

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED	
Permit No: 01-1467	Issue Date: FEB 13 2002
CBL: 311 A006001	

Location of Construction: 653 Riverside St	Owner Name: Porter Drywall Inc	Owner Address: 655 Riverside St	Phone: 207-878-2024
Business Name: n/a	Contractor Name: Porter Drywall Inc.	Contractor Address: 655 Riverside Portland	Phone: 2078782024
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: I-M

Past Use: Commercial / Vacant for one month; prior use wood workers.	Proposed Use: Commercial / Pharmacy; Change of Use, Tenant Fit-up. Create two handicap bathroom, one conference room and one controll dry room.	Permit Fee: \$144.00	Cost of Work: \$20,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: 3 BOCA 99	

Proposed Project Description:
Change of Use & Tenant Fit-Up

pharmaceuticals industrial use - NOT A retail, walk-in pharmacy

Signature: *[Signature]* **Signature:** *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 11/27/2001	Zoning Approval
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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..	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"/> <i>OK with conditions</i> Date: <i>12/12/01</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>Separate permits required for New Signage</i>		

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

011467

All Purpose 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.

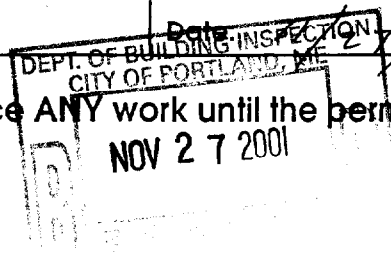
Location/Address of Construction: <u>655 Riverside St. Portland</u>		
Total Square Footage of Proposed Structure <u>Existing 2400 sq</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>311</u> Block# <u>A</u> Lot# <u>006</u>	Owner: <u>PDL Inc.</u>	Telephone: <u>8782024</u>
Lessee/Buyer's Name (If Applicable) <u>Kindred Pharmacy</u>	Applicant name, address & telephone:	Cost Of Work: \$ <u>20,000.-</u> Fee: \$ <u>144.00</u>
Current use: _____		
If the location is currently vacant, what was prior use: <u>Wood workers</u>		
Approximately how long has it been vacant: <u>one month</u>		
Proposed use: <u>Pharmacy expansion</u>		
Project description: <u>Existing vanilla box to have two H.C. Baths & one conference room to be built.</u> <u>Change of Use</u>		
Contractor's name, address & telephone: <u>Porter Dry wall</u>		
Who should we contact when the permit is ready: <u>Ken Porter</u>		
Mailing address: <u>655 Riverside St. #2 - 04103</u> <u>mail</u>		
		Phone: <u>8782024</u>

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: [Signature] Date: 11/27/01

This is not a permit, you may not commence ANY work until the permit is issued



11/27/01
Gayb

Application Number 1-1467

Department Zoning

Status Approved with Conditions

Officer Marge Schmuckal

Address 653 Riverside St

Approval Date 12/12/2001

Issue Date 12/12/2001



Officer's Signature

Marge Schmuckal

Date

Separate permits shall be required for any new signage.

Issue Date 11/29/2001

By gg

Issue Date 12/12/2001

mes

Cover Letter

To: City of Portland
Code Enforcement Div.
Portland, Maine 04101

From: PDL Inc.
655 Riverside St.
Portland me. 04103

Dear Sir or Madam:

The following describes the intended tenant improvements to be made at the Kindred Pharmacy Expansion at 653 Riverside St. Portland, Maine.

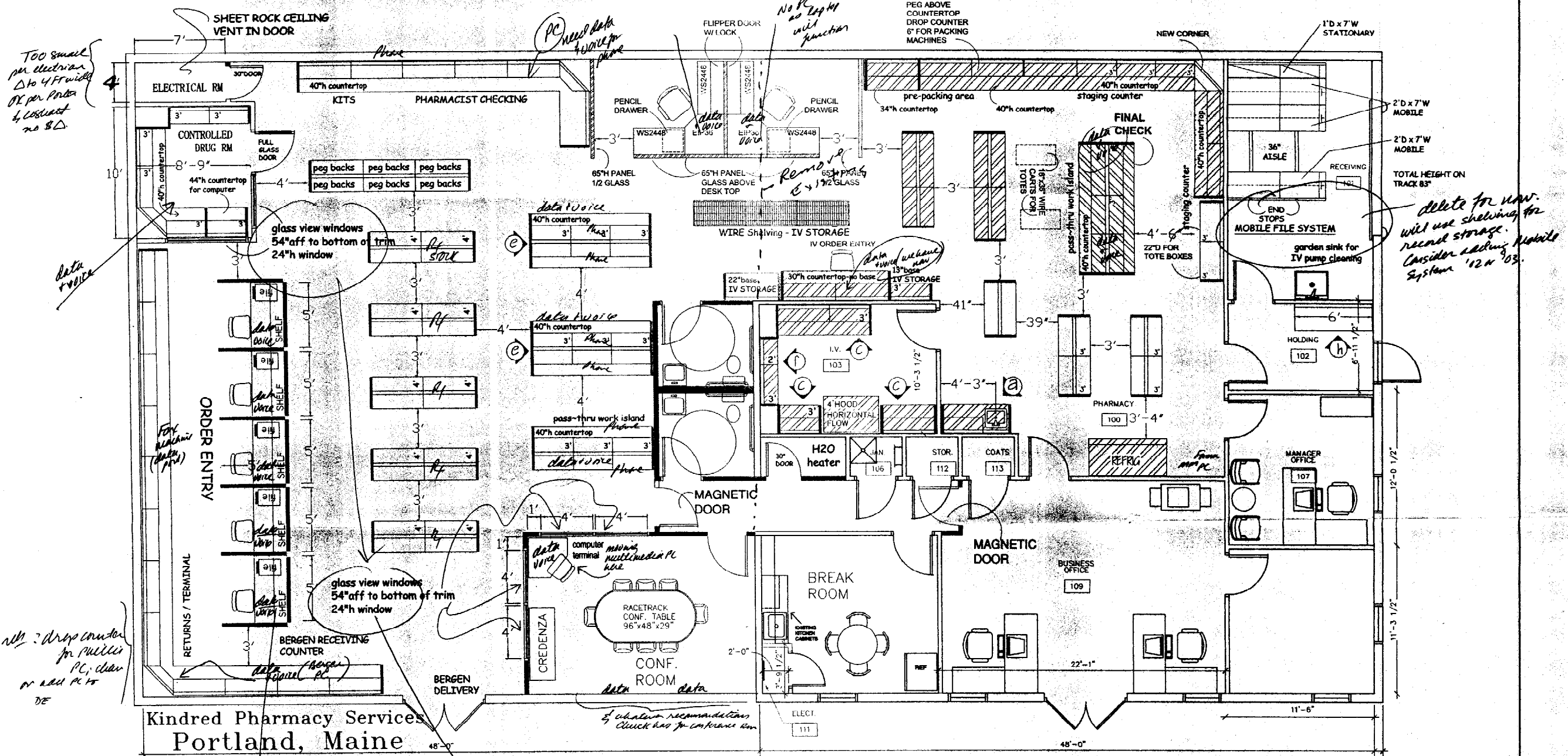
- 1.) Create two handicap bathrooms
- 2.) Create one conference room
- 3.) Create one controll drug room.

Note: Construction of partitions to be consisting of $3\frac{5}{8}$ " steel studs w/ $\frac{5}{8}$ " gwb. Ceiling, are to be 2x4 acoustical tile. Flooring is to be carpet and VCT.

Modifications to the existing space include abandonment of existing bathroom to create access, along with the removal of 15' of existing demising partition.

Sincerely

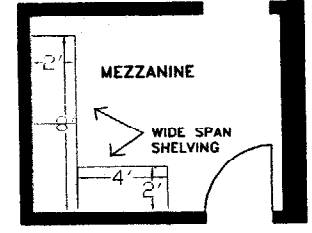

Ken Porter



Kindred Pharmacy Services
Portland, Maine

2001 PHARMACY ADDITION

**MEZZANINE PLAN
ADDED 10-01-98
PER LUCKETT & FARLEY**



REVISIONS
revised: 10/30/01 floor plan changes



Health Care
Division
205-833-2446
205-833-8659 Fax

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DESIGNED BY
H.L. COSHATT COMPANY INC.
RETAIL STORE DESIGNS
8315-C FIRST AVE. N. BIRMINGHAM, AL 35206 205-833-2446

DESIGNED FOR:
Kindred Pharmacy Services
Portland, Maine

DESIGNER	DATE	JOB NO.
R.S. Moore	8/9/01	
SCALE	DRAWING NO.	
1/4"=1'-0"	81\mch\1\DRAWINGS\MS\portland.dwg	

≈ 4600 \$

Lester good.
Approved
11/15/01