

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Instructions And
Notes, If Any,
Attached

BUILDING CONSTRUCTION

PERMIT

Permit Number: 090700

I hereby certify that LOCKARD ROBERT A / P.M. Construction
has permission to Temporary Construction Trailer at Algreens Pharmacy
336 ALLEN AVE CB# 344 E036001

Provided that the person or persons, firm or corporation accepting this permit shall comply with all 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 lath or other work 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. CAPT. R. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 7/20/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED
JUL 20 2009
CITY OF PORTLAND

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

Permit No: 09-0700	Issue Date: 7/28/09	CBL: 344 E036001
-----------------------	------------------------	---------------------

Location of Construction: 336 ALLEN AVE	Owner Name: LOCKARD ROBERT A	Owner Address: 69 HANCOCK RD	Phone: 207-202-7697
Business Name:	Contractor Name: P M Construction Co.	Contractor Address: 19 Industrial Park Rd Saco	Phone: 2072827697
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	Zone: B-2

Past Use: Multi commercial buildings on lots	Proposed Use: Walgreens Pharmacy - Temporary Construction Trailer for Walgreens Pharmacy	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 5
Proposed Project Description: Temporary Construction Trailer Walgreens Pharmacy		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Storage</i>	
		Signature: <i>RC</i>	Signature: <i>CE</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: lmd	Date Applied For: 07/07/2009	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: <i>7/7/09</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>ok with conditions</i> <i>7/7/09</i>			
	Signature: _____ 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

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 **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

 7/2/09
Date

Signature of Inspections Official

Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0700	Date Applied For: 07/07/2009	CBL: 344 E036001
------------------------------	--	----------------------------

Location of Construction: 336 ALLEN AVE	Owner Name: LOCKARD ROBERT A	Owner Address: 69 HANCOCK RD	Phone: 207-202-7697
Business Name:	Contractor Name: P M Construction Co.	Contractor Address: 19 Industrial Park Rd Saco	Phone: (207) 282-7697
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	

Proposed Use: Walgreens Pharmacy - Temporary Construction Trailer for Walgreens Pharmacy	Proposed Project Description: Temporary Construction Trailer Walgreens Pharmacy
--	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 07/07/2009
Note: **Ok to Issue:**

- 1) All previous conditions on the demolition of buildings and redevelopment of the lot are still in force.
- 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:** Chris Hanson **Approval Date:** 07/20/2009
Note: **Ok to Issue:**

- 1) Temporary trailer permit ,NO CONSTRUCTION, seperate permits required.
- 2) Separate Permits shall be required for any new signage.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved **Reviewer:** Capt Keith Gautreau **Approval Date:** 07/08/2009
Note: **Ok to Issue:**

Comments:

7/7/2009-lmd: Will e-mail PDF for archiving

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0700	Date Applied For: 07/07/2009	CBL: 344 E036001
------------------------------	--	----------------------------

Location of Construction: 336 ALLEN AVE	Owner Name: LOCKARD ROBERT A	Owner Address: 69 HANCOCK RD	Phone: 207-202-7697
Business Name:	Contractor Name: P M Construction Co.	Contractor Address: 19 Industrial Park Rd Saco	Phone: (207) 282-7697
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	

Proposed Use: Walgreens Pharmacy - Temporary Construction Trailer for Walgreens Pharmacy	Proposed Project Description: Temporary Construction Trailer Walgreens Pharmacy
--	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 07/07/2009
Note: **Ok to Issue:**

- 1) All previous conditions on the demolition of buildings and redevelopment of the lot are still in force.
- 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:** Chris Hanson **Approval Date:** 07/20/2009
Note: **Ok to Issue:**

- 1) Temporary trailer permit ,NO CONSTRUCTION, seperate permits required.
- 2) Separate Permits shall be required for any new signage.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved **Reviewer:** Capt Keith Gautreau **Approval Date:** 07/08/2009
Note: **Ok to Issue:**

Comments:

7/7/2009-lmd: Will e-mail PDF for archiving



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>Washington and Allen Ave</u>		
Total Square Footage of Proposed Structure/Area <u>300 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>344 E 036</u>	Applicant * must be owner, Lessee or Buyer * Name <u>PM Construction</u> Address <u>19 Industrial Park Rd</u> City, State & Zip <u>Saco, ME 04072</u>	Telephone: <u>207-282-7697</u>
Lessee/DBA (If Applicable) <u>JUL 7 2009</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Placement of a temporary construction trailer with 2 sets of stairs w/ railings</u>		
Contractor's name: <u>PM Construction</u> Address: <u>19 Industrial Park Road</u> City, State & Zip <u>Saco, ME 04072</u> Telephone: <u>282-7697</u> Who should we contact when the permit is ready: <u>Tim Rivardi</u> Telephone: <u>229-8098</u> Mailing address: _____		

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: [Signature] Date: 7/7/09

This is not a permit; you may not commence ANY work until the permit is issue