

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

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

PERMIT

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 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 work on permit in progress before this building or part thereof is closed or enclosed-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 _____
DepartmentName

[Signature] 7/2/04
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 ISSUED

Permit No: 04-0812	Issue Date: JUL 09 2004	CBL: 143 A065001
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Location of Construction: 980 Forest Ave	Owner Name: Pickus Owen B	Owner Address: 2 Chabot St	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	Zone: R-F

Past Use: none office	Proposed Use: canopy	Permit Fee: \$52.50	Cost of Work: \$3,500.00	CEO District: 4
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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: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: jodinea	Date Applied For: 06/15/2004	Zoning Approval
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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: <i>5/11/04</i>	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 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 late: <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: \$ <u>3,500.00</u> Fee: \$
<div style="text-align: center;"> <hr style="width: 50%; margin: 0 auto;"/> <hr style="width: 50%; margin: 0 auto;"/> <hr style="width: 50%; margin: 0 auto;"/> <hr style="width: 50%; margin: 0 auto;"/> </div>		
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:	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 4th floor of City Hall**

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# <u>141</u> Block# <u>4</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: \$
<p>_____</p> <p>_____</p> <p>_____</p> <p>use _____</p>		
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		

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Signature of applicant: <u>Dana C. Sturtevant</u>	Date: <u>6/9/04</u>
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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

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		

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

GEN LEMEN:

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

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 _____
 FORBIDSDUE _____ 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:



The Sheridan Corporation

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LETTER OF TRANSMITTAL

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ATTENTION	Mr. Michael Nugent, B. I.		
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2	6-1-04	CA-3	Canopy Addition Bottom Bracket
2	6-1-04	CA-3	Canopy Area Photo

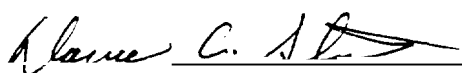
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 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FORBIDS DUE _____ 20 PRINTS RETURNED AFTER LOAN TO US

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: 

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



The Sheridan Corporation

PO Box 359, Fairfield, ME 04937
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 PO Box 689, Westbrook, ME 04098
 Phone (207)774-6138, Fax (207)774-2885
 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:
 Shop drawings Prints Plans Samples Specifications

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" mas. projection from building
2	6-28-04	CA-3	Revised Canopy Addition Bottom Bracket = Trim to fit column plumb line

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 _____
- FORBIDSDUE _____ 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

JE 1204

SIGNED: *Alison C. Smith*

REAR CANOPY

930 FOREST AVE

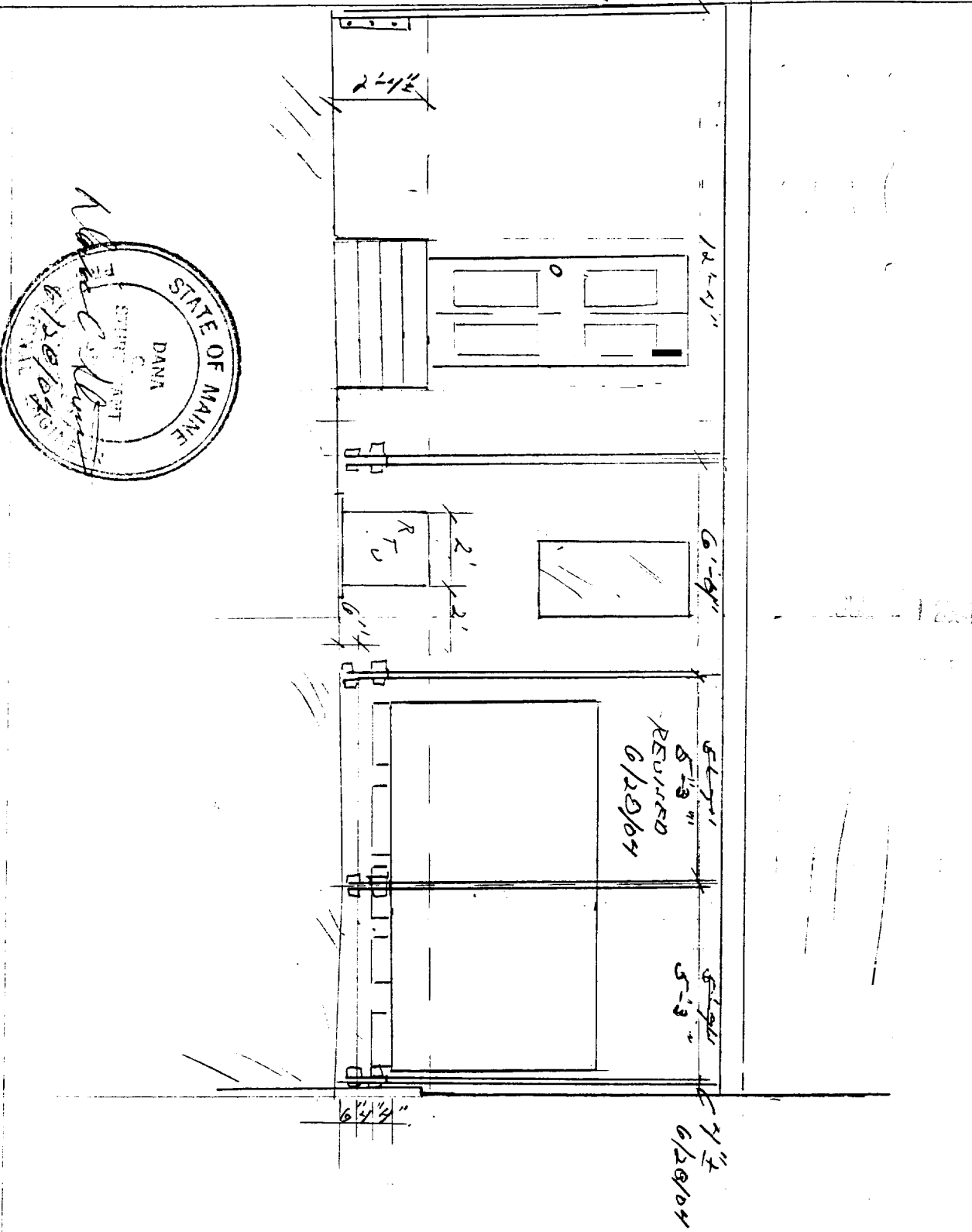
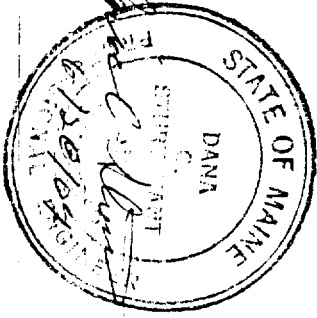
5/20/04

DC

REV. 6/28/04 KRL

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

WHPM



CR-1

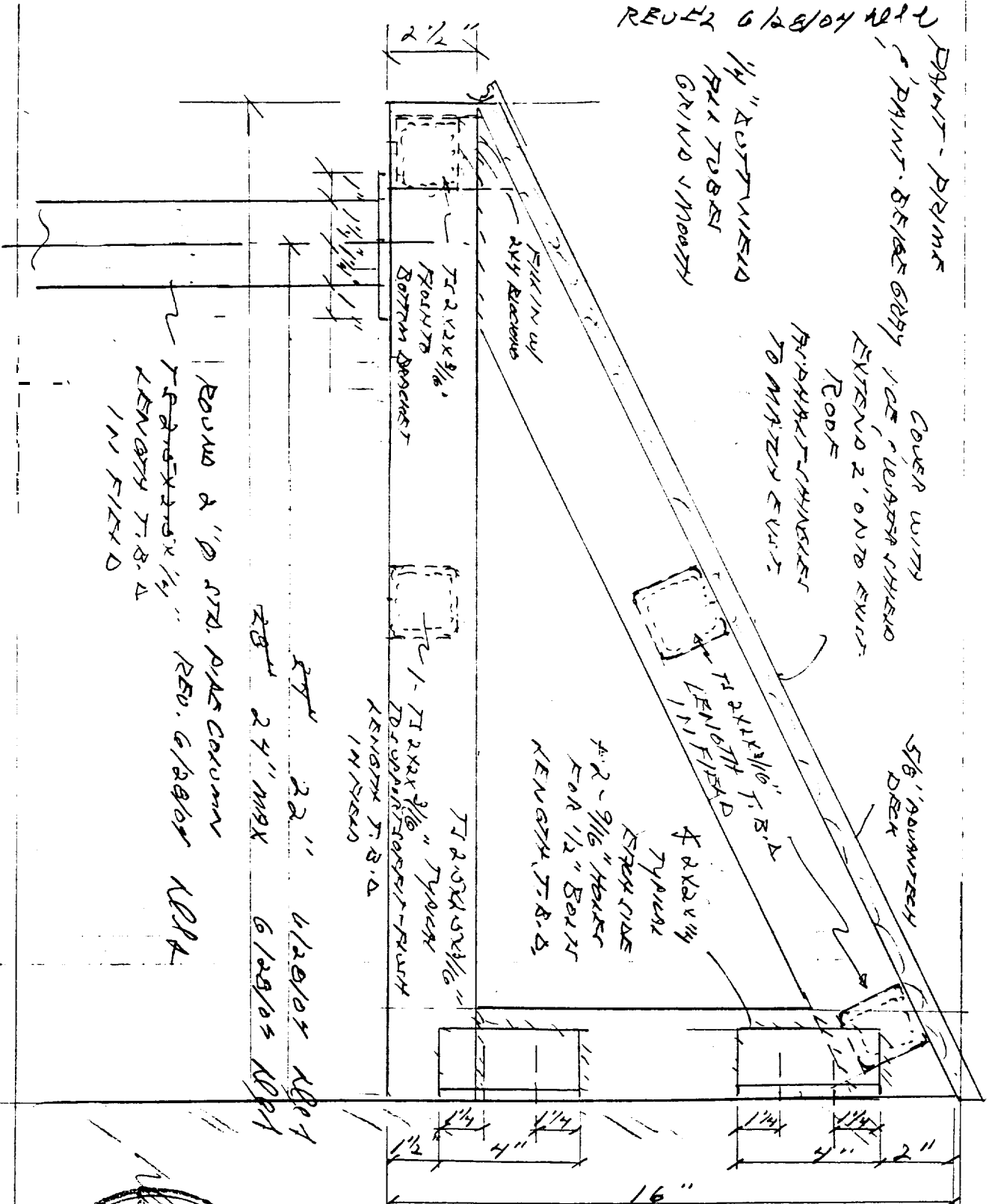
REAR CANOPY

980 FOREST AVE

5/21/04

DC-1

REV. 5/24/04 DC-1
REV. 6/28/04 KRP



PAINT - PRIME
PAINT - BLEND GRAY
COVER WITH
EXTEND 2' ONTO EXIST.
ROOF
PAINT CHANNELS
TO MATCH EXIST.

5/8" ROUNDOVER
DIEK
2x2x3/16" TRUSS
2-9/16" HIGHER
FOR 1/2" BOLTS
LENGTH T.B.D.

ROUNDO 2" DIA. DIA. COLUMN
LENGTH T.B.D.
IN FIELD

ROOF SUPPORT BRACKET

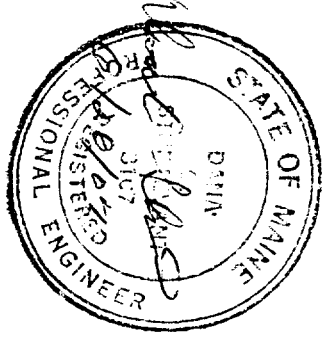
5 REOS (1 HAS DIEK & ATTACHMENT)
SEE ENDS.

BOLT BRACKET
TO EXIST
BOLTS
BLOCK WEDGES
W/ WEDGES
DETERMINE
IN FIELD

CR-2

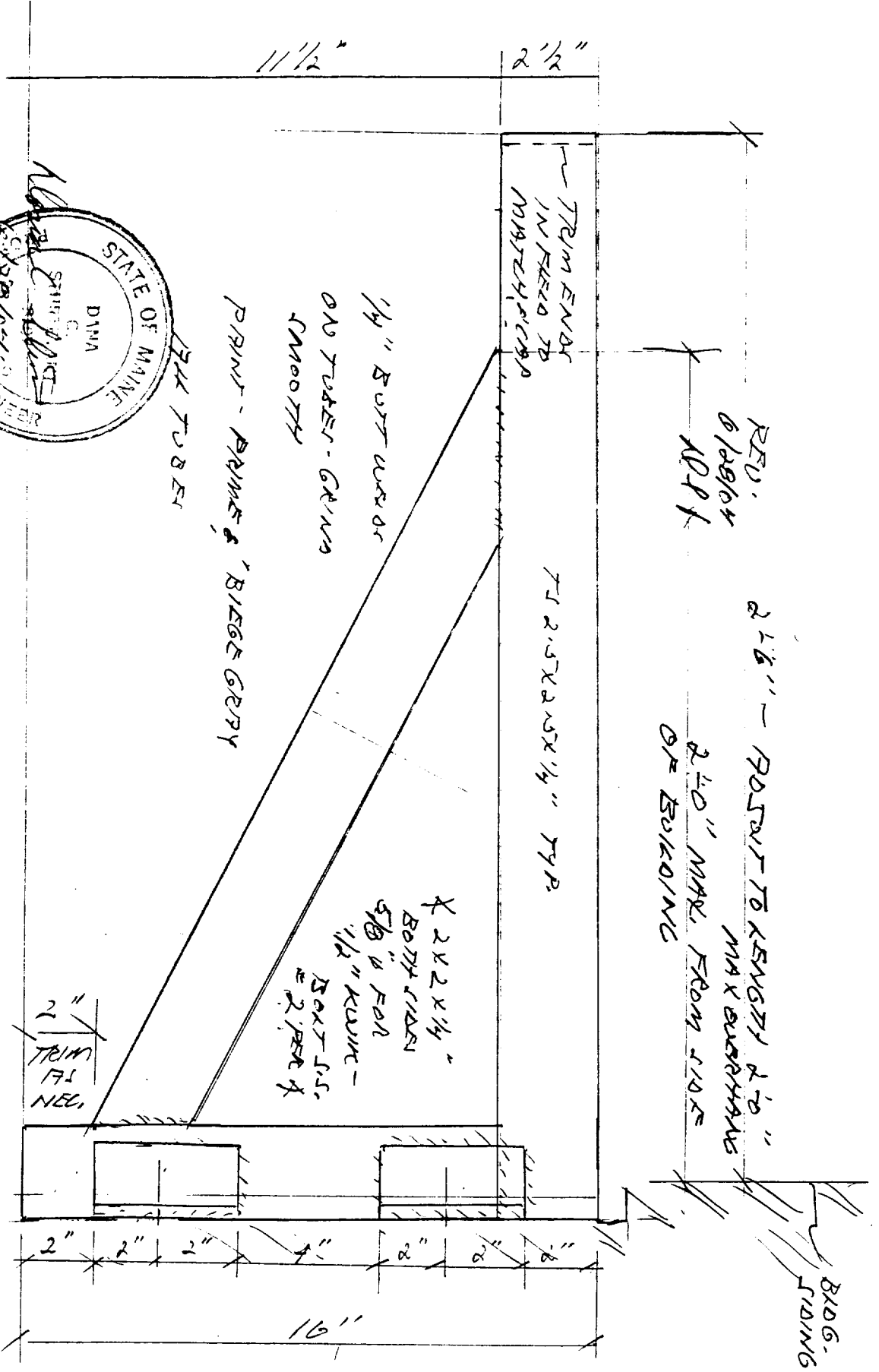
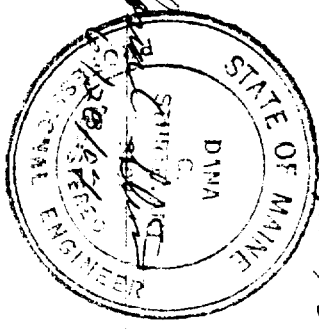
22-141 50 SHEETS
22-142 100 SHEETS
22-144 200 SHEETS

COMPAN



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

DATE: 5/21/04



COLUMN SUPPORT BRACKET

5 REQ'D (1 HAS DIFF. FITTINGS)
SEE ENGINEERING

REAR CANOPY

980 FOREST AVE

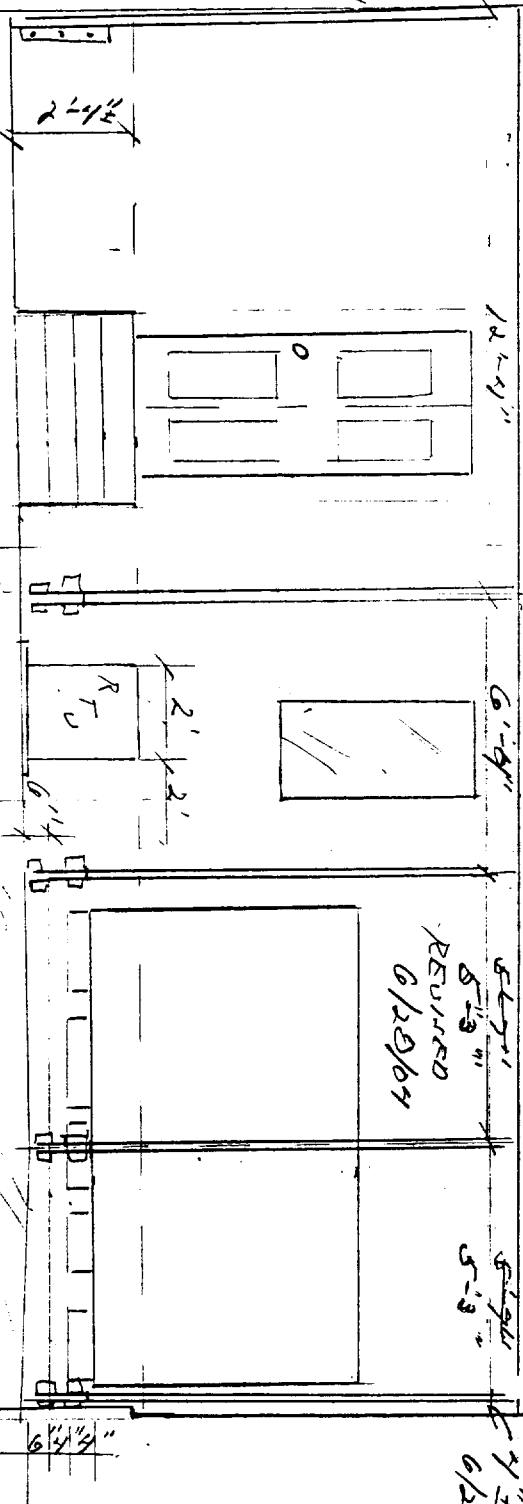
5/20/04

DC1

REV. 6/29/04 RLL

22-141 50 SHEETS

22-142 100 SHEETS



2' overhang
with fence
ok

[Signature]
7/1/04

JL 12.1

CR1

REAR CANOPY

980 FOREST AVE

5/21/04 DCI

REV. 5/21/04 DCI
REV. 6/28/04 APH

PAINT - PRIMER
PAINT - BEHREND GIBBY
1/4" DUST WHEEL
FOR TUBES
GRIND PROPERTY

COVER WITH
1/2" WEATHER SHEET
EXTEND 2' ONTO EXIST
ROOF
REINFORCEMENT
TO MATCH EXIST

5/8" ROUNDED
DECK

4x2 - 9/16" HOLE
FOR 1/2" BOLTS
LENGTH T.B.D.

4x2x1/4"
TYPICAL
EXPOSED

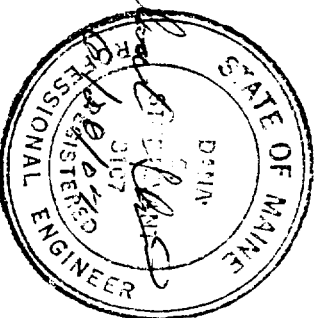
TJ 2x5x5/16"
TYPICAL
TO SUPPORT ROOF - RUSH
LENGTH T.B.D.
IN FIELD

2x4 24" MAX 6/28/03 APH

ROUND 2" DIA. PINE COLUMN
TYPICAL 1/4"
LENGTH T.B.D.
IN FIELD

ROOF SUPPORT BRACKET

5 REOS (1 HAS DIFF. ATTACHMENT)
SEE ENG.



EXIST.
BUILDING

BOLT BRACKET
TO EXIST
BOLTS
BLOCK ANDERSON
USPALL -
DETERMINATE
IN FIELD

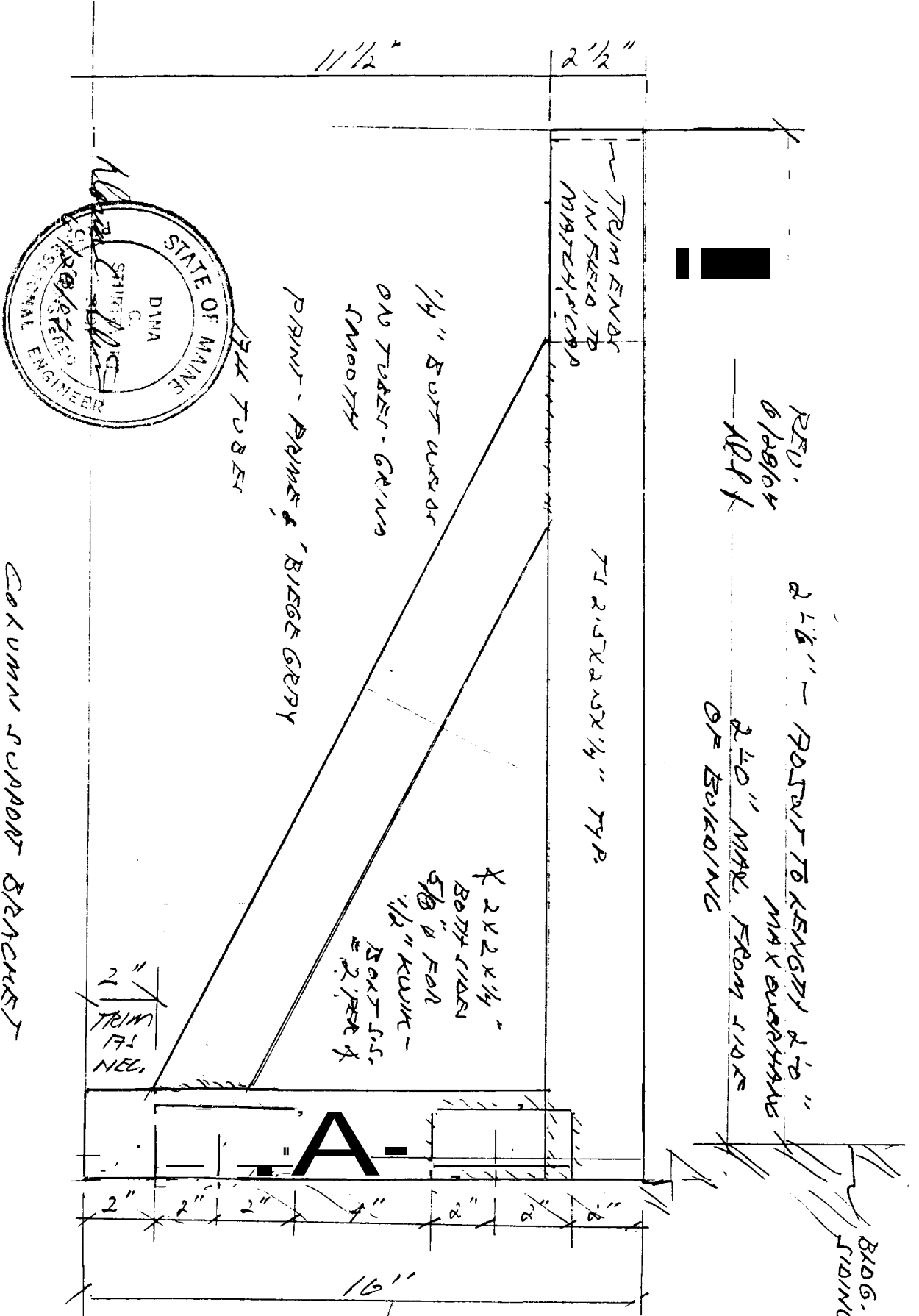
C19-2

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

REVISION

22-141 5 SHEETS
22-142 10 SHEETS
22-143 20 SHEETS

DRAWN BY
RDP



COLUMN SUPPORT BRACKET

5 REAR (1 HAS BIRGE & PRIME GRAY)
SEE ENGINEERING