City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1300 Forest Ave	Owner: Forest-Bell	Phone:	Permit No: 941160
Owner Address:	Lessee/Buyer's Name: Furniture Express 332 Stevens Ave	Phone:	BusinessName: Portland ME 04103 797-4348
Contractor Name:	Address:	Phone:	Permit Issued: PERMIT ISSUED OCT 21 1994 CITY OF PORTLAND
Past Use: Retail/Dry Cleaning (Old Pratt Abbott)	Proposed Use: Retail (Furniture Express)	COST OF WORK: $	PERMIT FEE: $ 25.00
Proposed Project Description: Change Use		FIRE DEPT. ☑ Approved ☐ Denied Signature:	INSPECTION: Use Group: M Type: 3B 80CA97 Signature:
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	Zoning Approval: Special Zone or Reviews: ☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan maj ☐ min ☐ mm ☐ B-2
Permit Taken By: Mary Gresik	Date Applied For: 19 Oct 94		Zoning Appeal: ☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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.

Lynn Robinson
30 Haggy Meadow
Gorham
04038

PERMIT ISSUED WITH LETTER

Historic Preservation: ☑ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review

Action: ☐ Approved ☐ Approved with Conditions ☐ Denied Date: 10/20/94

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 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 provisions of the code(s) applicable to such permit.

19 Oct 94

SIGNATURE OF APPLICANT: James Furrough ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT 6

M.M. Rowe

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PORTLAND 5172 TOWN COPY

Date Permit Issued: 8/25/94 $ 16 FEE ☐ # Double Fees Charged

Local Plumbing Inspector Signature LPI # 0124

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: [illegible]

PROPERTY OWNERS NAME

Last: [illegible] First: [illegible]

Applicant Name: [illegible]

Mailing Address of Owner/Applicant (If Different): [illegible]

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 Inspector to deny a Permit.

Signature of Owner/Applicant [signature] Date 8/25/94

Caution: Inspection Required

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

Cathy Brune 11-28-94
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 Commercial

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 # [illegible]

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

- ☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

- ☐ HOOK-UP: to an existing subsurface wastewater disposal system.
- ☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Number of Hook-Ups & Relocations:

Hook-Up & Relocation Fee: $

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	Hosebibb / Silcock		Bathtub (and Shower)
	Floor Drain	1	Shower (Separate)
	Urinal		Sink
	Drinking Fountain	1	Wash Basin
	Indirect Waste	1	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.		Clothes Washer
	Grease/Oil Separator		Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other:	1	Water Heater
	Fixtures (Subtotal) Column 2	4.3	Fixtures (Subtotal) Column 1
		0	Fixtures (Subtotal) Column 2
		4.3	Total Fixtures
		$	Fixture Fee
		$	Hook-Up & Relocation Fee
		$16.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
HHE-211 Rev. 9/86

TOWN COPY

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 21 Oct 94, 19__

Receipt and Permit number 16564

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 1053 Forest Ave

OWNER'S NAME: Furniture Express ADDRESS: _____

	FEES
OUTLETS:	
Receptacles 10 Switches _____ Plugmold _____ ft. TOTAL _____	2.00
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL 12	2.40
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery 3 & 3 exit lights	3.00
Emergency Generators _____	3.00
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	15.00

INSPECTION:

Will be ready on Ready, 19__; or Will Call _____

CONTRACTOR'S NAME: Jalbert Elec

ADDRESS: P.O. Box 1281

TEL.: 782-1894

MASTER LICENSE NO.: 16564

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

Louann Farley for
Jalbert Electric, Inc

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 6564

ocation 1053 Forest

Owner Furniture Express

Date of Permit 10-21-94

Final Inspection [signature] 1-24-95

By Inspector

Permit Application Register Page No. computer

INSPECTIONS: Service ____________ by ____________

Service called in ____________

Closing-in ____________ by ____________

PROGRESS INSPECTIONS: 10-21-94 / ______ / ______

DATE:	REMARKS:
1-24-95	Final Room Room / ok

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1053 Forest Ave	Owner: Peter Fontaine	Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: Printmail of Maine P.O. Box 871	Address: Ptld, ME 04104 772-4000	Phone:	Permit Issued:
Past Use: Retail	Proposed Use: Same	COST OF WORK: $	PERMIT FEE: $ 20.00
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Erect Sign as per plans 100 sq ft		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	Zone: B-2 CBL: 146-E-9 Zoning Approval: Special Zone or Reviews: ☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan maj ☐ min ☐ mm ☐
Permit Taken By: Mary Gresik	Date Applied For: 20 Dec 94		Zoning Appeal ☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

Permit Never Issued
Put to file 24 APR 95

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 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 provisions of the code(s) applicable to such permit

Kyle Noyes — 20 Dec 94 — 772 4000 / 761-0460

SIGNATURE OF APPLICANT — ADDRESS: — DATE: — PHONE:

PRINTMAIL OF MAINE — PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Historic Preservation
☑ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:
☐ Appoved
☐ Approved with Conditions
☐ Denied

Date: 12/21/94

CEO DISTRICT

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector


FURNITURE
BRAND NAMES FOR LESS
GRAND OPENING
SALE
DECEMBER 14-24

NOV 02 '94 16:54 P.02

H.H.N. Lynn

OWNERS CONSENT AND AGREEMENT

I, Peter Fontaine (print property owners name) being the owner of the premises located at 1053 Forest Ave (print property address) in Portland, Maine, hereby give consent to the erection of a certain sign/awning/banner owned by Lynne Rollins (print lessee's name) over the sidewalk or on building from said premises as described in application to the Division of Inspection Services.

And in consideration of the issuance of said permit, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign.

Signature of Property Owner

11-16-94
Date

Signature of Lessee

11.16.94
Date

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY) 11/14/94

PRODUCER

Bradish-Young Insurance
P O BOX 3899
Portland, ME 04104

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Furniture Express, Inc.
848 Stevens Avenue
Portland, ME 04103

COMPANIES AFFORDING COVERAGE

COMPANY A: Acadia Ins Co.

COMPANY B: Maine Employers Mutual Ins Co

COMPANY C:

COMPANY D:

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONT PROT	CAA000362611	10/17/94	10/17/95	GENERAL AGGREGATE	$ 2,000,000
					PRODUCTS-COMP/OP AGG	$ 1,000,000
					PERSONAL & ADV INJURY	$ 1,000,000
					EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED EXP (Any one person)	$ 1,000
A	AUTOMOBILE LIABILITY X ANY AUTO	BOA000368011	10/17/94	10/17/95	COMBINED SINGLE LIMIT	500,000
	ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				BODILY INJ (Per person)	
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
A	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	CUA000373211	10/17/94	10/17/95	EACH OCCURRENCE	$ 1,000,000
					AGGREGATE	$ 1,000,000
						$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL EXCL	1810015430	11/19/94	11/19/95	STATUTORY LIMITS	
					EACH ACCIDENT	$ 100,000
					DISEASE - POLICY LIMIT	$ 500,000
					DISEASE - EACH EMPLOYEE	$ 100,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The above General Liability provides coverage for the Named Insureds signs.

CERTIFICATE HOLDER

City of Portland
Building Inspections
389 Congress Street
Portland, ME 04101
Attention: Mary

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Sandra L. Wing

ACORD 25-S (9/93)

© ACORD CORPORATION 1993

ACORD CERTIFICATE OF INSURANCE

DATE (MM/D
11/14/94

Bradish-Young Insurance
P O BOX 5899
Portland, ME 04104

INSURED

Furniture Express, Inc.
848 Stevens Avenue
Portland, ME 04103

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A: Acadia Ins Co.
COMPANY B: Maine Employers Mutual Ins Co
COMPANY C:
COMPANY D:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE [X] OCCUR OWNER'S & CONT PROT	CAA000362611	10/17/94	10/17/95	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$ 2,000,000 $ 1,000,000 $ 1,000,000 $ 1,000,000 $ 50,000 $ ~~1,000~~
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	BOA000368011	10/17/94	10/17/95	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ 500,000 $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	$ $ $
A	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	CUA000273211	10/17/94	10/17/95	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ ~~1,000,000~~ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL	1810015430	11/19/94	11/19/95	STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	 $ 100,000 $ 500,000 $ ~~100,000~~
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The above General Liability provides coverage for the Named Insureds signs.

CERTIFICATE HOLDER

ity of Portland
ilding Inspections
9 Congress Street
tland, ME 04101
ntion: Mary

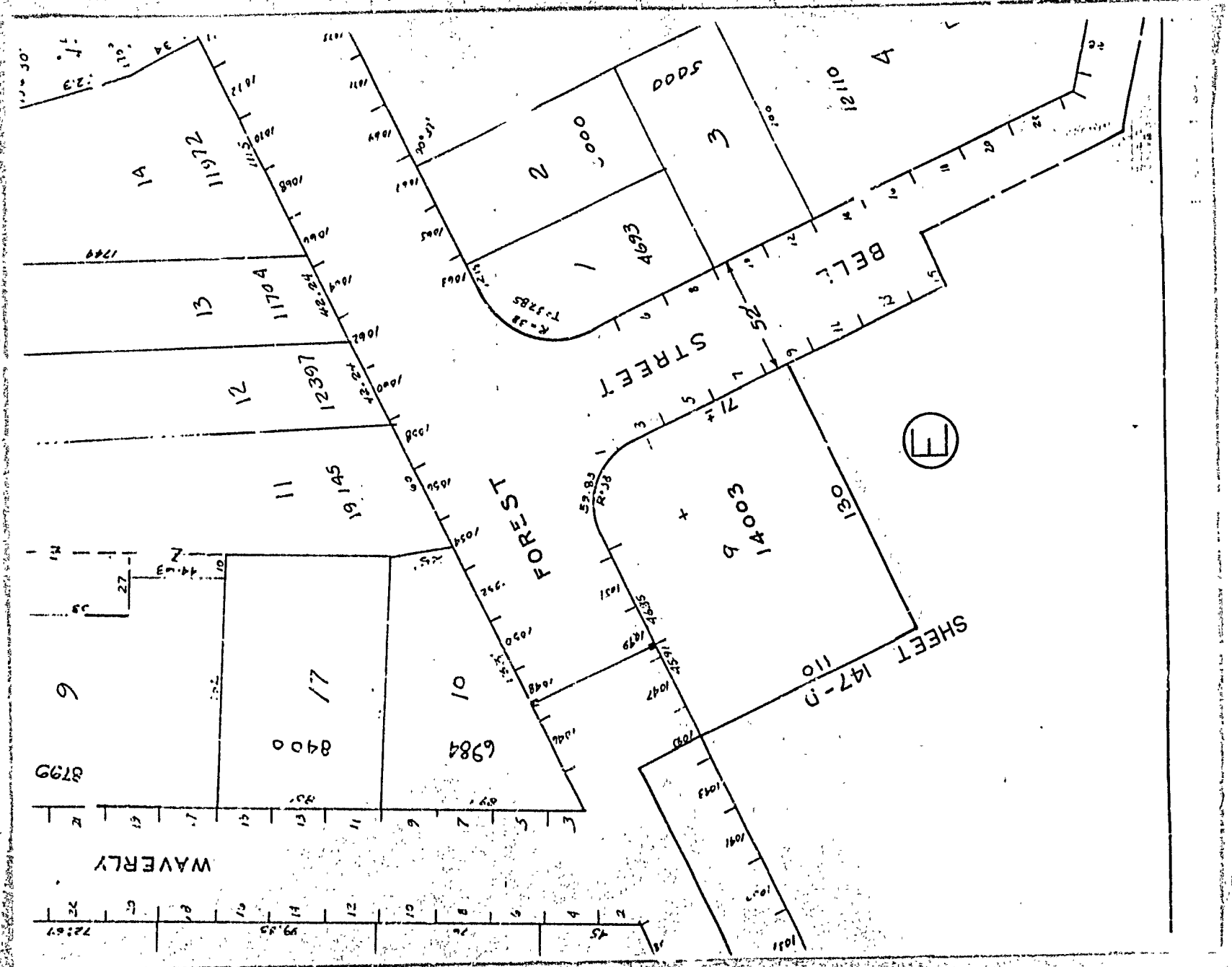
CANCELLATION

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AUTHORIZED REPRESENTATIVE
Sandra L. Wing

ACORD 25-S (3/93)

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FOREST
STREET
WAVERLY
BELL
SHEET 147-N
11
19145
12
12397
13
11704
14
11972
1
4693
2
5000
3
5000
12110
9
14003
130
110
17
8400
10
6984
6
8799
50
71.5
R=38
T=37.85
R=30
52.83
99.83
72.67
44.43
42.24

SIGNAGE APPLICATION

ADDRESS: _____ Zone B-2

OWNER: _____

APPLICANT: _____

ASSESSORS NO.: 146-E-9

SINGLE TENANT LOT? YES: _____ NO: _____

MULTI-TENANT LOT? YES: ✓ (pension contractor) NO: _____ — 14,003 ft² lot area per Assessor's MAP
< 1 Acre
requires to B-2 single tenant lots

FREESTANDING SIGN? YES: ✓ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

_____

_____

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): _____

AWNING? YES: _____ NO: _____ IS AWNING BACKLIT? YES: _____ NO: _____

HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

A:SIGNLST

COMMENTS

9/11/95 - Test open 9 days

10/19/95 - Sewer completed. Currently vacant.
A. Rowe

Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

October 20, 1994

RE: 1053 Forest Avenue

Furniture Express
832 Stevens Ave.
Portland, ME 04103

Dear Sir:

Your application to change the use from retail/dry cleaning to retail/furniture, has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met.

Use Group S-1 Building/Fire Code Requirements

1. Your plan does not show a second means of egress without going [illegible] the warehouse. If this is going to be used as your second means of egress, the common path of travel cannot be locked or blocked [illegible] must be clearly marked.
2. Your plan also shows the removal of a wall. This work can not be done if the wall is a bearing wall until a structural engineer has reviewed and designed replacement.
3. The fire sprinkler and alarm system must be maintained.
4. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024.0 of the City's building code. (The BOCA National Building Code/1993)

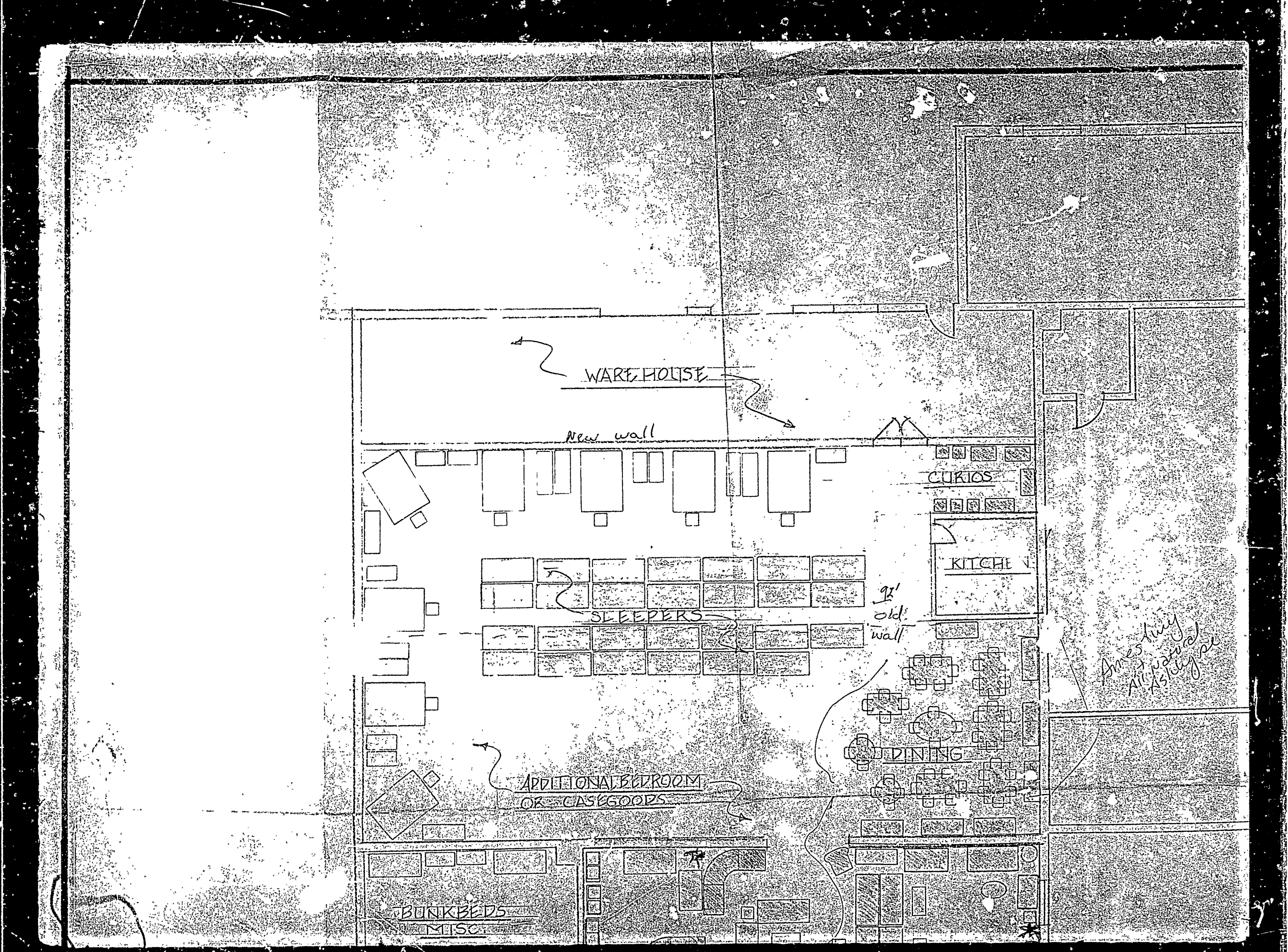
If you have any questions regarding these requirements, please do not hesitate to contact this office.

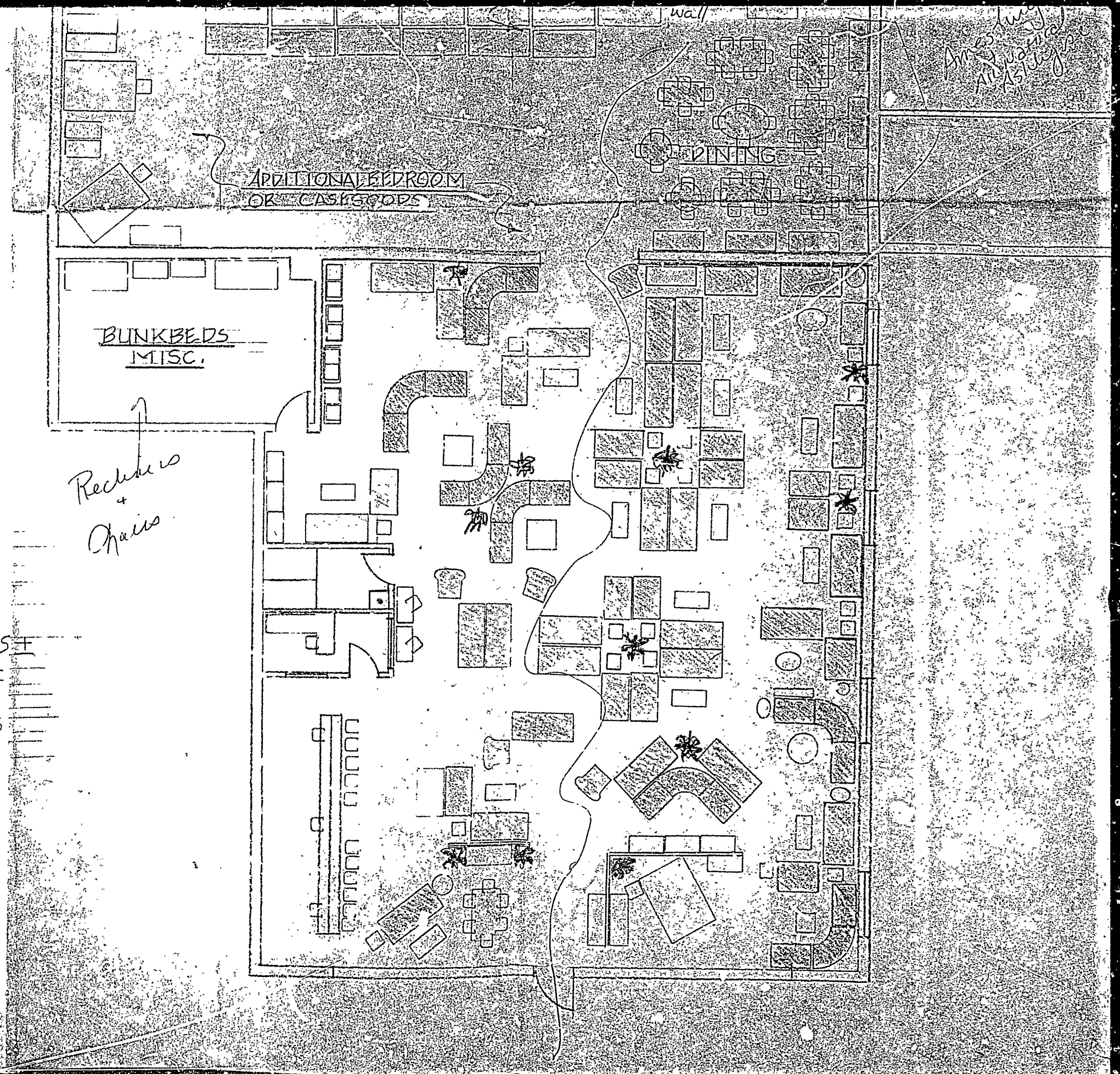
Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. G. McDougal, Fire Prevention Bureau


WAREHOUSE
New wall
CURIOS
KITCHEN
SLEEPERS
9'
old
wall
DINING
ADDITIONAL BEDROOM
OR CASEGOODS
BUNKBEDS
MISC



9 BEDROOMS ±
9 CURIOS ±
27 SLEEPERS ±
10 DININGROOMS ±
30 LIVINGROOMS ±
7 SECTIONALS
7 SOFA CHAIRS
16 SOFA LOVE

WARE HOUSE

New wall

CURIOS

KITCHEN

SLEEPERS

9' old wall

DINING

TONAL BEDROOM

ASTGOODS

Shares lavy
All water
Astrupe

DINING

TIONAL BEDROOM

CASEGOODS

FURNITURE EXPRESS

FOREST AVENUE PORTLAND, ME.

SCALE ½" = 1'-0"

OCTOBER 10, 1994 A.B. ERMITA