

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061529

This is to certify that 50 INDUSTRIAL WAY LLC Bangford & Low, Inc.has permission to FOUNDATION ONLY connected w/ previous 1994 for 12,000 sf bldg Brewing PlantAT 50 INDUSTRIAL WAY

provided that the person or persons who accept 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 when permission is procured before this building or part thereof is occupied or service is 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 _____

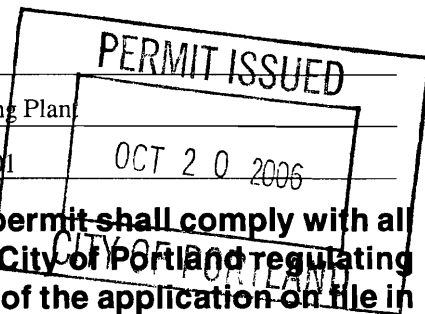
Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Rob Todd



City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1529		Issued Date: OCT 20 2006		PERMIT ISSUED 326 B009001	
Location of Construction: 50 INDUSTRIAL WAY		Owner Name: 50 INDUSTRIAL WAY LLC		Owner Address: 100 INDUSTRIAL WAY	
Business Name:		Contractor Name: Langford & Low, Inc.		Contractor Address: PO Box 662 Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Foundation Only/Commercial	
Past Use: Vacant Land		Proposed Use: FOUNDATION ONLY connected w/ permit #061434 for 12,350 sf bldg Brewing Plant		Permit Fee:	
				Cost of Work: \$0.00	
				CEO District: 5	
Proposed Project Description: FOUNDATION ONLY connected w/ permit #061434 for 12,350 sf bldg Brewing Plant		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See comment</i>		INSPECTION: Use Group: <i>FOUNDATION</i> Type: <i>ONLY</i> Signature: <i>10/19/06</i>	
		Signature:		Signature:	
		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: Idobson		Date Applied For: 10/18/2006		Zoning Approval	
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"/> Date:		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 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:			

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

10/27/06 - Checked factors forms / tubes & settable
for factors pour. OK to pour cement. Jon M

10/30/06 - Rear Wall - Rebar + wall Insp. OK to pour C&G.

11/17/06 - underground plumbing on left side
of Bldg - Test on + OK - Jon M

2/1/06 - Checked list of underground plumbing
for new bathrooms in front - Test on + OK -
no issues seen - OK to Backfill. Jon M

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	INDUS - DINE WAY
PROPERTY OWNERS NAME	

Last: <u>Tod</u>	First: <u>ROL</u>
Applicant Name: <u>Mark Morin / Nelson Melby</u>	
Mailing Address of Owner/Applicant (If Different): <u>194 Merrow Rd. Auburn ME 04210</u>	

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.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant: [Signature] Date: 10/27/06

2006-8391

PORTLAND PERMIT # 10067 TOWN COPY

Date Permit Issued: 10/27/06 \$ 1126 ☐ If Double Fee Charged

L.P.I. # 0244

Local Plumbing Inspector Signature: [Signature]

326 B9

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>OFFICE / GARAGE</u>	Plumbing To Be Installed By: 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 # <u>10184</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1.0 Hosebibb / Sillcock	1.0 Bathtub (and Shower)
	1.0 Floor Drain	1.0 Shower (Separate)
	5.0 Urinal	5.0 Sink
	3.0 Drinking Fountain	3.0 Wash Basin
	3.0 Indirect Waste	3.0 Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	Clothes Washer
	Grease / Oil Separator	Dish Washer
	Roof Drain	Garbage Disposal
	Bidet	Laundry Tub
	Other: _____	1.0 Water Heater
OR TRANSFER FEE [\$6.00]	1.0 Fixtures (Subtotal) Column 2 1.0 Fixtures (Subtotal) Column 1 2.0 Total Fixtures \$126 Fixture Fee 110 Transfer Fee Hook-Up & Relocation Fee 1136 Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE