Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080198

This is to certify that CENTRO HERITAGE SPE ... LC /Black Bear Sign

has permission to new sign for "Little Caesars"

MAR 12 2008

AT 1064 BRIGHTON AVE C... 263A A005001

provided that the person or persons, firm or ... ion a...epting this permit shall comply with all of the provisions of the Statutes of ... ine and of the O... ances of the City of Portland regulating the construction, maintenance and u... of buildings and ...ctures, 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.

N...fication ... inspe...n mus... g...n and w...en permi...on procu... b...re this ...ding or ...t there... la...ed or ...erwi...osed-in ... H...UR NOT... 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

Thomas M. Manley 3/11/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	Issue Date:	CBL:
08-0198		263A A005001

Location of Construction:	Owner Name:	Owner Address:	Phone:
1064 BRIGHTON AVE	CENTRO HERITAGE SPE 4 LLC	131 DARTMOUTH ST	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
	Black Bear Sign	137 Rt 1 Scarborough	2072868004
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
		Signs - Permanent	B-2

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Commercial	Commercial - new sign for "Little Caesars"	$132.00	$132.00	3

FIRE DEPT: ☐ Approved ☐ Denied

Signature:

INSPECTION:
Use Group: A2 Comm Type: 2A
IBC 2003
Signature: 3/11/08

Proposed Project Description:
new sign for "Little Caesars"

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
ldobson	03/05/2008

1. This permit application does not 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..

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☑ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
ok with conditions		
Date: 3/7/08	Date:	Date:

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

Form # P 01

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 4/8/08
Permit # 2008 4242
CBL# 263 AA 5

LOCATION: 1080 Brighton Ave **METER MAKE & #**
CMP ACCOUNT # Unit 017 **OWNER** Centro Heritage
TENANT Pine Tree Shopping Center **PHONE #** 207 415 2061
Little Caesar Pizza

								TOTAL	EACH FEE
OUTLETS	40	Receptacles	10	Switches		Smoke Detector		.20	6.00
FIXTURES		Incandescent	30	Fluorescent		Strips		.20	6.00
SERVICES		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	4	(number of)						2.00	8.00
RESID/COM		Electric units						1.00	
HEATING		oil/gas units		Interior		Exterior		5.00	
APPLIANCES		Ranges		Cook Tops	3	Wall Ovens		2.00	6.00
		Insta-Hot	1	Water heaters	3	Fans		2.00	6.00
		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	
	2	HVAC		EMS		Thermostat		5.00	10.00
	2	Signs						10.00	20.00
		Alarms/res						5.00	
		Alarms/com						15.00	
	5	Heavy Duty(CRKT)						2.00	10.00
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	5	E Lights						1.00	5.00
		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			77.00
		MINIMUM FEE/COMMERCIAL 55.00				**MINIMUM FEE**	**45.00**		

CONTRACTORS NAME John W Cudworth **MASTER LIC. #** 03685
ADDRESS PO Box 74 Sav. Me. 04083 **LIMITED LIC. #**
TELEPHONE 207 651 4153

SIGNATURE OF CONTRACTOR John Cudworth

White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation

Street Subdivision Lot #

PROPERTY OWNERS NAME

Last: Name First

Applicant Name:

Mailing Address of Owner/Applicant (If Different)

PORTLAND PERMIT # 10604 TOWN COPY

Date Permit Issued: 4/22/08

$ 48 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1081

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.

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.

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 PIZZA STORE

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 # 6179

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.

OR

☐ TRANSFER FEE [$6.00]

Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
	Hosebibb / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal	3	Sink
	Drinking Fountain		Wash Basin
1	Indirect Waste		Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.		Clothes Washer
1	Grease / Oil Separator		Dish Washer
	Roof Drain		Garbage Disposal
	Bidet		Laundry Tub
1	Other: 3 BAY SINK	1	Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2
		7	**Total Fixtures**
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

APR 22 2008

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

263 A A005

City of Portland Health Inspection Report

Page ___ of ___

Establishment Name	No. of Risk Factor/Intervention Violations		Date
LITTLE Caesar's PIZZA	No. of Repeat Risk Factor/Intervention Violations		Time In
	Score (optional)	100	Time Out

License/Est. ID#	Address	City/State	Zip Code	Telephone
Pending	1080 Brighton Ave #17	PORTLAND	04103	415-2061
License Posted	**Owner Name**	**Purpose of Inspection**	**Est. Type**	**Risk Category**
[ ] Yes [X] No Pending	Wadleigh Food Services	INITIAL	FSE w/Prep	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.
IN= in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable **COS**=corrected on-site during inspection **R**=repeat violation

		Compliance Status				COS	R
		Supervision					
5	1	IN OUT			PIC present, demonstrates knowledge, and performs duties		
		Employee Health					
5	2	IN OUT			Management awareness; policy present		
5	3	IN OUT			Proper use of reporting, restriction & Exclusion		
		Good Hygienic Practices					
5	4	IN OUT		N/O	Proper eating, tasting, drinking, or tobacco use		
5	5	IN OUT		N/O	No discharge from eyes, nose, and mouth		
		Preventing Contamination by Hands					
5	6	IN OUT		N/O	Hands clean & properly washed		
2	7	IN OUT	N/A	N/O	No bare hand contact with RTE foods or approved alternate method properly followed		
5	8	IN OUT			Adequate handwashing facilities supplied & accessible		
		Approved Source					
5	9	IN OUT			Food obtained form approved source		
5	10	IN OUT	N/A	N/O	Food received at proper temperature		
5	11	IN OUT			Food in good condition, safe, & unadulterated		
1	12	IN OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction		
		Protection from Contamination					
2	13	IN OUT		N/A	Food separated & protected		
2	14	IN OUT		N/A	Food-contact surfaces: cleaned & sanitized		
5	15	IN OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

		Compliance Status				COS	R
		Potentially Hazardous Food Time/Temperature					
5	16	IN OUT	N/A	N/O	Proper cooking time & temperatures		
5	17	IN OUT	N/A	N/O	Proper reheating procedures for hot holding		
5	18	IN OUT	N/A	N/O	Proper cooling time & temperature		
5	19	IN OUT	N/A	N/O	Proper hot holding temperatures		
5	20	IN OUT		N/A	Proper cold holding temperatures		
5	21	IN OUT	N/A	N/O	Proper date marking & disposition		
5	22	IN OUT	N/A	N/O	Time as a public health control: procedures & record		
		Consumer Advisory					
5	23	IN OUT		N/A	Consumer advisory provided for raw or undercooked foods		
		Highly Susceptible Populations					
5	24	IN OUT		N/A	Pasteurized foods used; prohibited foods not offered		
		Chemical					
5	25	IN OUT		N/A	Food additives: approved & properly used		
5	26	IN OUT			Toxic substances properly identified, stored, & used		
		Conformance with Approved Procedures					
5	27	IN OUT		N/A	Compliance with variance, specialized process, & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
Mark "X" in box if numbered item is **not** in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
5	28	Pasteurized eggs used where required		
5	29	Water & ice from approved source		
	30	Variance obtained for specialized processing		
		Food Temperature Control		
5	31	Proper cooling methods used; adequate equipment for temperature control		
5	32	Plant food properly cooked for hot holding		
5	33	Approved thawing methods used		
1	34	Thermometers provided & accurate		
		Food Identification		
1	35	Food properly labeled; original container		
		Prevention of Food Contamination		
4	36	Insects, rodents, & animals not present		
2	37	Contamination prevented during food preparation, storage & display		
5	38	Personal cleanliness		
1	39	Wiping cloths: properly used & stored		
1	40	Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
2	41	In-use utensils: properly stored		
2	42	Utensils, equipment & linens: properly stored, dried & handled		
2	43	Single-use & single-service articles: properly stored & used		
2	44	Gloves used properly		
		Utensil, Equipment and Vending		
2	45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1	46	Warewashing facilities: installed, maintained, & used; test strips		
1	47	Non-food contact surfaces clean		
		Physical Facilities		
4	48	Hot & cold water available; adequate pressure		
5	49	Plumbing installed; proper backflow devices		
5	50	Sewage & waste water properly disposed		
2	51	Toilet facilities: properly constructed, supplied, & cleaned		
2	52	Garbage & refuse properly disposed; facilities maintained		
1	53	Physical facilities installed, maintained, & clean		
1	54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) _____ Date: 20 May 08

No Product available for HMPS - new establishment

Health Inspector (Signature) _____ Follow-up: YES NO (circle one) Follow-up Date: Next 2 Mo

White copy - Inspections Office Yellow copy - State Pink copy - Customer