

**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM
DRC Copy**

2001-0052
Application I. D. Number

04/04/2001
Application Date

Fill approximately 48 cubic yards
Project Name/Description

Center For Community Dental

Applicant
813 Washington Ave, Portland, ME 04103

Applicant's Mailing Address

Eppich, John

Consultant/Agent

Agent Ph: (207)874-1191

Agent Fax:

Applicant or Agent Daytime Telephone, Fax

Proposed Development (check all that apply):

- Manufacturing Warehouse/Distribution Parking Lot

813 - 813 Washington Ave, Portland, Maine

Address of Proposed Site

163 B002001

Assessor's Reference: Chart-Block-Lot

- Change Of Use Residential Office Retail
 Other (specify) **Fill approximately 48 cy**

Proposed Building square Feet or # of Units

Acreage of Site

Zoning

Check Review Required:

Site Plan (major/minor)

Subdivision # of lots

PAD Review

14-403 Streets Review

Flood Hazard

Shoreland

Historic Preservation

DEP Local Certification

Zoning Conditional Use (ZBA/PB)

Zoning Variance

Other

Fees Paid:

Site Plan

Subdivision

Engineer Review

Date

Reviewer

Jay Reynolds

Denied

DRC Approval Status:

Approved

Approved w/Conditions See Attached

Extension to

Additional Sheets Attached

Approval Date

Approval Expiration

date

Condition Compliance

signature

Performance Guarantee

Required*

Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

Performance Guarantee Accepted

date

amount

expiration date

Inspection Fee Paid

date

amount

Building Permit Issue

date

remaining balance

signature

Performance Guarantee Reduced

date

Conditions (See Attached)

expiration date

Temporary Certificate of Occupancy

date

signature

Final Inspection

date

signature

Certificate Of Occupancy

date

Performance Guarantee Released

date

amount

expiration date

Defect Guarantee Submitted

submitted date

signature

Defect Guarantee Released

date

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163 B002001
Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):
 New Building Building Addition Change Of Use Residential Office Retail
 Manufacturing Warehouse/Distribution Parking Lot Other (specify) **Fill approximately 48 cy**

Proposed Building square Feet or # of Units _____ Acreage of Site _____ Zoning _____

Check Review Required:

- Site Plan (major/minor)
- Flood Hazard
- Zoning Conditional Use (ZBA/PB)
- Subdivision # of lots
- Shoreland
- Zoning Variance
- PAD Review
- Historic Preservation
- 14-403 Streets Review
- DEP Local Certification
- Other _____

Fees Paid: Site Plan _____ Subdivision _____ Engineer Review _____ Date _____

DRC Comments

scope of work is above and beyond the limits of a fill permit application. Applicant was encouraged to make alternate changes to yard, or apply for a minor site plan application.

Performance Guarantee	<input type="checkbox"/> Required*	<input type="checkbox"/> Not Required
* No building permit may be issued until a performance guarantee has been submitted as indicated below		
<input type="checkbox"/> Performance Guarantee Accepted	_____ date	_____ amount
<input type="checkbox"/> Inspection Fee Paid	_____ date	_____ amount
<input type="checkbox"/> Building Permit Issue	_____ date	_____ remaining balance
<input type="checkbox"/> Performance Guarantee Reduced	_____ date	<input type="checkbox"/> Conditions (See Attached)
<input type="checkbox"/> Temporary Certificate of Occupancy	_____ date	_____ signature
<input type="checkbox"/> Final Inspection	_____ date	_____ signature
<input type="checkbox"/> Certificate Of Occupancy	_____ date	_____ signature
<input type="checkbox"/> Performance Guarantee Released	_____ date	_____ signature
<input type="checkbox"/> Defect Guarantee Submitted	_____ submitted date	_____ amount
<input type="checkbox"/> Defect Guarantee Released	_____ date	_____ signature



CITY OF PORTLAND, MAINE
Department of Building Inspection

4/4 _____ 20 01

Received from Center for Community Dental a fee
/100 Dollars \$ 50-

of Arthur
for permit to install erect alter fill less than 500 cy

at 813 Washington Ave Est. Cost \$

103-B-002

Bill Permet

Inspector of buildings
Per [Signature]

cc
15096

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually placed upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of receipt less \$5.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Auditors Copy

PAVEMENT

GRAHAM TERRACE (LUNT ROAD)

SHED

SEE 1240/381

N 38° 39' - 00" W

108.74'

T.M.L. 20
N/F

CITY OF PORTLAND
22580/177

N/F T.M.L. 10

MARK STIMSON ASSOC.
3146 / 81

LOT 7

LOT 8

10,656 ± SQ. FT.

20° (APPROX.)

STOCKADE FENCE

EDGE EXISTING ASPHALT

N 38° 39' - 00" W 108.74'

LOT LINE PER 1929 PLAN

AASKOV LOT

SHED

9/5 TO FENCE
19'

LOT LINE PER C.C.R.D
PLAN BK 25, PAGE 50

LOT LINE PER C.C.R.D
PLAN BK 26, PAGE 35

T.M.L. 5
6310/146

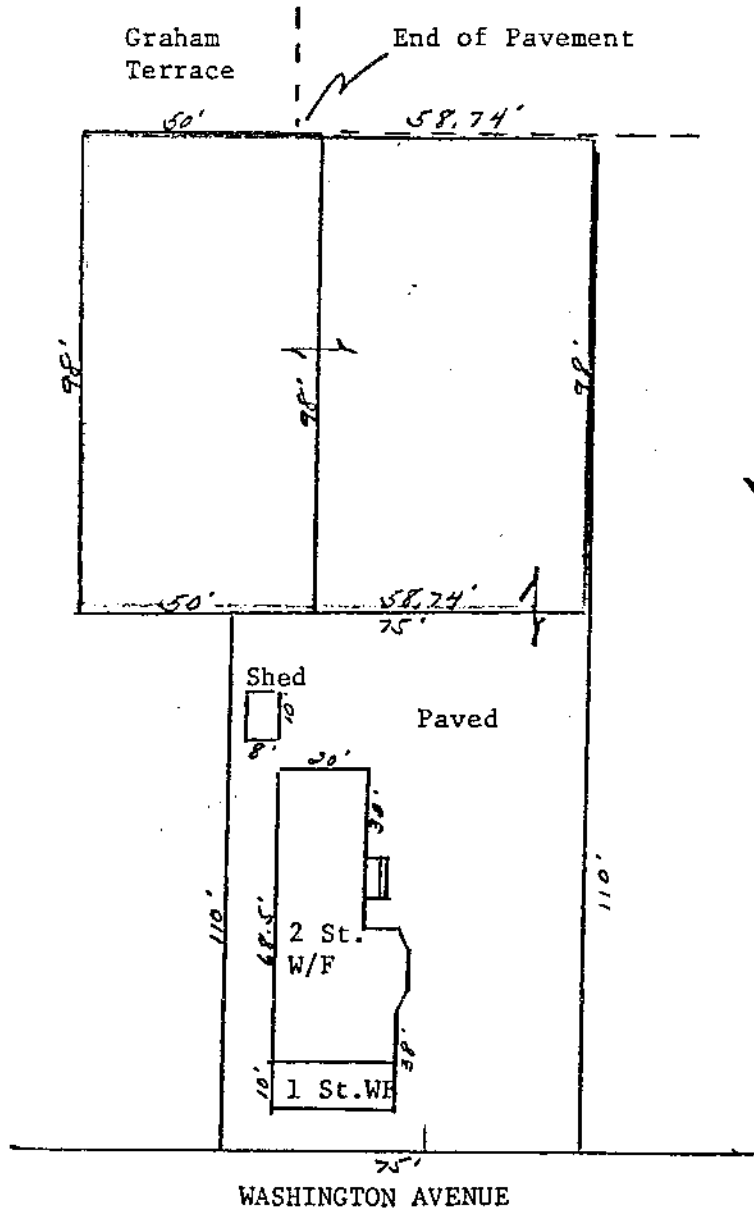
1/5 TO FENCE

BOXED LETTERING INDICATES
LOT DESIGNATION PER 1929 PLAN

METAL GUARD RAIL

PLOT PLAN

Graham Terrace
Portland, Maine



X

WASHINGTON AVENUE

Scale 1"=40'

ACETO'S CONSTRUCTION



70 Waterhouse Road
Gorham, Maine 04038
207-839-6692



Kevin
Landscaping

Bobbi
Excavating

Fully Insured - Free Estimates
Commercial & Residential

Tree & Shrub Installation
Grounds Maintenance
Patios & Stonework
Lawn Installation
Retaining Walls

Backhoe & Bulldozing
Snow Removal
Foundations
Driveways
Drainage

Proposal

SPECIFICATIONS AND ESTIMATE

No.

Page No. 1 of 1 Pages

PROPOSAL SUBMITTED TO	Community Dental	PHONE	874-1025 X3003	DATE	3/20/01
STREET	Washington Ave	JOB NAME			
CITY, STATE AND ZIP CODE	Portland, Maine	JOB LOCATION	Portland	Fax	874-1191
ARCHITECT		DATE OF PLANS	Nicky	JOB PHONE	

We hereby propose to furnish materials and labor necessary for the completion of:

Estimate to Remove damage Fence, cut down small trees (Poplar and misc), Remove wet soil and put back gravel to dry area up to get rid of insects.

REMOVE EXISTING SOIL + STUMPS
FILL W/ CRUSHED GRAVEL - APPROX ONE FOOT DEEP IN AN AREA ROUGHLY 65' X 15' x 20', depending.

AREA NEEDED TO PLOW SNOW.

WE PROPOSE hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:
Three thousand Five hundred dollars \$3500.00

Payment to be made as follows:
ON completion of Job

All materials guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra coats will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature: Daniel Aceto

Note: This proposal may be withdrawn by us if not accepted within _____ days.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Signature _____

Signature _____

WHT: OFFICE

YELLOW: CUSTOMER

PINK: ACCEPTANCE

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-0295	Issue Date:	CBL: 163 B002001
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Location of Construction: 813 Washington Ave	Owner Name: Center For Community Dental	Owner Address: 813 Washington Ave	Phone: 207-874-1028
Business Name: Center for Community Dental	Contractor Name: no contractor/self	Contractor Address: n/a n/a	Phone
Lessee/Buyer's Name n/a	Phone: 207-874-1028	Permit Type: Miscellaneous	Zone:

Past Use: Center for Community Dental	Proposed Use: Center for Community Dental / Removing soil & stumps, replacing with approximately 130 cy. **Call John eppich @8741025 x3010	Permit Fee: \$0.00 <i>50.00</i>	Cost of Work: \$50.00	<i>Clear</i>
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: Approximately 130 cy	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: 04/05/2001	Zoning Approval	
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<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:	<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 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

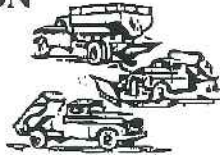
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

ACETO'S CONSTRUCTION



70 Waterhouse Road
Gorham, Maine 04038
207-839-6692



0092

Kevin
Landscaping

Bobbi
Excavating

Fully Insured - Free Estimates
Commercial & Residential

Tree & Shrub Installation
Grounds Maintenance
Patios & Stonework
Lawn Installation
Retaining Walls

Backhoe & Bulldozing
Snow Removal
Foundations
Driveways
Drainage

Proposal

SPECIFICATIONS AND ESTIMATE

No. _____
Page No. 1 of 1 Pages

PROPOSAL SUBMITTED TO <i>Community Dental</i>	PHONE <i>874-1025 X308</i>	DATE <i>3/28/01</i>
STREET <i>Washington Ave</i>	JOB NAME	
CITY, STATE AND ZIP CODE <i>Portland, Maine</i>	JOB LOCATION <i>Portland</i>	Job # <i>874-1191</i>
ARCHITECT	DATE OF PLANS	JOB PHONE
	<i>Nicky</i>	

We hereby propose to furnish materials and labor necessary for the completion of:

Estimate To Remove damage Fence, cut down small trees (Poplar and misc), Remove wet Soil and put back gravel to dry area up to get rid of insects.

*REMOVE EXISTING SOIL + STUMPS
FILL W/ CRUSHED GRAVEL - APPROX ONE FOOT DEEP IN AN AREA ROUGHLY 65' X 15'x20', depending.*

AREA NEEDED TO PLOW SNOW.

WE PROPOSE hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Three thousand Five hundred dollars (\$ *3500.00*)

Payment to be made as follows:
ON completion of Job

All materials guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature: *Daniel Aceto*

Note: This proposal may be withdrawn by us if not accepted within _____ days.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____ Signature: _____

WHT: OFFICE YELLOW: CUSTOMER PINK: ACCEPTANCE

(For Full Permits Only)

Site Review Pre-Application
Multi-Family/Attached Single Family Dwellings/Two-Family Dwelling
or Commercial Structures and Additions Thereto

In the interest of processing your application in the quickest possible manner, please complete the Information below for Site Plan Review

NOTE**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.

CENTER FOR COMMUNITY DENTAL HEALTH

4-4-01

Applicant
813 WASHINGTON AVE PORTLAND 04103

Application Date

Applicant's Mailing Address
JOHN EPPICH, DIRECTOR OF CCDH

Project Name/Description
813 WASHINGTON AVE PORTLAND

Consultant/Agent

Address Of Proposed Site

(207) 874-1025 X3010
Applicant/Agent Daytime telephone and FAX 874-1191

Assessor's Reference, Chart#, Block, Lot# 163-B-002

Proposed Development (Check all that apply) New Building Building Addition Change of Use Residential Office Retail cy
 Manufacturing Warehouse/Distribution Other(Specify) Full permit Approx 130yds
ESTIMATE ATTACHED

Proposed Building Square Footage and /or # of Units

Acreage of Site

Zoning

You must Include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
 - 2) 7 sets of Site Plan packages containing the information found in the attached sample plans and checklist. 2 extra Site Plans
- (Section 14-522 of the Zoning Ordinance outlines the process, copies are available for review at the counter, photocopies are \$ 0.25 per page)

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/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if an approval for the proposed project or use 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 approval at any reasonable hour to enforce the provisions of the codes applicable to this approval.

Signature of applicant:

John Eppich

Date:

4-4-01

Site Review Fee: Major \$500.00 Minor 400.00

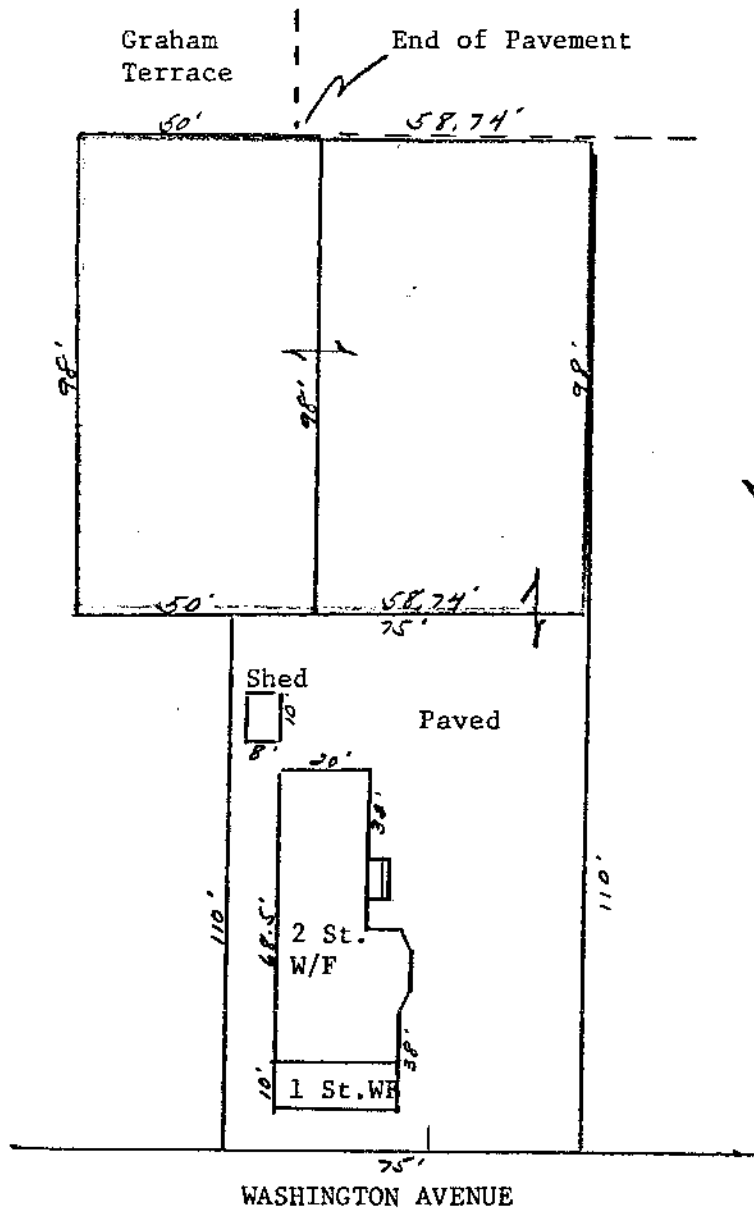
~~This application is for site review ONLY, a Building Permit application and associated fees will be required prior to construction.~~

500 cy or less - \$ 50.00
500 cy or more - \$ 100.00

22092

PLOT PLAN

Graham Terrace
Portland, Maine



Scale 1"=40'