

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030687

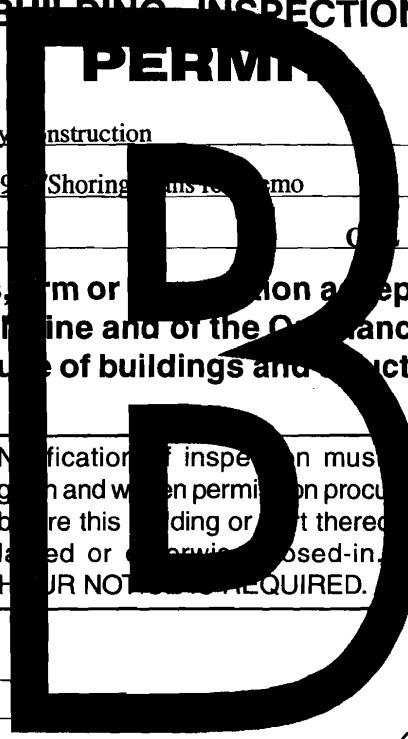
Please Read Application And Notes, If Any, Attached

This is to certify that Forest City Chevrolet/Keeley Construction

has permission to Amendment to Permit # 0209 Shoring Plans Re-submission

AT 1000 Brighton Ave City of Portland 263 B043001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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 when permission is procured before this building or part thereof is started or otherwise closed-in. 24 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. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

4009 0170

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: 03-0687	Issue Date: JUN 30 2003	CBL: 263 B043001
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Location of Construction: 1000 Brighton Ave	Owner Name: Forest City Chevrolet	Owner Address: 1000 Brighton Ave	Phone:
Business Name:	Contractor Name: Keeley Construction	Contractor Address: P.O. Box 1174 Portland	Phone: 2077738499
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Commercial	Zone: B-2

Past Use: Forest City Chevrolet/Commercial	Proposed Use: Forest City Chevrolet/Commercial	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 3
Proposed Project Description: Amendment to Permit # 020982/Shoring Plans for Demo		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>NA</i> Type: <i>NA</i>	
		Signature:	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: gad	Date Applied For: 06/16/2003	Zoning Approval		
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<ol style="list-style-type: none"> 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. 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.. 	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>06/10/03</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 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

ELECTRICAL PERMIT

City of Portland, Me.



K

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

Date June 28, 1999
 Permit # _____
 CBL# 263-B-043

SITE LOCATION: ~~1000 Brighton Ave~~ 122 Pine Tree Ind. Way

OWNER Forest City Chevy. **TENANT** _____

						TOTAL EACH FEE	
OUTLETS	Receptacles	7	Switches		Smoke Detectors	7	.20 1.40
FIXTURES	incandescent	20	fluorescent	20	Strips	20	.20 4.00
SERVICES	Overhead		Underground		TTL AMPS <800		15.00
	Overhead		Underground		TTL AMPS >800		25.00
Temporary Service	Overhead		Underground		TTL AMPS		25.00
							25.00
METERS	(number of)						1.00
MOTORS	(number of)						2.00
RESID/COM	Electric units						1.00
HEATING	oil/gas units		Interior		Exterior		5.00
APPLIANCES	Ranges		Cook Tops		Wall Ovens		2.00
	Insta-Hot		Water heaters		Fans		2.00
	Dryers		Disposals		Dishwasher		2.00
	Compactors		Spa		Washing Machine		2.00
MISC. (number of)	Others (denote)	1					2.00 2.00
	Air Cond/win						3.00
	Air Cond/cent				Pools		10.00
	HVAC		EMS		Thermostat		5.00
	Signs						10.00
	Alarms/res						5.00
	Alarms/com						15.00
	Heavy Duty(CRKT)	1				1	2.00 2.00
	Circus/Carnv					1	25.00
	Alterations	1				1	5.00 2.00
Fire Repairs						15.00	
E Lights						1.00	
E Generators						20.00	
PANELS	Service		Remote		Main		4.00
TRANSFORMER	0-25 Kva						5.00
	25-200 Kva						8.00
	Over 200 Kva						10.00
					TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 35.00					MINIMUM FEE	25.00	35.00

INSPECTION: Will be ready _____ or will call ^{xxx} _____

CONTRACTORS NAME Lotfey Elec. Inc. **MASTER LIC. #** 8675
ADDRESS 26 Brookside Drive **LIMITED LIC. #** _____
TELEPHONE 773-3400 329-3400

SIGNATURE OF CONTRACTOR _____

ELECTRICAL PERMIT

City of Portland, Me.



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

Date 5/16/03
 Permit # 2003-4444
 CBL# 263 3043

LOCATION: 1000 Brighton Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Forest City Chevrolet PHONE # _____

						TOTAL EACH FEE	
OUTLETS		Receptacles		Switches		Smoke Detector	.20
FIXTURES		Incandescent		Fluorescent		Strips	.20
SITE LIGHTING SERVICES	<u>115</u>	Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS		(number of)					1.00
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING		oil/gas units		Interior		Exterior	5.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/res					5.00
		Alarms/com					15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
PANELS		Service		Remote		Main	4.00
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	<u>45.00</u>
						MINIMUM FEE/COMMERCIAL 45.00	X
						MINIMUM FEE	35.00

CONTRACTORS NAME EASTERN ELECTRICAL CORP MASTER LIC. # MCL00011/82
 ADDRESS 20 Bedford St, PORTLAND 04101 LIMITED LIC. # _____
 TELEPHONE 772 6762

SIGNATURE OF CONTRACTOR Justin J. Varnum (WADE Street)
 White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street	1000
Subdivision Lot #	1500000000

PROPERTY OWNERS NAME

Last:	Robert
First:	City

Applicant Name:	R.M. Mechanical
Mailing Address of Owner/Applicant (If Different)	

A Rowe 2004 10/10/11

Date Permit Issued:	1113104	\$	9161010	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>A. Rowe</i>		L.P.I. # 016811		

26.3 R 043

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.

Robert Mautner 11/13/04
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.

Thomas Mautner 01/23/04
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <i>MS 7007 254</i>

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	02	Shower (Separate)
OR	02	Urinal	01	Sink
		Drinking Fountain	03	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	02	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
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			15	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE