

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BU **INSPECTION**

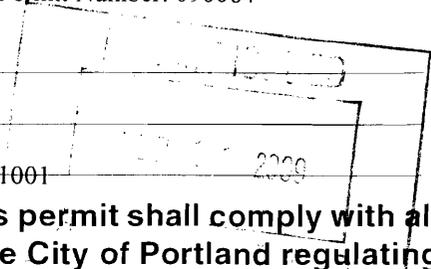
PERMIT

Permit Number: 090084

Please Read Application And Notes, If Any, Attached

This is to certify that PARSONS J-DAVID /Falcon Services Inc
has permission to Repair Damage to building caused by Auto Accident

AT 274 WARREN AVE CB 296 F001001



provided that the person or persons, firm or corporation accounting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is lathed or otherwise red-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

Jamie Bonke 2/10/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

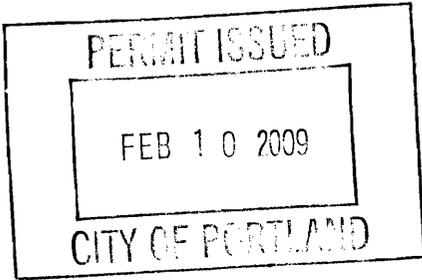
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0084	Issue Date:	CBL: 296 F001001
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Location of Construction: 274 WARREN AVE	Owner Name: PARSONS J DAVID	Owner Address: 280 WARREN AVE	Phone:
Business Name:	Contractor Name: Falcon Services Inc	Contractor Address: 113 Maple St Gardner	Phone 9786304922
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-4

Past Use: Commercial <i>le Page Bakery - Country Kitchen "Thrift Store"</i>	Proposed Use: Commercial - Repair Damage to building caused by Auto Accident <i>Same</i>	Permit Fee: \$80.00	Cost of Work: \$5,627.80	CEO District: 5
Proposed Project Description: Repair Damage to building caused by Auto Accident		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>M</i> Type: <i>Repair</i> <i>DBC - 2003</i>	
		Signature:	Signature: <i>JMB 2/10/09</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: Ldobson	Date Applied For: 02/04/2009	Zoning Approval		
<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 <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	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	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>2/5/09</i>	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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0084	Date Applied For: 02/04/2009	CBL: 296 F001001
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Location of Construction: 274 WARREN AVE	Owner Name: PARSONS J DAVID	Owner Address: 280 WARREN AVE	Phone:
Business Name:	Contractor Name: Falcon Services Inc	Contractor Address: 113 Maple St Gardner	Phone (978) 630-4922
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - LePage Bakery, same use Repair Damage to building caused by Auto Accident	Proposed Project Description: Repair Damage to building caused by Auto Accident
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 02/05/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This property shall remain a retail use currently for LePage Bakery/Country Kitchen "Thrift Store". Any change of use shall require a separate permit application for review and approval.			
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			

Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 02/10/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.			

Dept: Fire	Status: Not Applicable	Reviewer: Jeanine Bourke	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>

Comments:
2/5/2009-Ldobson: Spoke w/ Jim Shetrawski at Falcon Services Inc will send check for 3.70 ASAP
2/5/2009-Ldobson: Had Jeanie take a preliminary look gave me the go ahead to enter

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Joanne Bonta

Signature of Inspections Official

Date

2/10/09

Date

MAILED



General Building Permit Application

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.

Location/Address of Construction: <u>276 WARREN STREET</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot <u>25,401</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>296</u> Block# <u>F</u> Lot# <u>1</u>	Applicant * must be owner, Lessee or Buyer * Name <u>FALCON SERVICES INC</u> Address <u>113 MAPLE ST</u> City, State & Zip <u>GARDNER, MA 01440</u>	Telephone: <u>978-630-4922</u>
Lessee/DBA (If Applicable) <u>FEB 1 2009</u>	Owner (if different from Applicant) Name <u>LePage Bakeries Inc</u> Address <u>P.O. Box 1900</u> City, State & Zip <u>ABURN, ME 04211</u>	Cost Of Work: \$ <u>5,627.80</u> C of O Fee: \$ <u>-0-</u> Total Fee: \$ <u>76.30</u>
Current legal use (i.e. single family) <u>THRIFT STORE / WAREHOUSE / DISTRIBUTION</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>NO CHANGE</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Repair to damage caused by Auto accident as noted on attached SCOPE of WORK</u>		
Contractor's name: <u>FALCON SERVICES INC.</u> Address: <u>113 MAPLE ST</u> City, State & Zip <u>GARDNER, MA 01440</u> Telephone: <u>978-630-4922</u> Who should we contact when the permit is ready: <u>JIM SHETRAWSKI</u> Telephone: <u>SAME</u> Mailing address: <u>SAME</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work 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 a permit for work 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 permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: <u>[Handwritten Signature]</u>	Date: <u>1/23/09</u>
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This is not a permit; you may not commence ANY work until the permit is issue



SCOPE OF WORK

date: December 3, 2008

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to:

Lepage Bakeries Inc.
Country Kitchen Plaza
Post Office 1900
Auburn, ME 04211

re:

Exterior and Interior Wall Repairs
Country Kitchen Distribution Center
Portland, ME

Provide labor, materials and equipment to carry out certain building repairs caused by automobile accident at the referenced location as follows:

Repair and Replace Damaged Concrete Masonry Units: Exterior

1. By hand and mechanical means, carefully remove the damaged and loose masonry units, in whole or in part, from the wall assembly. Salvage sound units and store on site for reuse. Properly dispose of any resulting debris in an approved manner.
2. Over the balance of the damaged wall area, clean out vertical and horizontal masonry joints, by hand and or mechanical means removing any existing loose, fractured and or failed mortar. With the appropriately sized diamond grinding wheel, clean out the joints in both directions to areas of solid material. Grind the solid material perpendicular to the surface allowing for a minimum 3/4" fill for new work.
3. Provide, prepare and install new and or salvaged concrete masonry units in whole or in part as required to provide a finish to match the existing, surrounding area as close as possible. Set the new work in full bed of the appropriate mortar and tool the joints the match the existing. Tuck-point the adjacent prepared areas and strike the joint to match the surrounding area.
4. Over the new work apply two coats of high quality latex paint as manufactured by Benjamin –Moore or equal. Utilize brush or roller, blending into the adjacent areas, up to 150 square feet, or as required.
5. Remove existing damaged heat exhaust protection cover. Fabricate new screen cover to match existing as close as possible. Apply two coats direct to metal epoxy paint reinstall over the exhaust vent tube. Secure to the block wall with a minimum of four (4) thread type-shield-less masonry fasteners.

date: December 3, 2008

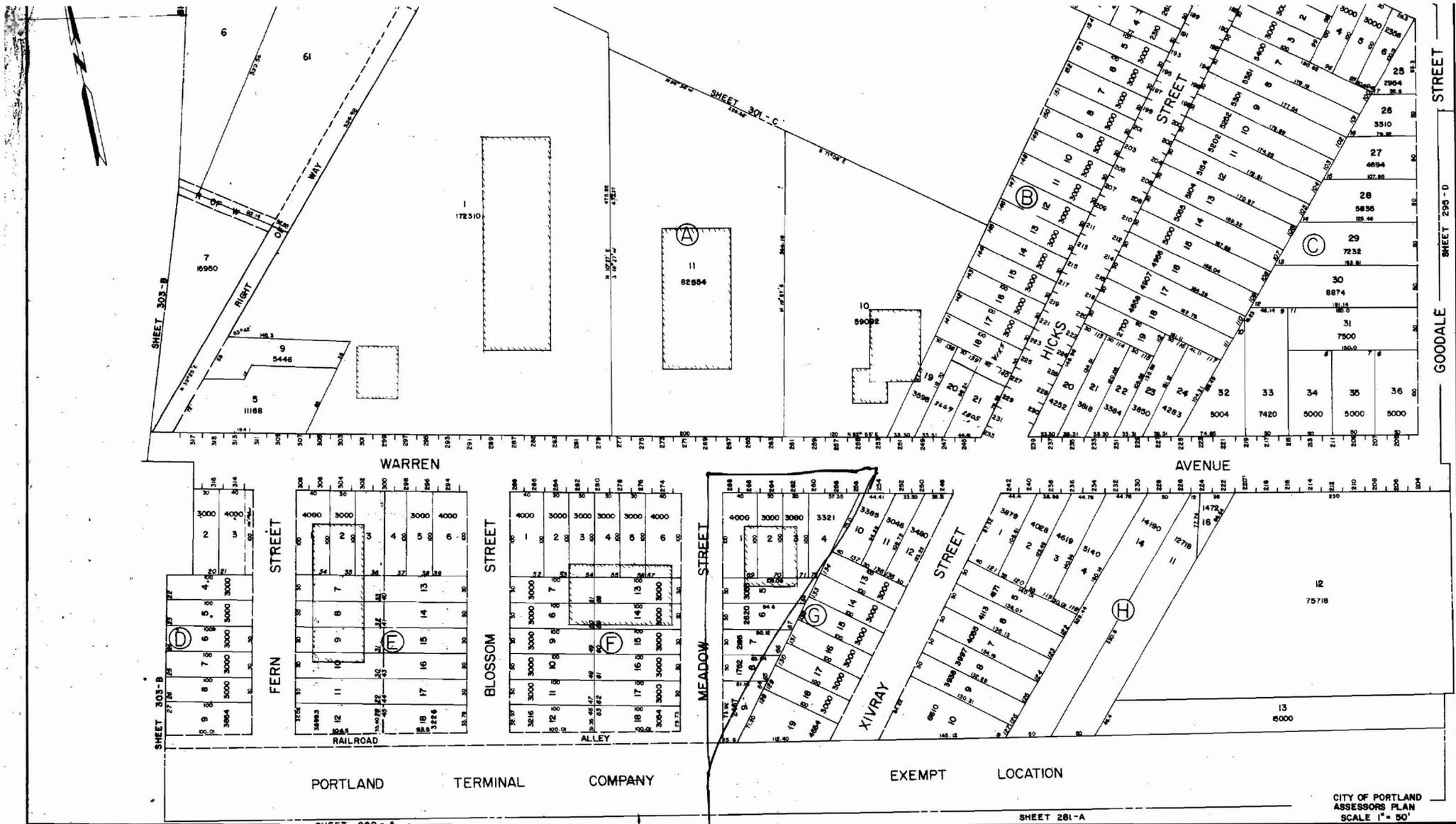
Page 2 of 2

to: Tom Johnson,
Lepage Bakeries Inc.
Country Kitchen Plaza

re: Exterior and Interior Wall Repairs
Country Kitchen Distribution Center
Portland, ME

Repair and Replace Damaged Interior Framing and Finishes: Interior

1. Carefully remove existing counter top and related cabinet base at subject wall. Salvage sound and store on site for reuse. Properly dispose of any resulting debris in an approved manner.
2. Remove damaged gypsum wall board, framing and related trim. Properly dispose of any resulting debris in an approved manner. Inspect interior of masonry wall prior installing new materials, alert owners to any adverse conditions that may affect the new work and await instructions.
3. Furnish and install new framing, insulation, gypsum wall board and related trim assemble to match the existing as close as possible. Set the new wall in plane with and as required to allow for smooth uninterrupted transition to the adjacent existing finishes.
4. Over the new work apply two coats of high quality latex interior wall paint and manufactured by Benjamin -Moore or equal. Utilize brush or roller, blending into the adjacent areas, up to 100 square feet, or as required.
5. Reinstall the salvage counter top and associated cabinets base. Set the cabinet in line with adjacent sections and secure as required.
6. All debris caused from work in progress shall be removed by Falcon Services Inc. All materials and workmanship shall conform to industry standards and practices.



~ LePage BAKERIES
 Country Kitchen
 subject property
 25,401 sq ft +/-

SmartZone Communications Center Collaboration Suite

falconservicesinc@comcast.net

Friday, January 16, 2009 9:10:39 AM

From: 5089223384@vzwpix.com

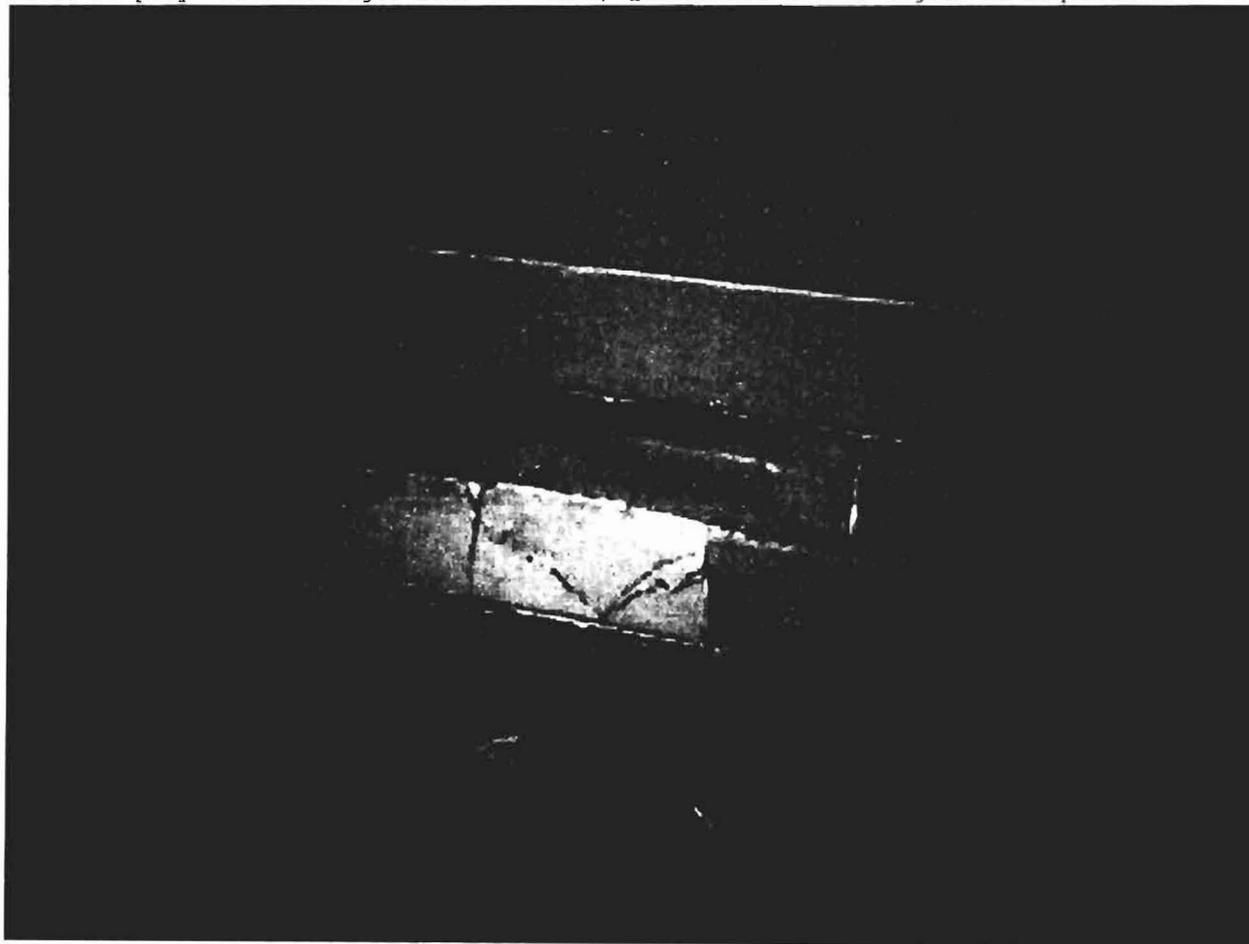
To: Falconservicesinc@comcast.net

Attachments: 1201081410.jpg (28.4KB)

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Note: To play video messages sent to email, QuickTime 6.5 or higher is required.



SmartZone Communications Center Collaboration Suite

falconservicesinc@comcast.net

Friday, January 16, 2009 9:28:42 AM

From: 5089223384@vzwpix.com

To: Falconservicesinc@comcast.net

Attachments: 1201081411.jpg (34.7KB)

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