

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND**BUILDING INSPECTION****PERMIT**

Please Read
Application And
Notes, If Any,
Attached

PERMIT ISSUED
 Permit Number: 080776
 AUG 6 2008
CITY OF PORTLANDThis is to certify that NAPPI DISTRIBUTORS / William Hall & Sonshas permission to install 2nd stairwell, add interior separation walls, storage areaAT 1275 PRESUMPTSCOT ST

City 421 A006001

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of the State 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 rendered in 24 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALSFire Dept. Craig Davis

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Jaime Burke 8/6/08
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

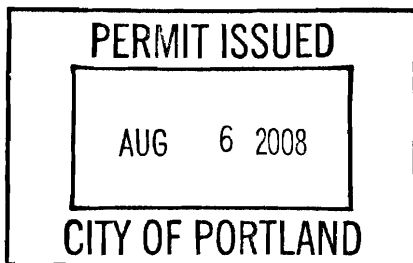
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0776	Issue Date:	CBL: 421 A006001
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Location of Construction: 275 PRESUMPCOT ST	Owner Name: NAPPI DISTRIBUTORS	Owner Address: 235 PRESUMPCOT ST	Phone:
Business Name:	Contractor Name: William Hall & Sons	Contractor Address: 334 A Granite St Yarmouth	Phone: 2078465042
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: I-M

Past Use: Commercial - warehousing	Proposed Use: Commercial - warehousing - install 2nd stairwell, add interior separation walls in storage area	Permit Fee: \$220.00	Cost of Work: \$20,000.00	CEO District: 4
Proposed Project Description: install 2nd stairwell, add interior separation walls in storage area		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions	INSPECTION: Use Group: S2 Type: 2B IBC-2003	
		Signature: Greg Carr	Signature: JMB 8/6/08	
		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: 06/26/2008	Zoning Approval		
<ol style="list-style-type: none">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	Zoning Appeal	Historic Preservation
		<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
		<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review		
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved		
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions		
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied		
Date: 8/6/30/08		Date:	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

11-18-08 - Received product specs on requested Fire rated glazing replacement in existing Firewall (previously not a firewall). Sprinklers to be installed per code for Hose Stream. JMB

12-18-08 OK: rough-in internal wall. W.E.

City of Portland, Maine - Building or Use Permit Application

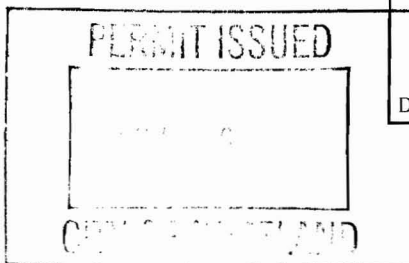
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1407	Issue Date: 11/06/08	CBL: 421 A006001
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Location of Construction: PRESUMPCOT ST	Owner Name: NAPPI DISTRIBUTORS	Owner Address: 235 PRESUMPCOT ST	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	Zone: IM

Past Use: Commercial - <i>water house / storage</i>	Proposed Use: Commercial - install a 1000 gallon underground propane tank	Permit Fee: \$35.00	Cost of Work: \$35.00	CEO District: 4
Proposed Project Description: install a 1000 gallon underground propane tank		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>TO NFPA 58</i>	INSPECTION: Use Group: <i>S-2</i> Type: <i>IMC-2003</i> <i>NFPA-58</i>	
		Signature: <i>Greg Chase</i>	Signature: <i>11/06/08</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: Idobson	Date Applied For: 11/03/2008	Zoning Approval		
<ol style="list-style-type: none">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	Zoning Appeal	Historic Preservation
		<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</i> Date: <i>11/4/08 ABM</i>	<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:	<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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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

11-13-08 2:00 PM 1st Run - Returned at 10:30 Tank +
Location 18 ~~10:30~~

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland
Street	1111 S. Main St
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	Signature: [Signature]
Mailing Address of Owner/Applicant (If Different)	

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.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 10714 TOWN COPY

Date Permit Issued:

8/6/08

\$ [Fee] FEE Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 01312

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY [Handwritten]

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # [Handwritten]

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Number

Column 2

Type of Fixture

02	Hosebib / Sillcock
04	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
01	Grease / Oil Separator
	Roof Drain
	Bidet
	Other: _____
07	Fixtures (Subtotal) Column 2

Number

Column 1

Type of Fixture

	Bathtub (and Shower)
	Shower (Separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater
	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

07	Fixtures (Subtotal) Column 2
08	Total Fixtures
	Fixture Fee
	Transfer Fee
	Hook-Up & Relocation Fee
	Permit Fee (Total)