

CITY OF PORTLAND, MAINE

369 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

July 24, 1989

Wright - Ryan
10 Danforth Street
Portland, Maine 04101

Re: 5-Milk Street

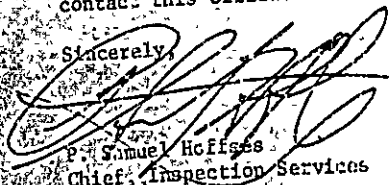
Dear Sir:

Your application to make interior renovations has been reviewed and a permit is hereby issued subject to the following requirements:

- 1.) Initiation of the required fire alarm system may be by means of an approved automatic sprinkler system in accordance with 7-6.2.1. (C) providing protection throughout the building.
- 2.) At all times that the building is occupied the required fire alarm system shall sound a general audible alarm throughout the building.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: Lt. Garroway, Portland Fire Department

Permit # 0023 City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Milk Street Assoc. Phone # 772-6404 - Bruce Kistner Agent

Address: P.O. Box 7525, Portland, ME 04112

LOCATION OF CONSTRUCTION 5 Milk Street - 4th Floor

Contractor: Four River Co. Sub: _____

Address: same as above Phone # _____

Est. Construction Cost: \$2,000.00 Proposed Use: office

_____ Past Use: same

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Interior renovations to fourth floor, as per 2 sets of

plans.

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 1. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering 1. _____
 4. Fire V. _____ required _____
 5. Oth. Mat. _____

For Official Use Only PERMIT ISSUED

Date March 29, 1990 Subdivision _____ Name _____
 Inside Fire Limits _____ Bldg Code _____ Lot APR 10 1990
 Type Limit _____ Ownership: _____ Public _____ Private _____
 Estimated Cost: \$2,000.00 City of Portland

Zoning: B-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yrs _____ No _____
 Special Exception _____
 Other (Explain) OK WRD A-204-18-90

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required - Yes _____ No _____

Plumbing:
 1. Approval of soil test if required _____ Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi

Signature of Applicant Bruce Kistner as Agent for Owner Date 3-29-90

Signature of CEO _____ Date 4-18-90

Inspection Dates _____

PERMIT ISSUED WITH LETTER

White-Tax Assessor Yellow-GPCOG White Tag-CEO Copyright GPCOG 1988

10/10 MR. STEVING

001951

PERMIT # _____ TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Milk Street AssociatesAddress: Box 7524, DTS, Portland, 04112LOCATION OF CONSTRUCTION 5 Milk StreetCONTRACTOR: For a River Co. SUBCONTRACTORS: 772-6404ADDRESS: sameEst. Construction Cost: \$2,000 Type of Use: commercial

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion: Explain Interior renovations, removing and replacing doorways and windows.**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE** 2 sets of constructionResidential Building: Only _____ # Of Dwelling Units _____ # Of New Dwelling Units _____ plans submitted.

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 15" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

**PERMIT ISSUED
WITH LETTER**

For Official Use Only	
Date: <u>April 12, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits: _____	Name: _____
Eldg Code: _____	Lot: _____
Time Limit: _____	Flock: _____
Estimated Cost: <u>\$2,000</u>	Permit Expiration: _____
Value Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$30.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes 25 No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____ 00.2
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District: B-3 Street Frontage Req: _____ Provided: _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved: WDD 4-17-89

Permit Received By Nancy Grossman

Signature of Applicant Julian Burkhardt Date 4/12/89

Signature of CEO Michael Harvey Date 4-15-89

Inspection Dates _____

White-Tax Assessor (Yellow-GPCOG) White-Tax-CEO (Yellow-GPCOG) © Copyright GPCOG 1987

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$25.00 _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$5.00 _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 5/8/89 - Completed as per plan - in compliance with
 the Dept. Order April 19/89 =
 5/9/89 - *(Signature)*

Signature of Applicant *Barbara A. Bruchardt (agent for owner)*

Date 4/12/89



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

April 19, 1989

Milk Street Associates
Box 7525 DTS
Portland, Maine 04112

Re: 5 Milk Street, Portland, Maine

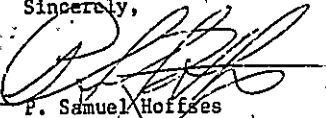
Dear Sir:

Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements:

- 1.) Exits to be marked with illuminated exit signs.
- 2.) Emergency lighting to light the path of travel to exits to be provided.
- 3.) Initiation of alarm system by sprinkler system activation and by fire alarm system shall sound a horn/light within the occupancy.
- 4.) Handrails shall meet requirements of article 8 of the building code.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: Lt. Garroway, Fire Department

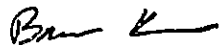
FORE RIVER COMPANY

5 MILK STREET

P.O. BOX 7525

PORTLAND, MAINE 04112

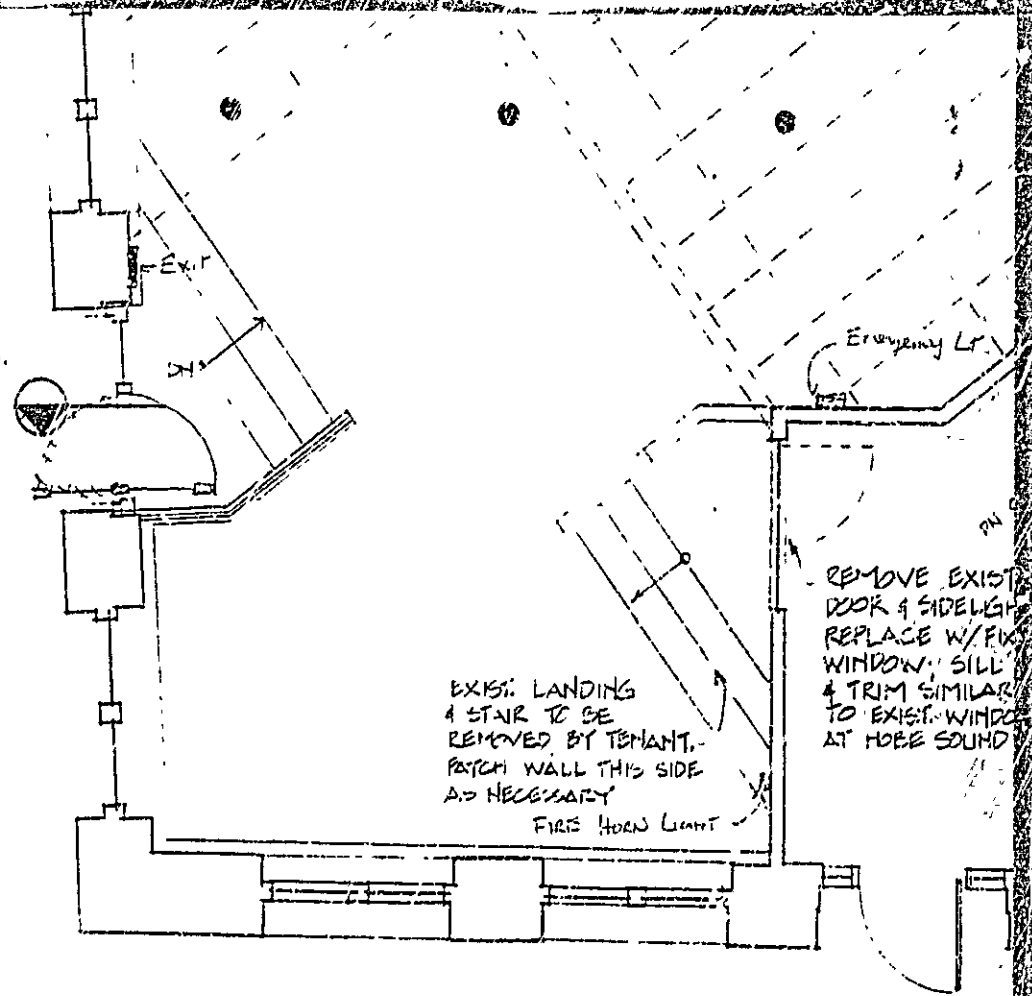
(207) 772-6404

MEMORANDUM		DATE 5/2/89
TO:	SUBJECT:	
Sam Hoffes, Chief Inspection Services Division City of Portland 369 Congress Street Portland, ME 04101	5 Milk Street Permit #001951	
<p>Dear Sam,</p> <p>I am writing to follow up the telephone conversation we had regarding the swing of the 5 Milk Street door. The enclosed photocopy shows the door swinging in as we agreed. Please call if you have any questions.</p> <p>Sincerely yours,</p> <p> Bruce Kistler</p> <p>Enclosure</p>		

REMOVE EXIST. WINDOWS.
RE-LOCATE EXIST. DOOR
W/ NEW SIDELIGHT IN
EXTENDED M.O.
NEW LANDING & STAIRS.

5.2.89

OK TO SWING DOOR IN
TOLERANCE W/ SUM HOFFER AND
LT GARROWAY



5 MILK STREET PLAN - HARDENBRO
5.2.89

B PERMIT # 001951

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Milk Street Associates

Address: Box 7525, DTS, Portland, 04112

LOCATION OF CONSTRUCTION 5 Milk Street

CONTRACTOR: Fore River Co. SUBCONTRACTORS: 772-6404

ADDRESS: same

Est. Construction Cost: \$2,000 Type of Use: commercial

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Construction - Explain Interior renovations, removing and replacing door sills and windows.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # Of Dwelling Units: _____ # Of New Dwelling Units: 2 sets of construction plans submitted

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floors

1. Sills size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Framing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date <u>April 12, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blgg Code _____	Lot _____
Time Limit _____	Block _____
Est. and Cost: <u>\$2,000</u>	Permit Expiration: _____
Vi _____	Ownership: _____ Public _____ Private _____
Fe <u>30.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other: _____

Chimney:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Sinks or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District: _____ Street Frontage Req: _____ Provided: _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain): _____

Date Approved: _____

Permit Received By Nancy Grossman

Signature of Applicant: Barbara B. Barbalet Date 4/12/89

Signature of CEO _____ Date _____

Inspection Dates: (10) HD

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1000 Commercial Street, Portland, ME

Issued to Fore River Management

Date of Issue July 31, 1989

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. 88/2372, 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 floor

APPROVED OCCUPANCY

Office Space

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

7/31/89
(Date)

A. Lowe
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate certifies lawful use of building or premises, and cannot be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PERMIT # 002438 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Fore River Development

Owner: Richard Casada 773-3625

Address: 5 Milk St., Portland 04101

LOCATION OF CONSTRUCTION 5 Milk St., 2nd Floor

CONTRACTOR: Wright-Ryan SUBCONTRACTORS: 773-36255

ADDRESS: 10 Danforth St., Portland 04101

Est. Construction Cost: \$2600 Type of Use: offices

Past Use: _____

Building Dimensions: _____ W _____ sq Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal: _____ Condominium: _____ Apartment: _____

Conversion - Explain interior renovations to offices, removing non-bearing walls, erecting

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Residential Buildings Only: 3 walls, 2 complete
Of Dwelling Units _____ # Of New Dwelling Units _____ sets of plans submitted.

Foundations:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footing Size: _____
4. Foundation Size: _____
5. Other: _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16 O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Size _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date Aug 2, 1989

Inside Fire Alarm _____

Bldg Code _____

Time Limit _____

Estimated Cost \$2500

Value/Structure _____

Fee \$35.00

Subdivision: Yes / No _____

Parcel _____

Lot _____

Block _____

Permit Expiration: _____

Ownership: _____

Public _____

Private _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size: _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other: _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District: _____ Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt. _____ Special Exception _____
Other (Explain) _____
Date Approved: _____

Permit Received By Nancy Grossman

Signature of Applicant: *Brian Kelly* Date: *8-2* AGENT: *OW 14*

Signature of CEO: _____ Date: _____

Inspection Dates: *(10) (10) (10)*

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 6/7/90 19__
 Receipt and Permit number 01343

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 5 Milk St. - 4th floor
 OWNER'S NAME: Winton Scott ADDRESS: same

OUTLETS: _____ FEES

Receptacles 15 Switches 6 Plugmold _____ ft. TOTAL 21 2.30

FIXTURES: (number of) _____

Incandescert 12 Fluorescent 3 (not strip) TOTAL 15 3.50

Strip Fluorescent _____ ft.

SERVICES: _____

Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) _____

Fractional _____

1 HP or over _____

RESIDENTIAL HEATING: _____

Oil or Gas (number of units) _____

Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: _____

Oil or Gas (by a main boiler) _____

Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) _____

Ranges _____ Water Heaters _____

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers _____ Compactors _____

Fans _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) _____

Branch Panels _____

Transformers _____

Air Conditioners Centra. Unit _____

Separate Units (windows) _____

Signs 20 sq. ft. and under _____

Over 20 sq. ft. _____

Swimming Pools Above _____

in Ground _____

Fire/Burglar Alarms Re- _____

Commercial _____

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____

over 30 amps _____

Circus, Fairs, etc. _____

Access to wires _____

for fire _____

Lights, battery _____

Generators _____

INSTALLATION FEE DUE:

WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:

A "STOP ORDER" (304-16.b)

TOTAL AMOUNT DUE: 6.50

INSPECTION:

Will be ready on today - pm, 19__; or Will Call _____

CONTRACTOR'S NAME: John Perry

ADDRESS: 381 Danforth St; Ptid

TEL: 773-5824

MASTER LICENSE NO.: #03695 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 3, 19 89
 Receipt and Permit number 00574

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

LOCATION OF WORK: 5 Milk St., 2nd Floor
 OWNER'S NAME: Fore River Development ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>1-30</u> Switches <u>1-10</u> Plugmold _____ ft. TOTAL <u>40</u>	<u>5.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Ove. 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners: Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under: _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires: <u>X</u> _____	<u>2.00</u>
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (30+16.b) DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: _____	<u>7.00</u>

INSPECTION:
 Will be ready on _____, 19 ____; or Will Call X
 CONTRACTOR'S NAME: John Perry Electric Co.
 ADDRESS: 38 Danforth St., Portland
 TEL: 773-5824
 MASTER LICENSE NO.: 3595 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 7, 1989, 19
 Receipt and Permit number 0096

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 5 Milk Street 1st Floor
 OWNER'S NAME: National Fishing Exposition ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of) Incandescent _____ Fluorescent <u>X</u> (not strip) TOTAL <u>1-10</u>	3.00
Strip Fluorescent _____ ft.	3.00
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____ Cook Tops _____ Wall Ovens _____ Dryers _____ Fans _____	
Water Heaters _____ Disposals _____ Dishwashers _____ Compactors _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of) Branch Panels _____ Transformers _____ Air Conditioners Central Unit _____ Separate Units (windows) _____ Signs 20 sq. ft. and under _____ Over 20 sq. ft. _____ Swimming Pools Above Ground _____ In Ground _____ Fire/Burglar Alarms Residential _____ Commercial _____ Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ over 30 amps _____ Circus, Fairs, etc. _____ Alterations to wires _____ Repairs after fire _____ Emergency Lights, battery _____ Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: _____	6.00

INSPECTION: Will be ready on _____, 19__; or Will Call Already called in
 CONTRACTOR'S NAME: John A. Perry Electric Co., Inc.
 ADDRESS: 381 Danforth St. Portland, 04102
 TEL: 773-5824
 MASTER LICENSE NO.: 3695 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

912531

Permit # 912531 City of Portland **BUILDING PERMIT APPLICATION** Fee 500 Zone Map # Lot #
Please fill out any part which applies to job. Proper plans must accompany form.

Owner OC Phone # 772-8491
 Address 5 Milk St. P.O. # 04112
 LOCATION OF CONSTRUCTION 5 Milk St.
 Contractor Sub.
 Address Phone #
 Est. Construction Cost
 Proposed Use: office/retail
 Past Use: office/retail
 # of Existing Res. Units
 Building Dimensions L W
 # Stories # Bedrooms
 In Proposed Use Seasonal
 Exp. Conversion
 Total Sq. Ft. Lot Size
 Condominium Conversion
sign & signboard (240 sq ft)

PERMIT ISSUED
CITY OF PORTLAND
 For Official Use Only
 Date 3/6/91 Subdivision
 Inside Fire Limit Fire
 Blk. Code Ownership
 Time Limit
 Estimated Cost
 Zoning: R3
 Street Frontage Provided:
 Provided Setbacks: Front Back Side
 Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zoning: Yes No Floodplain Yes No
 Special Exception
 Other (Explain):

Foundation:
 1. Type of Soil
 2. Set Backs - Front Rear Side(s)
 3. Footings Size
 4. Foundation Size
 5. Other

Floor:
 1. Sills Size Sills must be anchored.
 2. Girder Size
 3. Tally Column Spacing Size:
 4. Joists Size Spacing 16" O.C.
 5. Bridging Type Size:
 6. Floor Sheathing Type Size:
 7. Other Material

Exterior Walls:
 1. Studding Size Spacing
 2. No windows
 3. No Doors
 4. Header Sizes Span(s)
 5. Bracing Yes No
 6. Corner Posts Size
 7. Insulation Type Size
 8. Sheathing Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Materials

Interior Walls:
 1. Studding Size Spacing
 2. Header Sizes Span(s)
 3. Wall Covering Type
 4. Fire Wall if required
 5. Other Materials

Ceiling:
 1. Ceiling Joists Size:
 2. Ceiling Strapping Size Spacing
 3. Type Ceilings:
 4. Insulation Type Size
 5. Ceiling Height:

Roof:
 1. Truss or Rafter Size Span
 2. Sheathing Type Size
 3. Roof Covering Type

Chimneys:
 Type: Number of Fire Places

Heating:
 Type of Heat:

Electrical:
 Service Entrance Size: Smoke Detector Yes No

Plumbing:
 1. Approval of soil test if required
 2. No. of Tubs or Showers
 3. No. of Flushes
 4. No. of Lavatories
 5. No. of Other Fixtures

Swimming Pools:
 1. Type:
 2. Pool Size: Square
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 3-6-91

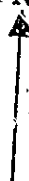
Signature of CEO Bruce Kittler Date

Inspection Dates

White Tax Assessor Yellow-GPCOG White Tag-CEO [Signature] GPCOG 1986

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fee \$ 98-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant Bruce U

Date 3.6.91



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04111 207-874-8300

**HISTORIC PRESERVATION
 CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: 29-A-3

Property Address: 5 Milk Street

Applicant: (name) Mr. Peter Quesada, Milk Street Associates
 (address) P.O. Box 7525
Portland, ME 04112

Proposed Work (continue on back if necessary): Proposed signage program for entire building, per application as submitted. Also, installation of one new awning on Silver Street, per application.

Conditions of Approval (continue on back if necessary):

1. Bolts for awnings and signage shall be placed in mortar, not bricks.
2. Future sign changes or tenant name changes shall be consistent with this approval, subject to staff review and to assure consistency.
3. The color of the signage band shall remain consistent per the application specifications.

Reasons for Denial (continue on back if necessary):

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

4/29/91
Date

Joseph E. [Signature]
Director of Planning and Urban Development

Staff Recommendation:

___ Additional Information Requested (date: _____ rec'd: _____)
___ Approve. ___ Approve w/ conditions. ___ Deny. No Recommendation. Date: 3-22-91

Historic Preservation Committee Recommendation/Decision:

Required: Yes ___ No
___ Approve. Approve w/ conditions. ___ Deny. Vote: 6-0, Urban abstaining (4-3-91)
Conditions: See other side

Planning Board Decision:

Required: ___ Yes No
___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions: _____

City Council Decision (Project of Special Merit):

___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions:
___ 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
___ 2. Developer provide full documentation of the resource, provide suitable monument.
___ 3. Other: _____



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04101 207-874-8300

HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:
 granted a Certificate of Appropriateness, with conditions as indicated.
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3/22/91
Date

Joseph E. [Signature]
Director of Planning and Urban Development

Staff Recommendation:

___ Additional Information Requested (date: _____ rec'd: _____)
___ Approve. ___ Approve w/ conditions. ___ Deny. No Recommendation. Date: 3-22-91

Historic Preservation Committee Recommendation/Decision:

Required: Yes ___ No
___ Approve. Approve w/ conditions. ___ Deny. Vote: 6-0, Urban abstaining (4-3-91)
Conditions: See other side

Planning Board Decision:

Required: ___ Yes No
___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions: _____

City Council Decision (Project of Special Merit):

___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions: _____
___ 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
___ 2. Developer provide full documentation of the resource, provide suitable monument.
___ 3. Other: _____

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal
Ads for Agenda's

Project Name: Signage and Awning

Owner's Name: Mr. Peter Quesada, Milk Street Associates

Address of Project: 5 Milk Street

Division/Board: Historic Preservation Committee

Number of Residential Notices Mailed Out: 80

$\frac{1}{2}$ Amount of Legal Ad: \$16.56

.40 X number of notices: \$32.00

Total Amount Due: \$48.56

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: Peter Quesada, Milk Street Associates

P.O. Box 7525

Portland ME 04112

PAYMENT DUE AT TIME
OF ISSUANCE OF PERMIT

mailed: _____



RECEIVED

MAR 06 1991

City of Portland
Department of Planning and Urban Development
Room 211 City Hall, Portland, Maine 04101
DEPARTMENT OF PLANNING INSPECTIONS
389 Congress Street
207-874-8300

HISTORIC PRESERVATION APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 5 MILK STREET

Applicant: (name) PETER W. QUEVEDA (telephone) 712-6400
(company) MILK STREET ASSOCIATES
(address) P.O. BOX 7528
PORTLAND, ME 04112

Property Owner, if different: (name) _____
(address) _____
(telephone) _____

Architect (if any): _____
Contractor or Builder (if any): _____

Local Designation: within historic district: (name) PORTLAND WATERFRONT HISTORIC DISTRICT
 Landmark. Contributing. Non-contributing.
National Register Status: Landmark. District. Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):
INSTALL SIGNBOARDS AND AWNING ON BLDG.

Work is proposed in conjunction with:
 Major site plan application. Minor site plan application.
 Building permit application. None of the above.

Applicant's Signature _____
Owner's Signature (if different) Peter W. Quevedo
PETER W. QUEVEDO U.S. of Gen'l Partner, Milk St Assoc.

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____
Date Application Submitted: 3/7/91 Date Application Complete: _____

Witness: _____
City of Portland

RECEIVED

MAR 06 1991

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-76

ISSUED BY

GRANITEVILLE COMPANY
GRANITEVILLE S.C.

Date Work Performed

7/18/86

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).
FOR THE ASTRUP COMPANY
CITY CLEVELAND

AT 2937 WEST 25 ST.
STATE OHIO 44113

Certification is hereby made that: (Check "a" or "b")

- (a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used.....
Method of application.....
Chem. Reg. No.....

- (b) The articles described on the reverse side hereof are made from a flame resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FIRECHIEF CALABONA No. F-76

The Flame Retardant Process Used WILL NOT Be Removed By Washing
(will or will not)

H. S. WITT

Name of Production Superintendent

By J. GRICE KEEL

This QC SUPERVISOR

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

The ASTRUP COMPANY
2937 WEST 25 ST.

CLEVELAND, OHIO JOHN F. FELL

Witness

140

FOKE RIVER COMPANY

5 Milk Street P.O. Box 7525 Portland, ME 04112 (207)772-6104

TRANSMITTAL NOTICE

TO:
P. Samuel Hoffes, Chief
Inspection Services Division
City of Portland
389 Congress Street
Portland, ME 04101

SUBJECT:
5 Milk Street

DATE: 3/6/91

COPIES	DESCRIPTION:
2	Site Plan 3/3/91
2	Sheet A-8, Elevation Revised 3/4/91
2	Sheet A-9, Elevation Revised 3/4/91
2	Sheet A-10, Elevation Revised 3/4/91
2	Sketch-71, Signboard Section 3/3/91
1	Certificate of Insurance, Building Owners Liability Insurance
1	Owner's Consent Agreement
1	Application For Certificate of Appropriateness
1	Certificate of Flame Retardant Awning

REMARKS

Dear Mr. Hoffes,

I would like to apply for a permit to install the signboard and awning as shown on the enclosed drawing. I would also like to have approval for the current entry level tenant, Phelps and Phelps, and future entry level tenants to mount their graphics on the signboard. The graphics would probably range from 6" to 10" high and would probably be formed, vinyl, or painted graphics. Please call if you have any question or problems.

Sincerely,


Bruce Kistler

RECEIVED

MAR 06 1991

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Witness

1/40



DECLARATION * * EFFECTIVE 03/14/90 BUSINESSOWNERS

Policy number 118004107824	From 03/14/90	Policy period To 03/14/91	Coverage is provided in the PEERLESS INSURANCE COMPANY	Agency 03501
Named insured and address MILK ST. ASSOCIATES (SEE SCHEDULE) PO BOX 7525 PORTLAND, MAINE 04112			Producer ALLEN AGENCY P.O. BOX 578 CANDEN, ME	

SPECIAL BUSINESSOWNERS

POLICY PERIOD: 03-14-90 TO 03-14-91
BEGINNING AND ENDING AT 12 NOON STANDARD TIME AT THE DESCRIBED PREMISES.
NAMED INSURED IS: CORPORATION
INSURED BUSINESS IS: REAL ESTATE OWNER
MORTGAGEE: KEY BANK
ONE CANAL PLAZA
PORTLAND, MAINE 04112

IN CONSIDERATION OF THE PREMIUM, INSURANCE IS PROVIDED THE NAMED INSURED WITH RESPECT TO THOSE PREMISES DESCRIBED IN THE SCHEDULE BELOW AND WITH RESPECT TO THOSE COVERAGES AND KINDS OF PROPERTY FOR WHICH A SPECIFIC LIMIT OF LIABILITY IS SHOWN, SUBJECT TO ALL OF THE TERMS OF THIS POLICY INCLUDING FORMS AND ENDORSEMENTS MADE A PART HEREOF.
DESCRIBED PREMISES: (*SAME* SHOWS IF SAME AS MAIL ADDRESS)
NO. 1 36-40 PEARL STREET, PORTLAND, MAINE

SECTION I. - BUILDING(S), BUSINESS PERSONAL PROPERTY, LOSS OF INCOME, MONEY AND SECURITIES.
DEDUCTIBLE - \$ 1000 ON COVERAGE A (REFER TO DCP103)
 \$ 1000 ON COVERAGE P

COVERAGE AND LIMITS OF LIABILITY	LOC NO. 1	LOC NO.	LOC NO.
	BLDG NO. 1	BLDG NO.	BLDG NO.
A BUILDING	\$ 1,844,000	\$	\$
B BUSINESS PERSONAL PROPERTY	\$ 26,000	\$	\$
C LOSS OF INCOME			
D MONEY AND SECURITIES (SPECIAL POLICY ONLY)			

ACTUAL BUSINESS LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS.
\$ 10,000 ON PREMISES \$ 2,000 OFF PREMISES

RECEIVED

MAR 06 1991

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

APR 25 1990



124-1012 10/88

Witness.



BUSINESSOWNERS

DECLARATION ** EFFECTIVE 03/14/90

Policy number	From	Policy period To	Coverage is provided in the	Agency
ROP 4107824	03/14/90	03/14/91	PEERLESS INSURANCE COMPANY	0310184
Named insured and address			Producer	
MILK ST ASSOCIATES (SEE SCHEDULE) PO BOX 7525 PORTLAND, MAINE 04112			ALLEN AGENCY P.O. BOX 578 CAMDEN, ME 04843	

SECTION I (CONT.)

AUTOMATIC INCREASE: COVERAGE A-BUILDING SHALL AUTOMATICALLY BE INCREASED 2% AT THE END OF EACH THREE MONTHS AFTER POLICY INCEPTION.

SECTION II - COMPREHENSIVE BUSINESS LIABILITY COVERAGE

LIABILITY LIMITS
E. BUSINESS LIABILITY \$ 1,000,000 EACH OCCURRENCE
 THE LIMIT OF LIABILITY WITH RESPECT TO THE COMPLETED OPERATIONS AND PRODUCTS HAZARDS COMBINED IS AN AGGREGATE LIMIT FOR ALL OCCURRENCES DURING THE POLICY PERIOD.
FIRE LEGAL LIABILITY \$ 50,000 EACH OCCURRENCE
F. MEDICAL PAYMENTS \$ 5,000 EACH PERSON \$ 25,000 EACH ACCIDENT

OPTIONAL COVERAGES - SUBJECT TO DEDUCTIBLES SPECIFIED IN THIS POLICY LIMITS OF LIABILITY

BU0002 0576 BU0003 0581 BU0004 0484
 BU0123 0576 BU0134 0486 BOP150 0605
 IL0018 1084 IL0247 1088 IL0913 0182

POLICY FORMS AND ENDORSEMENTS - IL0928 0586 IL0002 0177 BU0401 0876
 IL0014 0183 BOP103 0584 BOP102 0685

ANNUAL POLICY PREMIUM: \$ 1192.00
COUNTERSIGNED:

ALLEN AGENCY

BY

...AUTHORIZED REPRESENTATIVE 03/22/90

STATEMENT OF ACCOUNT

TOTAL PREMIUM DUE..... \$1,192.00

RECEIVED

MAR 06 1991

DEPT OF BUILDING
 CITY OF PORTLAND

THANK YOU FOR LETTING US SERVE YOU

ORIGINAL

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED
TO BE ERECTED PROJECTING OVER A PUBLIC SIDEWALK FROM THE PREMISES
AT 5 MILK Street IN PORTLAND, MAINE

MILK Street ASSOCIATES being the owner of the premises
at 5 MILK STREET in Portland, Maine hereby
gives consent to the erection of a certain sign owned by
MILK STREET ASSOCIATES projecting over the public
sidewalk from said premises as described in application to the
Inspector of Buildings of Portland, Maine for a permit to cover
erection of said sign;

And in consideration of the issuance of said permit
MILK STREET ASSOCIATES, owner of said premises,
in event said sign shall cease to serve the purpose for which
it was erected or shall become dangerous and in event the owner
of said sign shall fail to remove said sign or make it permanently
safe in case the sign still serves the purpose for which it was
erected, hereby agrees for himself or itself, for his heirs,
its successors, and his or its assigns, to completely remove
said sign within ten days of notice from said Inspector of
Buildings that said sign is in such condition and of order from
him to remove it.

In Witness whereof, the owner of said premises has signed this
consent and agreement this 5th day of
March 1991.

Witness
Owner

912531

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$98 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Milk Street Assoc Phone # 772-6404
 Address: P O BOX 7525 ; Ptd, ME 04112
 LOCATION OF CONSTRUCTION 5 Milk St.
 Contractor: Fore River Com Sub: _____
 Address _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: office/retail w sign Zoning: & awning
 Past Use: office/retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect awning & signboard (240 sq ft)

PERMIT ISSUED
For Official Use Only
 Date 3/5/91 Subdivision Name _____
 Inside Fire Limits _____ Ownership _____
 Bldg Code _____ Estimated Cost \$00 awning
 Time Limit _____
 MAY - 1 - 1991
CITY OF PORTLAND

Foundation: \$25. \$73
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type _____ Number of Fire Places _____
 No. 2-24-91

Heating:
 Type of Heat _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
 Signature of Applicant Bruce Kistler Date 3-6-91
 Signature of CEO _____ Date _____

Inspection Dates _____
 White-Tax Assessor _____ Yellow-GPCOG _____ White Tag -CEO 1101

HISTORIC PRESERVATION

1. In District or Landmark
 2. Does not require review.
 Requires Review

Approved
 Approved with conditions
 Denied

No. 2-24-91

Measure P. Mages

Yes _____ No _____

Yes _____ No _____

Square Footage _____

Date 3-6-91

Date _____

White Tag -CEO 1101



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date March 15, 1990
 Receipt and Permit number 01160

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Portland Regency 5 Milk Street

OWNER'S NAME: Portland Regency ADDRESS: Santa

	FEES
OUTLETS:	
Receptacles <u>31</u> Switches <u>20</u> Plugmold _____ ft. TOTAL <u>51</u>	<u>5.00</u>
FIXTURES: (number of)	
Incandescent <u>X 95</u> Fluorescent <u>44</u> (not strip) TOTAL <u>95</u>	<u>15.90</u>
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (w/ dows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial <u>X</u> _____	<u>5.00</u>
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: _____	<u>25.90</u>

INSPECTION.
 Will be ready on _____, 19____; or Will Call X
 CONTRACTOR'S NAME: B. H. MILLIKEN
 ADDRESS: 200 Anderson St. Portland, Maine SWABUR
 TEL.: 879-1877
 MASTER LICENSE NO.: 03604 SIGNATURE OF CONTRACTOR: Brian Milliken
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

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

Location of Construction: Five Milk St		Owner: Milk Street Associates		Phone: 772-6404	Permit No:
* Owner Address: Box 7525 Portland ME 04101		Lessee/Buyer's Name:		Phone: 770143	
Contractor Name: Brice Construction		Address:		Phone:	PERMIT ISSUE Permit Issued: FEB 25 1997
Past Use: office bldg		Proposed Use: office bldg w intr renvtns		COST OF WORK: \$ 2600	
Proposed Project Description: interior renovations - 2nd flr		Signature: <i>[Signature]</i>		PERMIT FEE: \$ 30	CITY OF PORTLAND Zone: B-3 CBL: Zoning Approval: Special Zone or Rev <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
Permit Taken By: L Chase		Date Applied For: 2/20/97		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
		Signature: <i>[Signature]</i>		INSPECTION: Use Group <i>3B</i> Type <i>3B</i>	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Denied
		Signature: <i>[Signature]</i> Date: 2/21/97		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action:	

- 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.

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT

ADDRESS:

DATE: 2/20/97

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE:

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

2

[Signature]

Permit # 4-3 City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Milk Street Assoc. Phone # 772-6404 - Bruce Kistler
 Address: P.O. Box 7525, Portland, ME 04112 Agent
 LOCATION OF CONSTRUCTION 2 Milk Street - 4th Floor
 Contractor: Four River Co. Sub: _____
 Address: same as above Phone # _____
 Est. Construction Cost: \$2,000.00 Proposed Use: office
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations to fourth floor, as per 2 sets of
plans.

Foundation:
 1. Type of Soil: _____ Rear _____ Side(s) _____
 2. Set Backs - Front: _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lath Column Spacing _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only PERMIT ISSUED
 Subdivision: _____ Name: _____
 Date: March 29, 1990 Lot: APR 19 1990
 Inside Fire Limit: _____
 Ridge Code: _____ Ownership: _____
 Time List: _____
 Estimated Cost: \$2,000.00
 Zoning: R-3
 Street Frontage Provided: _____ Back _____ Side _____
 Provided Setbacks: Front _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception _____
 Other (Explain): OK 11/11/90 4-18-90

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size _____
 3. Type Ceilings: _____ Size _____
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:
 1. Approval of soil test if required: Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By: Joyce M. Waldi
 Signature of Applicant: [Signature] Date: 3.29.90
 Signature of CEO: [Signature]
 Inspection Dates: _____
 PERMIT ISSUED WITH LETTER

White-Tax Assessor Lellow-GPCOG White Tag -CEO 110710 MR. DAVIN

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PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$30.00 _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Sita Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$ _____	_____	_____	____/____/____
(Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

COMMENTS *Mon April 23/90 - Address started - [Signature]*

Signature of Applicant *Bruce [Signature] AS Agent for owner* Date *3.29.90*

PERMIT # 002371 TOWN OF Portland BUILDING PERM APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Fore River Management -

Address: 5 Milk Street Pkld.

LOCATION OF CONSTRUCTION: 5 Milk Street 1st Floor

CONTRACTOR: Walsh-Ryan SUBCONTRACTORS: 773-3625

ADDRESS: ** 10 Danforth Street Pkld, Me 04101

Est. Construction Cost: 22,000. Type of Use: office

Past Use: _____

Building Dimensions: L _____ W _____ Sq Ft _____ # Stories _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: interior renovations relocating 100 lineal ft

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE of interior partitions

Residential Units Only: _____ as per plan

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging: _____ Size: _____
6. Floor Finishing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date June 26, 1989 Subdivision: Yes / No _____
Inside Fire Limits _____ Name _____
Bldg Code _____ Lot _____
Time Limit _____ Block _____
Estimated Cost 22,000. Permit Expiration: _____
Value/Structure _____ Ownership: _____ Public _____ Private _____
Fee 130.00

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____ JUL 25 1989
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafters Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District _____ Street Frontage Req: _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt _____ Special Except _____
Other: _____ (Explain) _____
Date Approved _____

Permit Received By Deborah Goode

Signature of Applicant: Henry Vicland Date 6/26/89

Signature of CEO: Carolyn A. Power Date _____

Inspection Dates: 10/1/89

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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PERMIT # 002438 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Richard Casado 773-3625
 Address: 5 Milk St., Portland 04101

LOCATION OF CONSTRUCTION 5 Milk St., 2nd Floor

CONTRACTOR: Wright-Ryan SUBCONTRACTORS: 773-36265

ADDRESS: 10 Danforth St., Portland 04101

Est. Construction Cost: \$2600 Type of Use: offices

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain interior renovations to offices, removing non-bearing walls, erecting

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 3 walls, 2 complete

Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
 4. Joists Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: AUG 2, 1989 Subdivision: Yes / No _____
 Name: _____
 Inside Fire Limits _____ Lot _____
 Bldg Code: _____ Block _____
 Time Limit: _____
 Estimated Cost: \$2600 Permit Expiration: _____
 Value/Structure: _____ Ownership: _____
 Fee: \$35.00 Public _____ Private _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other _____

Chimneys: Type _____ Number of Fire Places _____

Heating: Type of Heat: _____

Electrical: Service Entrance Size _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures 00.01

Swimming Pools:
 1. Type: _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.

Zoning: District: B-3 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved: WDR 8-9-89

Permit Received By Nancy Grossman

Signature of Applicant _____ Date: 8/11/89
 Signature of CEO _____ Date: 8-8-89



Inspection Dates _____

PLOT PLAN



FEEES (Breakdown From Front)
Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ 10.00
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS *Rec'd permit from past inspector 5/90 No inspection done by
MCM @ 6/90*

[Large diagonal scribbles covering the signature and date lines]

Signature of Applicant *[Signature]* Agent for Owner Date *8-2-89*



CITY OF PORTLAND, MAINE

359 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

August 11, 1989

RE: 5 Milk Street

Wright-Ryan
10 Danforth Street
Portland, Maine 04101

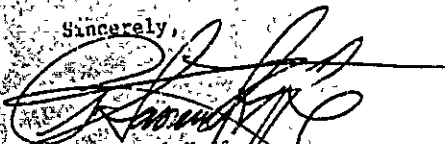
Dear Sir:

Your application to make interior renovations to office has been reviewed and a permit is herewith issued subject to the following requirements:

1. Emergency lighting to be provided to illuminate the path of travel to Exits.
2. Exits and path of travel to Exits to be marked with illuminated Exit signs.

If you have questions regarding these requirements, please do not hesitate to contact this office.

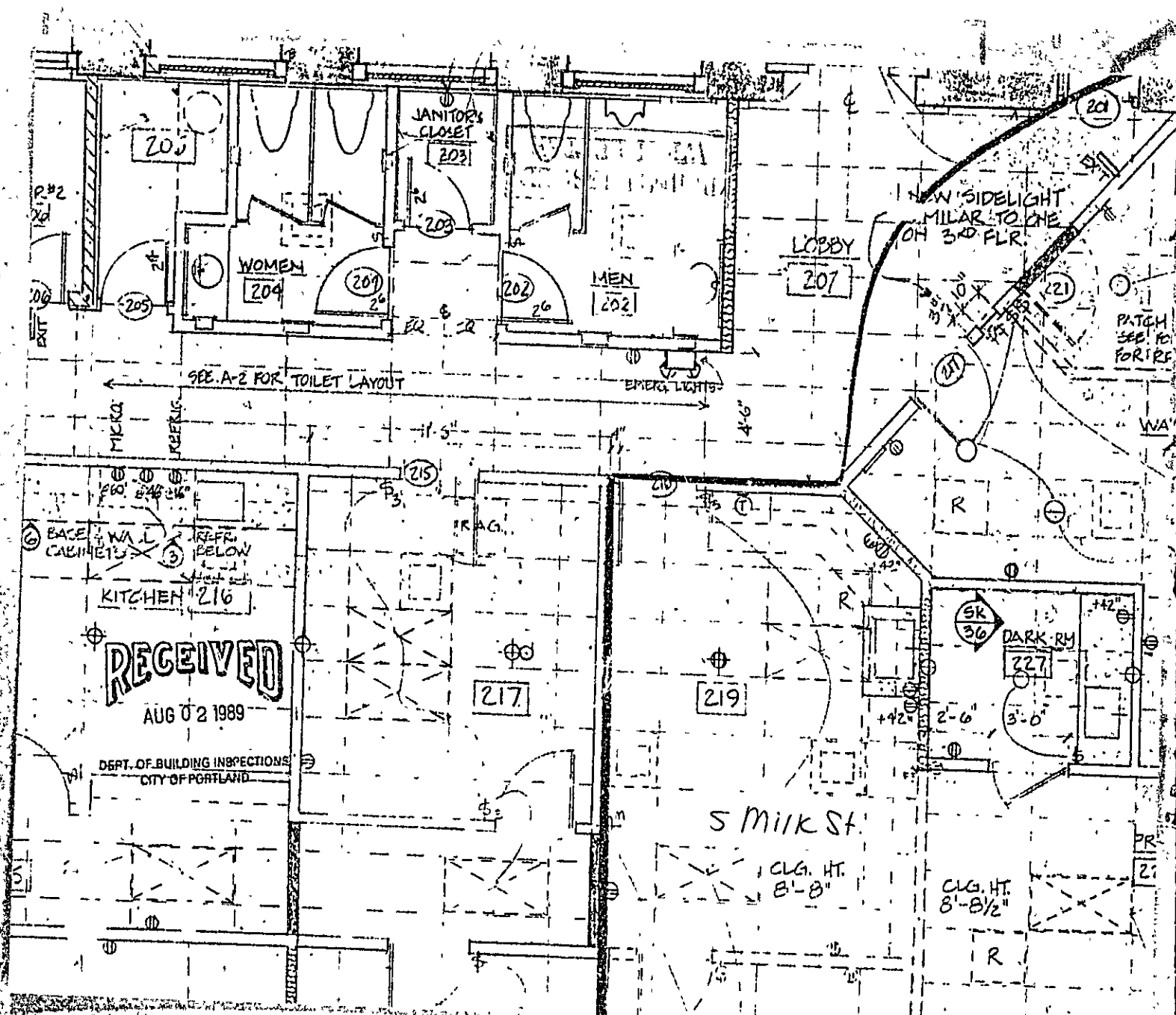
Sincerely,



P. Samuel Hoffses
Chief of Inspection Services

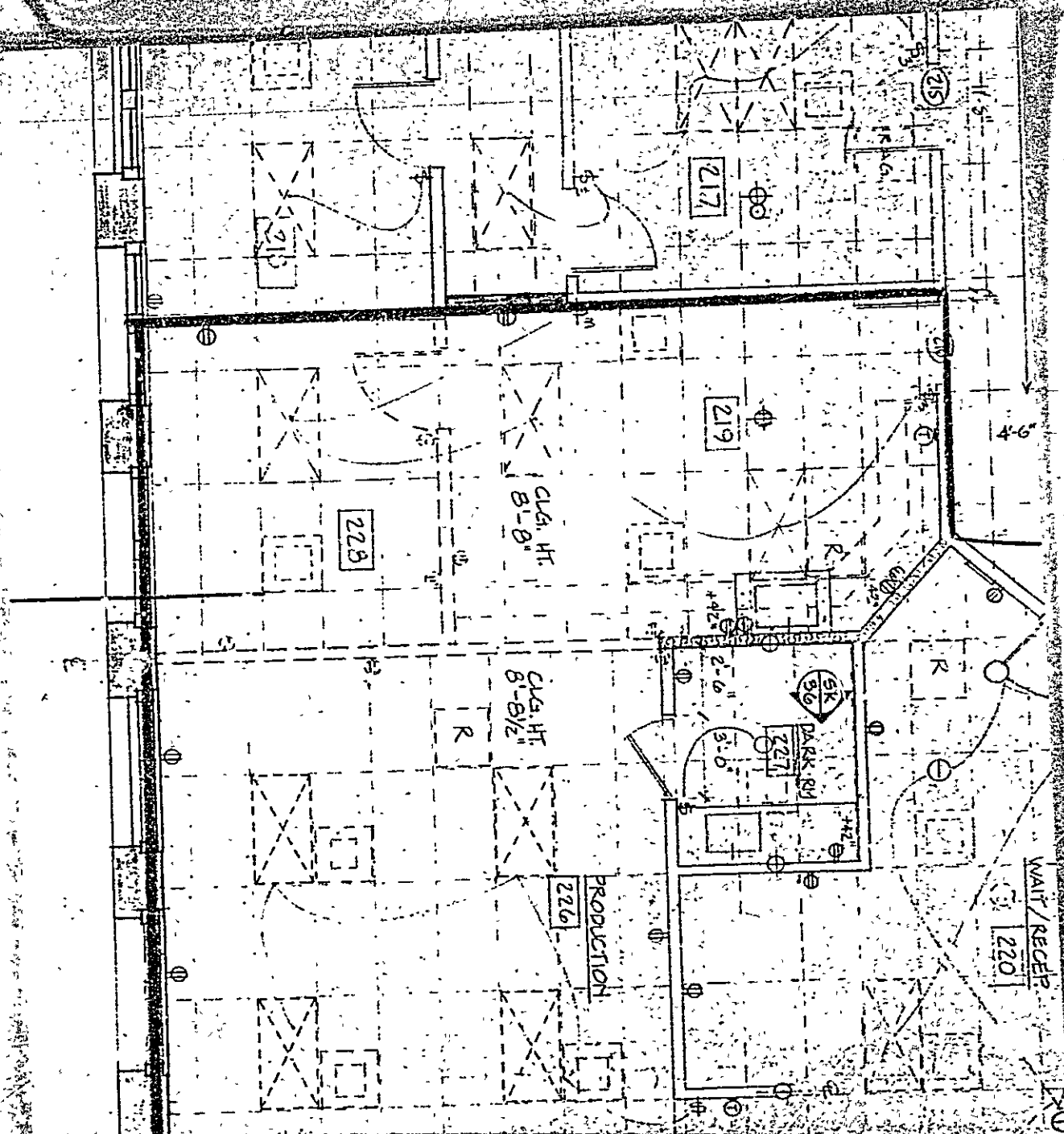
/el

cc: LT. Wallace Garroway, Fire Prevention Bureau



RECEIVED
AUG 02 1989

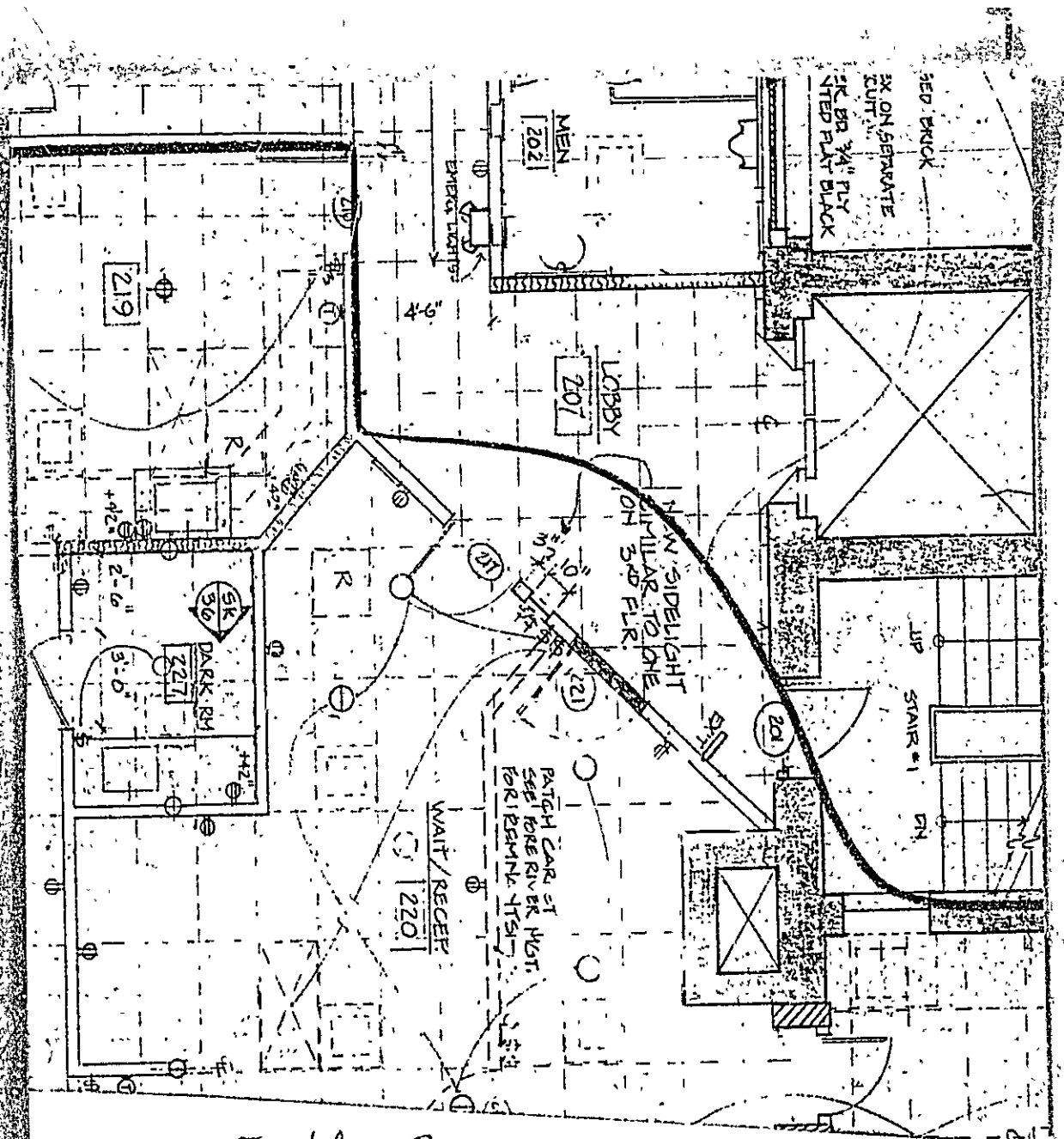
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



FIT TO PLANET

5 MILK STREET
2ND FLOOR

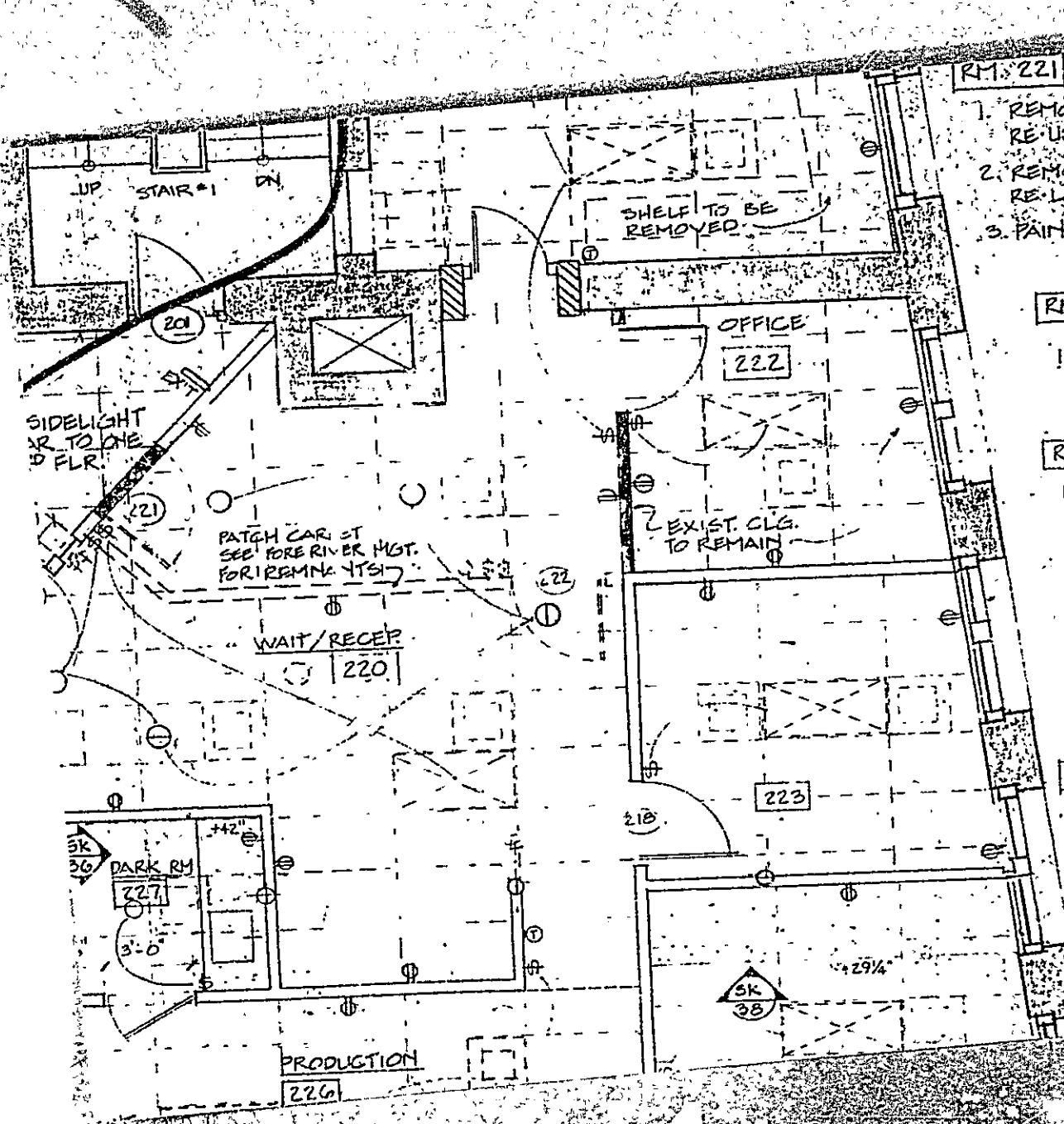
WRIGHT/ROJANY
7733625



5- MILK STREET 2ND FLOOR

WRIGHT / RYAN CONSTRUCTION 7733625

"FIT TO PRINT"



RM. 221 CONFERENCE

1. REMOVE PERIMETER PLYWD. RE-USE ON 1ST FLR. PATCH WALL
2. REMOVE SINK, PLUMBING, & BAS. RE-LOCATE IN RM. 219. PATCH
3. PAINT GWS WALLS

RM. 226 PRODUCTION

1. REMOVE WALLS SHOWN. PATCH WALLS @ ENDS. PA IN CARPET. CONTINUE CEIL

RM. 219

1. REMOVE COUNTER & SHELVES (RE-USE ON 1ST FLOOR). PATCH & PAINT WALL
2. NEW WEST WALL. NEW RECEPT. FINISH WALL BOTH
3. INSTALL SINK & CABINET. PRO RM. 221. (EXACT LOCATION DETERMINED)
4. RE-LOCATE (1) FLROR. LT. PD

RM. 228

1. NEW DUPLEX RECEPT. WEST
2. WIRE LT. TO RM. 219. SWITZ

CORRIDOR 215

002371

PERMIT # TOWN OF Portland BUILDING PERMIT APPLICATION MAP # LOT #

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Pore River Management
Address: 5 Milk Street Prid.

LOCATION OF CONSTRUCTION: 5 Milk Street 1st Floor

CONTRACTOR: Wright-Ryan SUBCONTRACTORS: 773-3625

ADDRESS: 10 Danforth Street Prid, Me --04101

Est. Construction Cost: 22,000. Type of Use: office

Past Use: _____

Building Dimensions L W Sq. Ft. # Stories Lot Size:

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain: interior renovations relocating 100 lineal ft.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE of interior partitions

Residential Buildings Only: _____ as per plan

Of Dwelling Units: _____ # Of New Dwelling Units _____

- Foundation:
- Type of Soil: _____
 - Set Backs - Front _____ Rear _____ Side(s) _____
 - Footings Size: _____
 - Foundation Size: _____
 - Other _____

- Floor:
- Sills Size: _____ Sills must be anchored.
 - Girder Size: _____
 - Lally Column Spacing: _____ Size: _____
 - Joists Size: _____ Spacing 16" O.C.
 - Bridging Type: _____ Size: _____
 - Floor Sheathing Type: _____ Size: _____
 - Other Material: _____

- Exterior Walls:
- Studding Size _____ Spacing _____
 - No. windows _____
 - No. Doors _____
 - Header Sizes _____ Span(s) _____
 - Bracing: Yes _____ No _____
 - Corner Posts Size _____
 - Insulation Type _____ Size _____
 - Sheathing Type _____ Size _____
 - Siding Type _____ Weather Exposure _____
 - Masonry Materials _____
 - Metal Materials _____

- Interior Walls:
- Studding Size _____ Spacing _____
 - Header Sizes _____ Span(s) _____
 - Wall Covering Type _____
 - Fire Wall if required _____
 - Other Materials _____

For Official Use Only

Date: June 26 1989 Subdivision: Yes / No _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Block: _____
 Estimated Cost: 22,000. Permit Expiration: _____
 Value/Structure: _____ Ownership: _____ Public _____ Private _____
 Fee: 130.00

- Ceiling:
- Ceiling Joists Size: _____
 - Ceiling Strapping Size _____ Spacing _____
 - Type Ceilings: _____
 - Insulation Type _____ Size _____
 - Ceiling Height: _____

- Roof:
- Truss or Rafter Size _____ Span _____
 - Sheathing Type _____ Size _____
 - Roof Covering Type _____
 - Other _____

Chimneys: _____ Type: _____ Number of Fire Places _____

- Heating:
- Type of Heat: _____
- Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

- Plumbing:
- Approval of soil test if required Yes _____ No _____
 - No. of Tubs or Showers _____
 - No. of Flushes _____
 - No. of Lavatories _____
 - No. of Other Fixtures _____

- Swimming Pools:
- Type: _____
 - Pool Size: _____ x _____ Square Footage _____
 - Must conform to National Electrical Code and State Law.

Zoning: _____ Street Frontage Req: _____ Provided _____
 Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exemption _____
 Other (Explain) _____
 Date Approved: 6/27/89 7-24-89

Permit Received By Deborah Coode

Signature of Applicant: [Signature] Date: 6/27/89

Signature of CEO: [Signature] Date: 6/27/89

Inspection Dates: _____

PERMIT ISSUED WITH LETTER

White-Tax Assessor (Yellow-GPCOG) White Tag CEO

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PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS *Rec'd this permit from part inspector 5/50 No inspections performed by Inspector Mitchell = 1/6/50 MCM*

Signature of Applicant *Aspid Ungland (original owner)* Date *6/26/53*