

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 041829

JAN - 6 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that C & S Logistics Of Portland / Food Structures LLC

has permission to commercial space w/change of use

AT 56 Milliken St 334 A014001

provided that the person or persons, firm or corporation accepting 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 altered or closed-in. HEAVY 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. [Signature]

Health Dept. _____

Appeal Board _____

Other _____ Department Name

[Signature] 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: 04-1829	Issue Date: PERMIT ISSUED JAN - 6 2005	CBL: 334 A014001
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Location of Construction: 56 Milliken St	Owner Name: C & S Logistics Of Portland Llc	Owner Address: Old Ferry Rd	Phone: 772-1934
Business Name:	Contractor Name: Food Tech Structures LLC	Contractor Address: 2100 Washington St Hanover	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: I-M

Past Use: commercial space	Proposed Use: commercial space w/change of use	Permit Fee: \$1,821.00	Cost of Work: \$200,000.00	CEO District: 5
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Proposed Project Description: commercial space w/change of use	<p><i>for foundation & structural steel</i></p>	<p>FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>INSPECTION: Use Group: <i>B/S1</i> Type: <i>2B</i> <i>1/5/05</i></p> <p>Signature: <i>[Signature]</i> Signature: <i>[Signature]</i></p>
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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: jharris	Date Applied For: 12/14/2004	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan <i>required</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>OK 12/22/04</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Appro...u</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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

1/19/05 Friday 11/11 2005 A-3

1/19/05 Friday 11/11 2005 @ 6:00 AM A-3

Dug A-1-3 Info for MGN 11/11 2005

Entry point of 11/11 2005

11/11 2005

and 11/11 2005

11/11 2005

11/11 2005 - 11/11 2005

11/11 2005 11/11 2005

ELECTRICAL PERMIT

City of Portland, Me.

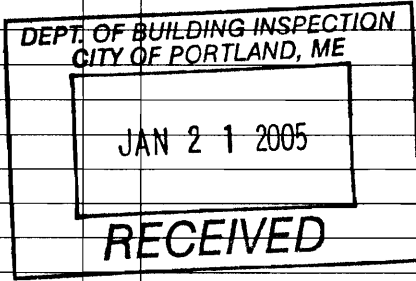


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date Jan 21
 Permit # 054068
 CBL# 334 A 14

LOCATION: 56 Milliken St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Barber Foods PHONE # _____

							TOTAL	EACH FEE	
OUTLETS	318	Receptacles	1100	Switches		Smoke Detector	.20	86.00	
FIXTURES		Incandescent	516	Fluorescent		Strips	.20	103.00	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00		
		Overhead	1	Underground		>800	25.00	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS	1	(number of)					1.00	1.00	
MOTORS	51	(number of)					2.00	102.00	
RESID/COM	11	Electric units					1.00	11.00	
HEATING	4	oil/gas units		Interior		Exterior	5.00	20.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00		
		Insta-Hot		Water heaters		Fans	2.00		
		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	
4		HVAC		EMS		Thermostat	5.00	20.00	
		Signs					10.00		
	Alarms/res					5.00			
	2	Alarms/com				15.00	30.00		
	19	Heavy Duty(CRKT)				2.00	38.00		
		Circus/Carnv				25.00			
		Alterations				5.00			
		Fire Repairs				15.00			
		E Lights				1.00			
	1	E Generators				20.00	20.00		
PANELS	1	Service	18	Remote	1	Main	4.00	80.00	
TRANSFORMER		0-25 Kva					5.00		
	6	25-200 Kva					8.00	48.00	
		Over 200 Kva					10.00		
TOTAL AMOUNT DUE								583.80	
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE	35.00	



CONTRACTORS NAME Seabee Electric MASTER LIC. # 17768 ^{584.00}
 ADDRESS 84 Pleasant Hill Rd. Scarborough LIMITED LIC. # _____
 TELEPHONE 883-5448

SIGNATURE OF CONTRACTOR [Signature] \$ 7534
 White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): _____

PORTLAND PERMIT # 9243 TOWN COPY

Date Permit Issued: 1/21/05 \$ 3310.00 FEE Double Fee Charged

L.P.I. # 608

Amalant Uly
Local Plumbing Inspector Signature

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

Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	4	Sink
		Drinking Fountain	4	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	7	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR		Bidet		Laundry Tub
		Other: _____		Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			54	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE