| Form # P 04 | DISPLAY | | | | PRINCIPA | | | | OF | WOR | K | |
|--|---|--------------|--------------------|----------|-----------|---------------|---------------|---------|---------|------------|---------|----------|
| Please Read Application And | 1 | | ۱۱۷ کا اگر Bill | Or | POR | CTIO | | | | | | |
| Notes, If Any, Attached | | | | P | ERMI | | | Permi | t Numl | oer: 06165 | 55 | |
| This is to certify | thatQV_RI | EALTY LL | C/Archety | PA Arc | | $-\mathbf{I}$ | . | | F | PERMIT | ISSUE | <u>D</u> |
| | toQuirk | Chevrolet- l | New Signa | <u>-</u> | | | 262 E | 2042001 | | NOV 2 | 2 2008 | _ |
| provided the provided the provided the provided the provided the province the provi | HITON AVE hat the pers risions of tl uction, mai | ne Statu | tes of N | | nd of the | and | oting to | the Ci | ity(ø̄f | shall c | omply v | with a |

Apply to Public Works for street line and grade if nature of work requires such information.

this department.

N ication inspect in must given and within permission procubing this beginning or at thereoday don't be a sed-in.

H R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Maynes Mendely (1/20/06) Director - Building & Inspection Services

OTHER REQUIRED APPROVALS

Fire Dept. _______

Health Dept. ______

Appeal Board ______

Other ______

Department Name

PENALTY FOR REMOVING THIS CARD

| 389 Congress Street, 04101 Tel: (207) 874-8703 Location of Construction: Owner Name: | | | (201) 011 0111 | | | | 263 B043001 | | |
|--|--|------------------|--------------------------------|------------------|-----------------|------------------|----------------|-------------------------|-------------|
| 1000 BRIGHTON AVE | LLC | | Owner Address: 295 HOGAN RD | | | Phone: | | | |
| 1000 BRIGHTON AVE QV REALTY I Business Name: Contractor Name: Archetype P A | | | | | ctor Address: | | | Phone | |
| | | | • | | nion Wharf | | 20777260 |)22 | |
| Lessee/Buyer's Name | T | | Permit Type: | | | | | Zone: | |
| | | | Signs - Permanent | | | | | 132 | |
| Past Use: | | | Permit Fee: Cos | | Cost of Wor | Cost of Work: CE | | <u> </u> | |
| Commercial - Quirk Chevrolet | Quirk (| Quirk Chevrolet- | | \$134.00 | \$10 | 64.00 | 3 | | |
| | New Signage | | | FIRE I | DEPT: | Approved | INSPE | CTION: | -77 |
| | | | | | | Denied | Use G | roup: Bus | Type: |
| | | | | | | | | Nec 2 | '/n)3 |
| Proposed Project Description: | | | | | | | | roup: Bus DBC 2 | 000 |
| Quirk Chevrolet- New Signage | | | | Signatu | ire. | | Signat | UTe: 100 | 12-120 |
| Quirk enervoice frew biginage | | | | _ | TRIAN ACT | IVITIES DIS | | | 120102 |
| | | | | Action | | | | /Conditions | Denied |
| | | | | Action | Applo | ved Ap | proved w | Conditions | Demed |
| | | | | Signatu | ıre: | | | Date: | |
| · | e Applied For: | | | | Zoning | Approva | al | | |
| | 1/13/2006 | Sn. | ecial Zone or Revie | | Zani | ng Annoal | | Historic Pres | orvation |
| 1. This permit application does | | l ` | | | | | / | | |
| Applicant(s) from meeting ap Federal Rules. | plicable State and | Shoreland | | [] Variance | | | Not in Distric | t or Landmar | |
| Building permits do not include plumbing, | | | etland | | Miscellaneous | | | Does Not Require Review | |
| septic or electrical work. 3. Building permits are void if v | vork is not started | _ FI | ood Zone | | Conditional Use | | | Requires Review | |
| within six (6) months of the d False information may invalid | ate of issuance. | | | [Interpretation | | | Annequed | | |
| permit and stop all work | iate a building | Si | ıbdivision | | Interpre | tation | | Approved | |
| | | ☐ Si | te Plan | | Approv | ed | | Approved w/0 | Conditions |
| | | Maj | Minor MM | пΙ | Denied | | | Denied | |
| PERMIT | ISSUED_ | |)K | 7. | | | | ABN | |
| And the second of the second o | | Date: | 11/20/01 | 130 | Date: | | | Date: | |
| NOV 2 | 2 : \ | | | | - | | | | |
| MO. 5 | | | | | | | • | | |
| The second secon | and the state of t | | | | _ | | - 1 | | |
| CITY OF | PUPILIFI Y | أ | | [| A A | | | ١, | |
| Married Married State Company of the | | | CERTIFICATION | | ハハ | 1 V | | | |
| I hereby certify that I am the owner | of record of the no | | | e prop | osed work i | s authorized | l by the | owner of recor | d and that |
| I have been authorized by the owner | | | | | | | | | |
| jurisdiction. In addition, if a permi | t for work describe | d in the | application is is | sued, I | certify that | the code of | ficial's | authorized repr | esentative |
| shall have the authority to enter all | areas covered by s | uch perr | nit at any reason | able ho | our to enforce | ce the prov | ision of | the code(s) app | plicable to |
| such permit. | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE OF APPLICANT | | | ADDRESS | 3 | | DATE | 3 | PHO | NE |
| | | | | | | Date | , | PHO | NE . |
| RESPONSIBLE PERSON IN CHARGE C | | | | | | | | PHO | COLUMN 1885 |

OUTLETS

HU28

ELECTRIC L PERMIT City of Portland, Me.

Receptacles

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 <u>100 29 06</u> Permit # <u>06 - 505 7</u> CBL# <u>263 B 43</u>

TOTAL EACH FEE

.20

| INAM OPINIME I ALT | CBL# 263 13 14 3 |
|----------------------------|------------------------|
| LOCATION: 1000 BUGHTON AVE | _ METER MAKE & # |
| CMP ACCOUNT # | OWNER QUIRK CHEVERDLET |
| TENANT QUIRK CHEVU | PHONE # (207) 774-5979 |

Smoke Detector

Switches

| head head head head ber of) ber of) tric units as units ges | Underground Underground Underground | Strips TTL AMPS <800 - >800 TTL AMPS | 25.00 25.00 25.00 25.00 1.00 | 12.00 |
|---|--|---|--|------------------------------|
| head head head head her of) her of) tric units as units | Underground | >800 | 25.00 25.00 25.00 1.00 | |
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| aber of) aber of) tric units as units | Underground | TTL AMPS | 25.00 | |
| tric units | | | 1.00 | |
| tric units | | | | |
| tric units | | | | |
| as units | | | 2.00 | |
| | | | 1.00 | |
| 165 | Interior | Exterior | 5.00 | |
| 100 | Cook Tops | Wall Ovens | 2.00 | |
| -Hot | Water heaters | Fans | 2.00 | |
| rs | Disposals | Dishwasher | 2.00 | |
| pactors | Spa | Washing Machine | 2.00 | |
| rs (denote) | | | 2.00 | |
| ond/win | | | 3.00 | |
| ond/cent | | Pools | 10.00 | |
| C | EMS - | Thermostat | 5.00 | |
| S | | DEPT. OF BUILDING INSPECTION | 10.00 | 10.00 |
| ns/res | | Prince construction and construction of the superior section and the superior construction and the superior constructions. | 5.00 | |
| ns/com | | | 15.00 | |
| y Duty(CRKT) | | NOV 2 n 2003 | 2.00 | |
| ıs/Carnv | | | 25.00 | |
| ations | | had had well had all to the | 5.00 | |
| Repairs | | RECEIVED | 15.00 | |
| hts | | | 1.00 | 4.00 |
| nerators | | | 20.00 | |
| ice | Remote | Main | 4.00 | |
| Kva | | | | |
| 00 Kva | | | 1 | |
| 200 Kva | | | | |
| | | , TOTAL AMOUNT DUE (: | | 55.00 |
| MUM FEE/COMME | RCIAL 55.00 🗸 | MINIMUM FEE 45.00 |) | |
| | pactors rs (denote) ond/win ond/cent C s ns/res ns/com ry Duty(CRKT) rs/Carnv ations Repairs hts nerators Ce Kva DO Kva 200 Kva | pactors rs (denote) rs (denote) ond/win ond/cent C EMS s ns/res ns/com ry Duty(CRKT) rs/carnv ations Repairs hts nerators Ce Remote Kva DO Kva 200 Kva | pactors rs (denote) rond/win rond/cent Pools Thermostat REPT OF BUILDING INSPECTION CITY OF POBILATIO, ME Repairs rs (denote) ry Duty(CRKT) rs/Carnv ations Repairs hts nerators Remote Remote Main MUM FEE/COMMERCIAL 55.00 MINIMUM FEE MINIMUM FEE MINIMUM FEE MINIMUM FEE MINIMUM FEE MINIMUM FEE | Spa Washing Machine 2.00 |

SIGNATURE OF CONTRACTOR SIMPLOUP A. BOWLET FOR EASTERN FLECTRICAL CORP.

Yellow Copy - Applicant

White Copy - Office

| PLUN | IBING A | APPLICATION | ON | | | Department of Health and Human Services Division of Environmental Health | | |
|---|--|--|--------------------------------|--|-----------------------------------|---|--|--|
| | PROPERT | Y ADDRESS | | | | | | |
| Town or Plantation | | | | | | | | |
| Street Subdivision Lot # | | | | PORTLAND PERMIT # 10197 TOWN COPY | | | | |
| PRO | OPERTY O | WNERS NAME | | Date Permit | | TOWN COPY | | |
| Last: | 70 C. | First: | Care | Issued: FEE Charged | | | | |
| Applicant Name: | 1.076 | 1.273 | | Local Plumbing Inspector Signature L.P.I. # 016141/ | | | | |
| Mailing Address of Owner/Applicant (If Different) | | Carlon Commence of the Commenc | 1. 1. | The state of the s | | | | |
| | | olicant Statemen | | Ca | ution: Inspe | ection Required | | |
| I certify that the | information sub | mitted is correct to the | best of my | I have inspected th | e installation aut | thorized above and found it to be in | | |
| knowledge and u Plumbing Inspec | | ' any falsification is rea Permit | son for the Local | compliance with the | e Maine Plumbin | ng Rules. | | |
| - 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Jan 1 | | 2/2 | | | | | |
| Sign | ature of Owner | /Applicant | Date | Local Plumbing I | nspector Signatu | re Date Approved | | |
| | | | PERMIT | INFORMATIO | N | | | |
| This Applicat | ion is for | Тур | e of Structure | To Be Served: | Plu | umbing To Be Installed By: | | |
| 1. 🗆 NEW PLU | MBING | 1. SINGLE | FAMILY DWELL | ING | 1. MASTER PLUMBER | | | |
| 2. 🗆 RELOCAT | ED | 2. 🗌 MC | DDULAR OR MO | DBILE HOME | 2. OIL BURNERMAN | | | |
| PLUMBIN | | 3. 🗆 MULTIPL | E FAMILY DWE | LLING | 3. MFG'D. HOUSING DEALER/MECHANIC | | | |
| | | 4. ☐ OTHER - | - SPECIFY |) <u> </u> | 4. 🗌 PUB | BLIC UTILITY EMPLOYEE | | |
| | | | | 5. PROPERTY OWNER | | | | |
| | | ì | | 1 | LICENS | E# [| | |
| Hook-L | Jp & Piping Re | elocation | | Column 2 | | Column1 | | |
| Maxir | Hook-Up & Piping Relocation Maximum of 1 Hook-Up | | Number | Type of Fixture | Number | Type of Fixture | | |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | | Hosebib / Sillcock | | | Bathtub (and Shower) | | | |
| | | istrict. | Flo | or Drain | | Shower (Separate) | | |
| | OR | | | nal | 1/ | Sink | | |
| HOOK-UP: to an existing subsurface wastewater disposal system. | | | Dri | nking Fountain | | Wash Basin | | |
| DIDINA | | | | irect Waste | 1/ | Water Closet (Toilet) | | |
| lines, o | PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | | ter Textment Softener, Filter, etc | | Clothes Washer | | |
| | | | | ease / Oh Separator | | Dish Washer | | |
| | | | Ro | of Drain | | Garbage Disposal | | |
| | | | Bio | net '' | | Laundry Tub | | |
| | | | Ött | | | Water Heater | | |
| | | | Fixtures (Subtotal) / Column 2 | | Fixtures (Subtotal) Column 1 | | | |
| | ÷ | | <u> </u> | | - | Fixtures (Subtotal) Column 2 | | |
| | , | SEE PERMI | 10 | Total Fixtures | | | | |
| L | <u> </u> | FUR CAL | CULATING F | CE | | Fixture Fee | | |
| | | | | | | Transfer Fee | | |
| | | | | | - | Hook-Up & Relocation Fee | | |

Page 1 of 1 HHE-211 Rev. 08/05 Permit Fee (Total) 6/11/07- ALL word completed perpennet. OK to close out.

John

. 3 4.9%