

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070272

Please Read
Application And
Notes, If Any,
Attached

This is to certify that RITE AID OF MAINE INC M Chriselli & Associates/Ron Pao

has permission to Demolition of the "Rite Aid" building reference permit#07-02

AT 365 ALLEN AVE 401 A027001

PERMIT ISSUED	
OCT - 1 2007	

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this State and of the Ordinances of the City of Portland regarding 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 procured before this building or part thereof is loaded or enclosed-in-4 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

Jeannie Bowte 10/1/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

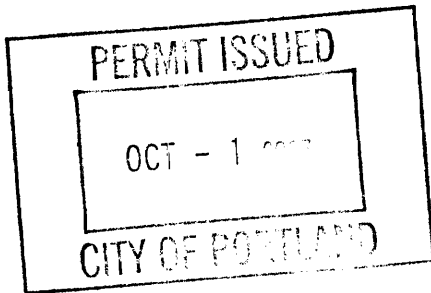
Permit No: 07-0272	Issue Date:	CBL: 401 A027001
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Location of Construction: 365 ALLEN AVE	Owner Name: RITE AID OF MAINE INC	Owner Address: PO BOX 3165	Phone:
Business Name:	Contractor Name: G M Chrisalli & Associates/Rocco P	Contractor Address: 846 Hiawatha Blvd Syracuse	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone:

Past Use: Rite Aid	Proposed Use: Rite- Aid - Demolition of the "Rite Aid" building reference permit#07-0251	Permit Fee:	Cost of Work: \$0.00	CEO District: 4
Proposed Project Description: Demolition of the "Rite Aid" building reference permit#07-0251		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>IM</i> Type: <i>Demolition ONLY</i> <i>IR-2003</i>	
		Signature: _____ Signature: <i>JMB 10/11/07</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: 03/19/2007	Zoning Approval
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- 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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB</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: _____
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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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 365 ALLEN AVE

CBL 401 A027001

Issued to RITE AID OF MAINE INC /G M Chrisalle Associates/Rocco Date of Issue 01/24/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1766 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Rite Aid
Commercial/Retail
Use Group M
Type 5B

Limiting Conditions:

Limiting conditions: "Any electronic messaging (i.e. signage) shall not change copy more than once every twenty (20) minutes, other than display of time and temperature".

This certificate supersedes
certificate issued 9/19/2007

Approved:

1/24/08
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.