28/04 KRL

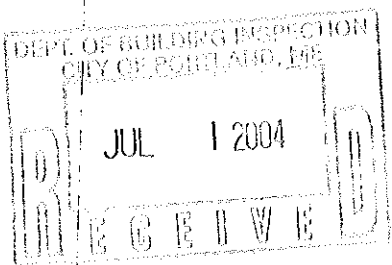
22-141 50 SHEETS  
22-142 100 SHEETS  
22-143 200 SHEETS

ARCHITECT



2' overhang  
with fence  
off

*[Signature]*  
7/1/04



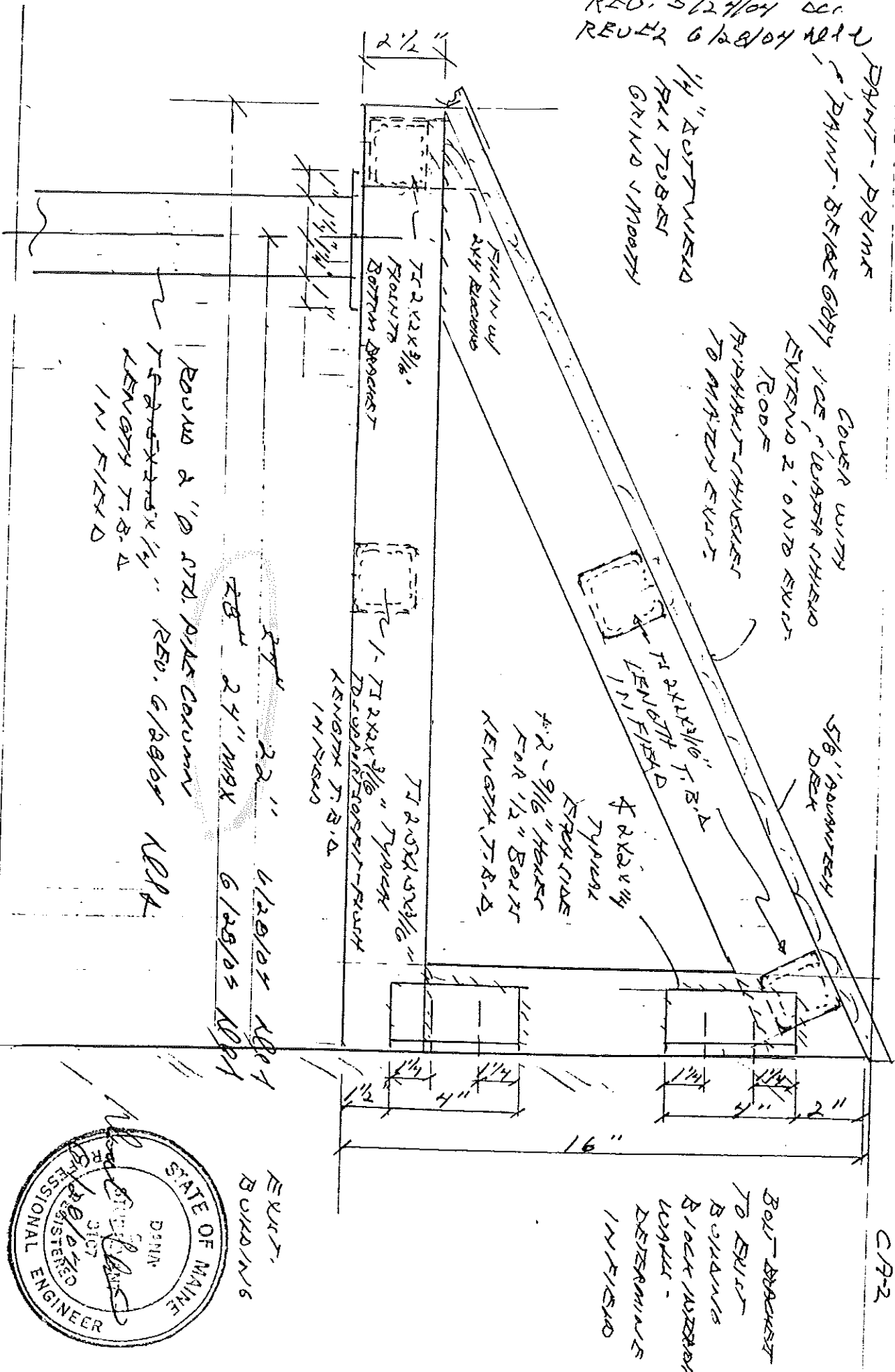
CR-1

REAR CANOPY

980 FOREST AVE

5/12/04 DCI

REV. 5/27/04 DCI  
REV. 6/28/04 KPL

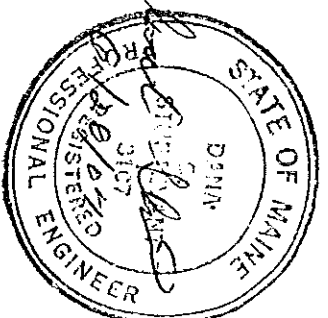


22-141 5th SHEETS  
22-142 10th SHEETS  
22-144 20th SHEETS

IMPACT

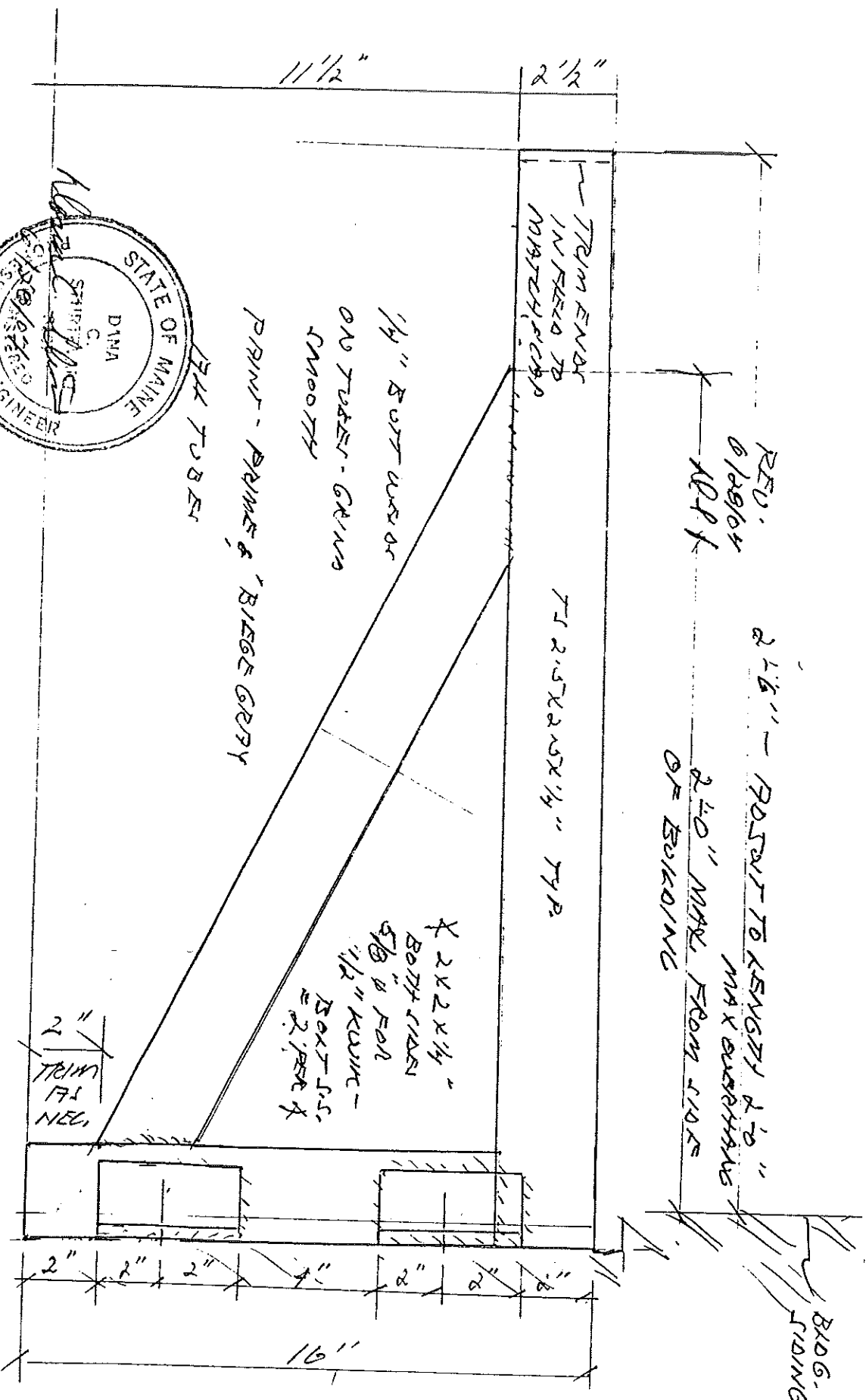
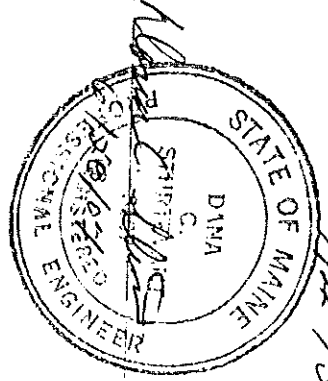
ROOF SUPPORT BRACKETS

5 REAR (1 HAS DIFF. ATTACHMENT)  
SEE ENGS.



EXACT BUILDING

C/P-2



22-141 50 SHEETS  
22-142 100 SHEETS  
22-144 200 SHEETS

DATE

COLUMN SUPPORT BRACKET

5 PLOD (1 HAS DISEX ATTACHMENT SEE ENGINEERING)



**BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 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.

*[Signature]*  
below.

**Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

**Footing/Building Location Inspection:** Prior to pouring concrete

**Re-Bar Schedule Inspection:** Prior to pouring concrete

**Foundation Inspection:** Prior to placing ANY backfill

**Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

**Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO 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.

**CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Signature of Applicant/Designee  
Signature of Inspections Official

Date: 4/16/04  
Date: 4/16/04

CBL: 143 A 065 Building Permit #: 040306

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation

PORTLAND

Street Subdivision Lot #

980 FOREST AVE

## PROPERTY OWNERS NAME

Mr. CELIA L. HEALD

Last:

First:

Applicant Name:

JOHN J. JARVIS JR.

Mailing Address of Owner/Applicant (If Different)

19 MUSSEY RD  
SCARBOROUGH, ME 04074

## 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.

*JOHN J. JARVIS JR.* 4/10/04

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.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

### This Application is for

1.  NEW PLUMBING
2.  RELOCATED PLUMBING

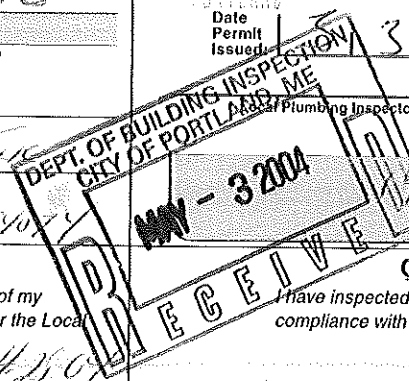
### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER - SPECIFY KITCHEN

### 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 # 02469

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b>		Urinal		Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
<b>OR</b>		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>			0	Fixtures (Subtotal) Column 2
			9	<b>Total Fixtures</b>
			6.00	Fixture Fee
			10.00	Surcharge Transfer Fee
				Hook-Up & Relocation Fee
			88.00	<b>Permit Fee (Total)</b>



2004-8153

PORTLAND Date Permit Issued: 3/04

3800 TOWN COPY \$ 1178.00 Double Fee Charged

L.P.I. # \_\_\_\_\_

APR 3 11 065

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: PORTLAND  
 Street Subdivision Lot #: 990 FOREST  
 PROPERTY OWNERS NAME: MARIE CARRER & HUSBAND  
 Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Applicant Name: William J. Jones, Inc.  
 Mailing Address of Owner/Applicant (If Different): 18 MUSSEY RD SCARBOROUGH, ME 04074

*Answer 2001-0150-0641*  
 PORTLAND Date Permit Issued: 4/22/04 \$ 1172.00  Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 01681  
113 A 60

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding and that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

## Caution: Inspection Required

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

Signature of Owner/Applicant: [Signature] Date: 3/30/04  
 DEPT. OF BLUE PLANET CITY OF PORTLAND  
 APR 22 2004

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 PERMITS

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 # 02469

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR HOOK-UP: to an existing subsurface wastewater disposal system. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			Hosebibb / Sillcock	1	Bathtub (and Shower)
		1	Floor Drain	1	Shower (Separate)
			Urinal		Sink
			Drinking Fountain	3	Wash Basin
			Indirect Waste	3	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	1	Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
			Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
				11	Fixtures (Subtotal) Column 2
					<b>Total Fixtures</b>
				6-	Fixture Fee
				10-	Transfer Fee
					Hook-Up & Relocation Fee
				82-	<b>Permit Fee (Total)</b>

TRANSFER FEE \$[6.00]

*OK # 15726*

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

*172 x 10 / 82*



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

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION PERMIT

PERMIT ISSUED  
Permit Number: 040812  
JUL 02 2004  
CITY OF PORTLAND

This is to certify that Pickus Owen B/Sheridan Corporation  
has permission to Canopy to protect & secure exterior mounted electrical panels  
AT 980 Forest Ave City of Portland 143 A065001

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 altered or closed-in.  
**48 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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

[Signature]  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

Maine Centers for Healthcare c/o Dr. Owen Pickous  
Applicant

June 8, 2004

2 Chabot Street, Westbrook, Maine  
Applicant's Mailing Address

Application Date

Canopy Addition

Project Name/Description

The Sheridan Corporation (207) 453-9311  
Consultant/Agent/Phone Number

980 Forest Avenue, Portland, ME  
Address of Proposed Site

CBL: 143-A-065

## Description of Proposed Development:

To construct an "eyebrow" canopy and enclosure of electrical panels and meter for security & weather resistance.

## Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:

See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/Comply with ADA
- e) No Additional Parking/ No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only
YES	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>
N/A	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>

Planning Division Use Only

Exemption Granted  Partial Exemption \_\_\_\_\_ Exemption Denied \_\_\_\_\_



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	Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only
	YES	
	YES	
	YES	
	N/A	
	YES	
	YES	
	YES	
	YES	
	YES	

Planning Division Use Only

Exemption Granted \_\_\_\_\_ Partial Exemption \_\_\_\_\_ Exemption Denied \_\_\_\_\_

Planner's Signature \_\_\_\_\_

Date \_\_\_\_\_

White - Planning Office

Pink - Inspections

Yellow - Applicant