

APPLICATION FOR PERMIT

B.O.C.A. USE GR... 080

JAN 27 1937

ZONING LOCATION ... PORTLAND, MAINE ... 26, 1937

To the CHIEF OF BUILDING & INSPECTION SERVICES PORTLAND MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications.

LOCATION ... 100 Commercial St. - 3rd floor - Room 305 ... Fire District #1 [] #2 []

1. Owner's name and address ... Joel Trantum - Boston, Mass. ... Telephone ... 617-237-3677

2. Lessee's name and address ... Clifford & Barbara Kucine - 555 Washington St. - Valley, Mass. ... Telephone ... 773-569

3. Contractor's name and address ... Bill Leblond - 7 Valley Rd. - Ext. ... Telephone ... 773-102

Proposed use of building ... photography studio ... No. of sheets ...

Last use ... dwelling ... No. families ... 1

Material ... No stones ... Heat ... Style of roof ... Roofing ...

Other buildings on same lot ...

Estimated contractual cost \$... 1,000 ... Appeal Fees \$...

FIELD INSPECTOR—Mr. ... @ 775-5451 ... Base Fee ... 25.00

Late Fee ...

TOTAL \$...

To make alterations to 3rd floor office as per plans. 1 sheet of plans.

Stamp of Special Conditions

send permit to # 2 04103

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... no ... Is any electrical work involved in this work? ... yes ...

IF A GARAGE

No. cars now accommodated on same lot ... to be accommodated ... number commercial cars to be accommodated ...

MISCELLANEOUS

APPROVALS BY: BUILDING INSPECTION—PLAN EXAMINER ... DATE ... Will work require disturbing of any tree on a public street? ... no

Signature of Applicant ... Phone # ... same ... Type Name of above ... Clifford & Barbara Kucine ... 1 [] 2 [] 3 [] 4 []

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

March 25, 1987

PERMIT # 0257 BUILDING PERMIT APPLICATION Portland Previous permit #

APPLICANT FILL OUT I - XIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 100 Commercial St. 1411
Owner or lessee's name Bartanashki Tel. 877-1010
Address 7750141

Contractor's name Owner's Address 5.100

Subcontractors: MAR 24 1987 City of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE Name Lot Block Bk. & pg. Reg. deeds Date recorded

III. PROPOSED USE: CODE 324 - Offices Seasonal Condominium Apartment

IV. PAST USE: PUBLIC (Federal/State/local government) PRIVATE (Individual/corp/nonprofit)

V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (Individual/corp/nonprofit)

VI. DESCRIPTION OF WORK: To make interior renovations of Lobby and 3rd & 4th Floor corridor as per plans. 5 sheets of plans.

VII. BUILDING DIMENSIONS: length width square footage height *stories

VIII. EST. CONSTRUCTION COST: 25,000 IX. AG. SQ. FT. OF LAND BUILDING

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS 1 BDRM 2 BDRMS 3 BDRMS
NEW DWELLING UNITS WITH EXISTING DWELLING UNITS WITH
XI. RESIDENTIAL UNITS: NEW DWELLINGS EXISTING DWELLINGS NET RESIDENTIAL UNITS

XII. SIGNATURE OF APPLICANT DATE: 3-20-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT STREET FRONTAGE SETBACKS: front back side side ZONING BOARD APPROVAL: no yes (date) PLANNING BOARD APPROVAL: no yes (date)
XIV. OFFICE USE: TAX MAP LOT VALUE/STRUCTURE PERMIT EXPIRATION

XV. CONDITIONAL USE: variance site plan subdivision shore and floodplain mgmt special exception other (explain)

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) DATE

XVII. FEES: base fee subdivision fee site plan review fee other fees late fee TOTAL 345.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

Table with 11 rows and 2 columns. Row 1: WATER SUPPLY public private. Row 2: SEWER public private, type. Row 3: HEAT type fuel. Row 4: FOUNDATION type. Row 5: ROOF type thickness footing covering pitch load. Row 6: PLUMBING tubs showers lavatories laundry tubs flushes other. Row 7: ELECTRICAL service entrance size smoke detectors. Row 8: CHIMNEY flues fireplaces material. Row 9: FRAMING: floor joists size max. on centers ceiling joists rafters sluds wall studs. Row 10: If 1-story building w/ masonry walls. wall thickness height. Row 11: BEDROOM WINDOWS height width sill height egress window? yes no. Row 12: NUMBER OF OFF-STREET PARKING SPACES: enclosed outdoors.

PLOT PLAN/DETAILS OF WORK ON REVERSE
White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Gold - GPCUG



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Feb. 4, 1987
 Receipt and Permit number D 09993

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: 100 ~~Essex~~ Commercial St. 3M - Thomas Block Bldg.
 OWNER'S NAME: Kucine Photography ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft TOTAL <u>1-30</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent <u>42</u> Flourescent _____ (not strip) TOTAL <u>4</u>	<u>3.00</u>
Strip Flourescent _____ 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 or 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 (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) . . . 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>6.00</u>

INSPECTION:

Will be ready on 2-5-87, 1987; or Will Call _____

CONTRACTOR'S NAME: Steven Walsh- Energy Elec

ADDRESS: Dessert Pines, Freeport

TEL: 875-4062

MASTER LICENSE NO.: 3270 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

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

Steven Walsh SW

I. GENERAL INFORMATION
 Location/address of construction 100 Commercial Street - 1st Fl.
 1. Owner's name Thomas Block Associates, 581 1/2 Commercial St. Portland, OR 97204 Tel. 775-6141
 Address 581 1/2 Commercial St. Portland, OR 97204
 2. Lessee's name _____ Tel. _____
 Address _____
 3. Contractor's name CHNER Tel. _____
 Address _____
 4. Is this a legally recorded lot? yes _____ no _____

II. DESCRIPTION OF WORK: Interior renovations of third floor, as per plans.

ISSUE PERMIT TO OWNER

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____
IV. ZONE _____ Street frontage _____ Zoning board approval no yes date _____
 Setbacks: front _____ back _____ side _____ side _____ Planning board approval no yes date _____
V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces: _____
 site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____
VI. FEES:
 base fee _____ other fees _____
 subdivision fee _____ late fee _____
 site plan review fee _____ TOTAL 320.00 570.00

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: <input type="checkbox"/> YES service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: <input type="checkbox"/> YES SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		

VIII. OFFICE USE: TAX MAP # _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____
IX. NEW OR PHASED SUBDIVISION REFERENCE: Name _____ Lot _____ Block _____
CODE: All other explain _____ Seasonal Condominium Apartment
X. PROPOSED USE: _____
XI. PAST USE: _____
XII. OWNERSHIP: PUBLIC PRIVATE
XIII. EST. CONSTRUCTION COST: _____ **XIV. GR. SQ. FT. OF LOT BUILDING:** _____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: # BEDROOMS: 1 BDRM. 2 BDRMS. 3 BDRMS.
 # NEW DWELLING UNITS WITH: _____
 # EXISTING DWELLING UNITS WITH: _____
XVI. RESIDENTIAL UNITS: # NEW DWELLINGS _____ # EXISTING DWELLINGS _____ TOTAL RESIDENTIAL UNITS _____

APPROVALS BY: DATE _____
 BUILDING INSPECTION - PLAN EXAMINER _____
 ZONING: _____
 C.E.O. _____
 FIRE DEPT. _____
MISCELLANEOUS:
 Will work require disturbing of any tree on a public street? N/A
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanical.

District No. _____
 SIGNATURE OF APPLICANT _____ PHONE _____
 TYPE NAME OF ABOVE _____

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

PERMIT # 1478 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: TBA Partnership

Address: 100 Commercial Street, 04101 774-8778

LOCATION OF CONSTRUCTION Suite 304 100 Commercial Street

CONTRACTOR: TBA Partnerships SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: 25,000 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

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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: _____
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	
Date: <u>November 2, 1987</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Edge Code _____	Loc _____
Time Limit _____	Block _____
Estimated Cost: <u>25,000</u>	Permit Expiration: _____
Value/Structure: _____	Ownership: _____
Fee: <u>\$145.00</u>	Public _____ Private _____

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 _____

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 _____
2. No. of Tubs or Showers _____
3. No. of Finishes _____
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 _____

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 Kandi Cote

Signature of Applicant Richard H. Harmon Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

10 Mr. Rowe

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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PERMIT # <u>1299</u>	PORTLAND BUILDING PERMIT APPLICATION	DATE <u>10-2-87</u>	PERMIT ISSUED
1. GENERAL INFORMATION			OCT 8 1987 City of Portland
Location/address of construction <u>100 Commercial St. - 4th Fl.</u>			
1. Owner's name <u>T.B.A. Partnership</u>		Tel. <u>775-6131</u>	
Address <u>S.W. 04101</u>			
2. Lessee's name _____			
Address _____			
3. Contractor's name <u>Walter Construction</u>			
Address <u>3 Malik St., Portland, ME 04101</u>			
4. Is this a legally recorded lot? yes _____ no _____			

II. DESCRIPTION OF WORK: To make interior renovations, as per plans.

ISSUE PERMIT TO OWNER

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____
IV. ZONE _____ Street frontage _____ Zoning board approval no <input type="checkbox"/> yes <input type="checkbox"/> date _____
Setbacks: front _____ back _____ side _____ side _____ Planning board approval no <input type="checkbox"/> yes <input type="checkbox"/> date _____
V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces: _____
site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____
VI. FEES: base fee _____ other fees _____
subdivision fee _____ late fee _____
site plan review fee _____ TOTAL <u>35.00</u>

VII. DETAILS OF WORK		
1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: yes _____ service entrance size _____ # smoke detectors _____ yes _____	8. CHIMNEY: # flues _____ material _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: _____ wall thickness: _____ height _____	11. BEDROOM WINDOWS height _____ width _____ slt height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: _____ SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		

VIII. OFFICE USE: _____	IX. NEW OR PHASED SUBDIVISION REFERENCE: _____
TAX MAP # _____	Name _____
LOT # _____	Lot _____
VALUE/STRUCTURE: _____	Block _____
PERMIT EXPIRATION: _____	
CODE: _____ If other, explain: _____	Sectional _____ Condominium _____ Apartment _____
X. PROPOSED USE: <u>RESIDENTIAL/COMMERCIAL</u>	
XI. PAST USE: _____	
XII. OWNERSHIP: _____ PUBLIC _____ PRIVATE _____	
XIII. EST. CONSTRUCTION COST: <u>15,000.00</u>	XIV. GROSS % OF LOT BUILDING: _____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: _____	RESIDENTIAL UNITS: _____
1. BDRM _____ 2. BDRMS _____ 3. BDRM _____	NEW DWELLINGS _____
# NEW DWELLING UNITS WITH _____	EXISTING DWELLINGS _____
# EXISTING DWELLING UNITS WITH _____	RESIDENTIAL UNITS _____

APPROVALS BY: _____ DATE _____	MISCELLANEOUS: _____
BUILDING INSPECTION - PLAN EXAMINER: _____	Will work require disturbing of any tree on a public street? <u>N/A</u>
ZONING: _____	Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? <u>yes</u>
C.E.O.: _____	
FIRE DEPT.: _____	

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. _____	XVII. SIGNATURE OF APPLICANT: _____ PHONE # <u>775-6131</u>
	TYPE NAME OF ABOVE: <u>T.B.A. Partnership</u>

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

PERMIT # 1512 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Thomas
Thomas Block Assoc. Partnerships

Address: 100 Commercial Street

LOCATION OF CONSTRUCTION 100 Commercial Street Suite 410

CONTRACTOR: Owner SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: 25,000 Type of Use: residential/commercial

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to make interior renovations

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundations:

1. Type of Soil: _____

2. Sst 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 Material: _____

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: 11/18/87 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Blg Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost: 25,000 Permit Expiration: _____

Value/Structure _____ Ownership: _____ Public _____ Private _____

Fee: 145.00

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 _____

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 Tub. 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 Kandi Cote

Signature of Applicant Elaine Janson Date 11/18/87

Signature of CEO Elaine Janson Date 11/18/87

Inspector: _____ Date: _____

White-Tax Assesor

Yellow-GPCOG

White Tag-CEO

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ELECTRICAL INS. APPLICATIONS —

Permit Number 22659

Location 100 Commercial St

Owner TBA Associates

Date of Permit 12/19/87

Final Inspection 2/19/88

By Inspector J. J. Jones

Permit Application Register Page No 19

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 12/10/87 by [Signature]

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE	REMARKS
<u>12/10/87</u>	<u>Progress inspection this date.</u>
<u>1/19/88</u>	<u>Final Ins.</u>

DATE 2/19/88

ELECTRICAL INSTALLATIONS —

Permit Number 22652
 Location 100 Wagonwheel Dr.
 Owner T B & J Whitman
 Date of Permit 12/11/87
 Final Inspection 2/13/88
 By Inspector J. P. [Signature]
 Permit Application Register Page No 19

INSPECTIONS. Service _____ by _____

Service called in _____

Closing-in 12/10/87 by [Signature]

PROCESS INSPECTIONS. _____

DATE.	REMARKS.
12/10/87	Illegal box (plaster) on an approved cable installation. Corrected 12/10/87

2/13/88



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date September 28, 19 87
 Receipt and Permit number 2-2-392

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: 100 Commercial Street Suite 308
 OWNER'S NAME: Joel Tranun ADDRESS: same

OUTLETS:	FEES
Receptacles <u>12</u> Switches _____ Plugmold _____ ft TOTAL <u>12</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Flourescent <u>23</u> (not strip) TCTAL <u>23</u>	4.30
Strip Flourescent _____ ft	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractions _____	
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 kvs _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters <u>1</u> _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>1</u>	1.50
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) <u>1</u>	2.00
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:
	<u>10.80</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call _____ X

CONTRACTOR'S NAME: Energy Elec

ADDRESS: 296 Warren Avneue

TEL: 797-9340

MASTER LICENSE NO. 03270 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ *Stephen A. Walsh*

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

ELECTRICAL INSTALLATIONS —

Permit Number 22-392

Location 100 Commercial St

Owner Jacobs Engineering

Date of permit 9/25/87

Final Inspection 10/14/87

By Inspector J. J. Jones

Permit Application Register Page No. 12

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 10/2/87 by P. Jones

PROGRESS INSPECTIONS: _____

DATE:

REMARKS:

11/3/87

Permit due for unit # 304 - ok

J. J. Jones

CODE
COMPLIANCE
COMPLETED
DATE 11/4/88



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date September 28, 19 87
 Receipt and Permit number 22390

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: 100 Commercial Street Suite 400

OWNER'S NAME: Jcel Tranun ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches <u>30</u> Plugmold _____ ft. TOTAL <u>30</u>	3.00
FIXTURES: (number of)	
Incandescent <u>12</u> Fluorescent <u>17</u> (not strip) TOTAL <u>29</u>	4.90
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 (to 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 (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	
	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>7.90</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Energy Elec

ADDRESS: 296 Warren Avenue

TEL: 797-9340

MASTER LICENSE NO.: 03270 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ Stephen A Walsh

INSPECTOR'S COPY -- WHITE

OFFICE COPY -- CANARY

CONTRACTOR'S COPY -- GREEN

ELECTRICAL INSTALLATIONS -

Permit Number 22396

Location Lee Companies

Owner Lee Companies

Date of Permit 9/28/87

Final Inspection 10/2/87

By Inspector [Signature]

Permit Application Register Page No 12

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 10/2/87 by [Signature]

PROGRESS INSPECTIONS: _____

DATE:	REMARKS:

DATE 10/2/87

PERMIT # 156 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: TBA Partnership

Address: 5 Milk Street, 04101 774-8778

LOCATION OF CONSTRUCTION 100 Thomas Block Suite 207

CONTRACTOR: Owner SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: 2,000 Type of Use: residential/commercial

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion: Explain to move interior partitions

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Building 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 _____
4. Joists Size: _____ Spacing 16 OC
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 _____ Spacing _____
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 _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date	<u>1/24/87</u>
Inside Pt	_____
Edge Code	_____
Time Use	_____
Permit Value	<u>1,000</u>
Fee	<u>1.00</u>
Subdivision	_____
Name	_____
Lot	_____
Block	_____
Person Expiration	_____
Ownership	_____

Ceiling:

1. Ceiling Joists Size: _____
1. Ceiling Strapping Size _____ Spacing _____
1. Type Ceiling: _____
1. Insulation Type _____ Size _____
1. Ceiling Height: _____

Roof:

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

Chimney:

1. Type: _____ Number of Fire Places _____

Heating:

1. Type of Heat: _____

Electric:

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

Plumbing:

1. Appraisal 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: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

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

Review Required:

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

Permit Received By Kandi Cote

Signature of Applicant: Quinn Janson Date 11/24/87

Signature of CEO: Elaine Janson Date 11/24/87

Inspection Dates: _____

10

March 20, 1987

(Previous permit #)

BUILDING PERMIT APPLICATION **Portland**

APPLICANT FILL OUT 1 - XVIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 100 Commercial St. - 0Y10 Tel. 872-1010

Owner or lessee's name 4-2-1 Home Partnership Address same

Contractor's name Owner Address same Tel. _____

Subcontractors _____

NOT ISSUED
MAR 26 1987

Name	
City	
Block	
Block No.	
Date recorded	

CODE: _____ (Other) _____ Explain _____

III. COMPOSED USE: _____

IV. PAST USE: _____

V. OWNERSHIP: _____

VI. DESCRIPTION OF WORK:

To make interior renovations of Lobby and 3rd & 4th Floor corridor as per plans. 5 sheets of plans.

VII. BUILDING DIMENSIONS: 1 gl width _____ square footage _____ height _____ stories _____

NEAREST CONSTRUCTION COSTS	_____
RESIDENTIAL BUILDINGS ONLY	_____
NEW DWELLING UNITS WITH EXISTING DWELLING UNITS	_____
RESIDENTIAL UNITS	_____
NEED DWELLING	_____
EXISTING DWELLING	_____
NEW RESIDENTIAL UNIT	_____

XIII. ZONING:

DISTRICT _____ STREET FRONTAGE _____

SETBACKS front _____ back _____ side _____ side _____

ZONING BOARD APPROVAL: no yes (date) _____

PLANNING BOARD APPROVAL: no yes (date) _____

XV. CONDITIONAL USE: variable _____ site plan _____ subdivision _____ shore and floodplain mgmt _____

special exception _____ other _____ (exp. date) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): _____ DATE _____

XVII. FEES:

base fee _____

subdivision fee _____

site plan review fee _____

other fees _____

life fee _____

TOTAL 145.00

XVIII. SPACE FOR FIGURINS / ADDITIONAL COMMENTS:

Review 1st floor plan

1 WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8 CHIMNEY # flues _____ # fireplaces _____ material _____
2 SEWER <input type="checkbox"/> public <input type="checkbox"/> private type _____	9 FRAMING floor joists _____ size _____ spacing _____ ceiling joists _____ rafters _____ studs _____ wall studs _____
3 HEAT type _____ fuel _____	10 If 1-story building w/ masonry walls wall thickness _____ height _____
4 FOUNDATION type _____ thickness _____ footing _____ roof pitch _____ covering _____ load _____	11 BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? <input type="checkbox"/> no
5 ROOF type _____	
6 PLUMBING # tubs _____ # showers _____ # lavatories _____ # laundry tubs _____ # sinks _____ # other _____	
7 ELECTRICAL service entrance size _____ # smoke detectors _____	
NUMBER OF OFF-STREET PARKING SPACES enclosed _____ outdoor _____	

PLOT PLAN/DETAILS OF WORK ON REVERSE
White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Gold - G.P.L.U.S.

TIC 145 5300

I. GENERAL INFORMATION

1. Location (Address of construction) 3005 Commercial St. - 4th Fl.

2. Owner's name T.D.H. Partnership Tel. 76-6161

Address 57th 04101

3. Contractor's name Hanson Building Corp. Tel. _____

Address 8 Hill St., Portland, ME 04101

4. Is this a legally recorded lot? yes no

DESCRIPTION OF WORK: to make interior renovation, as per plans.

OCT 8 1987

City of Portland

PERMIT TO OWNER

*(No change of use; for David Bourne
Plot: Ted says suite could be
used as office)*

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____

IV. ZONE: R-3 (M-2) street frontage _____ zoning board approval yes date _____

Setbacks: front _____ back _____ side _____ zoning board approval yes date _____

V. REVIEW REQUIRED: variance other _____ Number of off-street parking spaces: _____

site plan _____ subdivision _____ shore _____ foodplain mgmt _____ enclosed _____ outlots _____

VI. FEES:

base fee _____ other fees _____

subdivision fee _____ late fee _____

site plan review fee _____ TOTAL 95.00

VII. DETAILS OF WORK

1. WATER SUPPLY: public private

2. SEWER: public private, type _____

3. HEAT: type _____ fuel _____

4. FOUNDATION: type _____ thickness _____ footing _____

5. ROOF: type _____ pitch _____ covering _____ load _____

6. PLUMBING: yes no SPRINKLER SYSTEM? yes no

7. ELECTRICAL: yes no service entrance size _____ # smoke detectors _____ y/n

8. CHIMNEY: # flues _____ material _____ # fireplaces _____

9. FRA: # of floor joists _____ size _____ max. on center _____ ceiling joists _____ studs _____

10. If 1-story building w/masonry walls: wall thickness _____ height _____

11. BEDROOM WINDOWS: height _____ width _____ all height egress window? yes no

VIII. OFFICE USE:

TAX MAP # _____

LOT # _____

VALLEY/STRUCTURE _____

PERMIT EXPIRATION _____

CODE _____ if other, explain _____

X. PROPOSED USE: Office

XI. PAST USE: _____

XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: _____

XIV. GR. ACRES: _____ **OF LOTS:** _____

BUILDINGS: _____

XV. RESIDENTIAL BUILDINGS ONLY:

NEW DWELLING UNITS WITH _____

EXISTING DWELLING UNITS WITH _____

XVI. RESIDENTIAL UNITS:

NEW DWELLINGS _____

EXISTING DWELLINGS _____

TOTAL RESIDENTIAL UNITS _____

APPROVALS:

BUILDING INSPECTOR: [Signature] DATE: Oct 2, 1987

ZONING: [Signature]

FIRE DEPT: [Signature]

MISCELLANEOUS:

Will work require disturbing of any tree on a public street? yes

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

NOT TO APPLICANT: Separate permit required by the installers and subcontractors of heating, plumbing, electrical and mechanical work.

District No. 10

Signature of Applicant: [Signature]

Type Name of Above: [Signature]

Phone: _____

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

1274 - Row 4

Done: 9/24/87

Dr. L. Kourie says
he and Joe Gray
agree that this
blog is "grandfathered"
for office and/or
apartment use.
Verified by phone
with W. J. Turner
David
Kourie
this date.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: 102 COMMERCIAL STREET

Issued to: TBA Partnerships

Date of Issue: December 24, 1987

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. 87/1255, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinances 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

APPROVED OCCUPANCY

309

OFFICE SPACE

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

11/24/87 [Signature]
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: The cost of this certificate is the same as for any other certificate, and shall be transferred from the account of the owner when occupancy changes hands. Copy will be retained in the office of the Inspector of Buildings for one year.

PERMIT **PORTLAND BUILDING PERMIT APPLICATION** DATE 01/15/87 **PERMIT ISSUED**
OCT 1 1987
City of Portland

1. GENERAL INFORMATION
 Location/address of construction 102 Cornell St. SE
 1. Owner's name State Bank Bldg. 102 Cornell St. SE Phone 746-6101
 Address 102 Cornell St.
 2. Lessee's name _____ Address _____ Tel. No. _____
 3. Contractor's name Wagner Address _____ Tel. No. _____
 4. Is this a legal, recorded lot? yes no

II. DESCRIPTION OF WORK: Interior renovations of child floor - see plans

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ stories _____
 IV. ZONE R-2 Street frontage _____ Zoning board approval yes date _____
 Planning board approval yes date _____
 V. REVIEW REQUIRED: various city Number of off-street parking spaces: _____
 # of parking spaces in _____ # of off-street parking spaces in _____
 VI. FEES: _____
 base fee _____ other fees _____
 # of reviews _____ late fee _____
 # of plan review fees _____ TOTAL 350.00 170-0-03

VII. DETAILS OF WORK
 VII.A. APPLY public private
 2. SEWER: public private, type _____
 3. HEAT, type _____ fuel _____
 4. FOUNDATION: type _____ foundation _____
 5. ROOF: type _____ covering _____ load _____
 6. PLUMBING: yes no
 SPRINKLER SYSTEM? yes no
 7. ELECT. ALL: yes no
 # of smoke detectors _____
 8. L. HIRNEY: # of _____ # of _____
 9. PLUMBING: floor joists _____ rafters _____
 studs _____ wall studs _____
 10. If 1-story building w/in masonry walls: wall thickness _____ height _____
 11. BEDROOM WINDOWS: height _____ width _____
 # height _____ egress window? yes no

VIII. OFFICE USE: _____
 TAX MAP # _____
 LOT # _____
 DISTRICT/STRUCTURE _____
 PERMIT EXPIRATION _____
 CODE _____
 IX. PROPOSED USE: _____
 X. PAST USE: _____
 XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: _____
 COMPLETE X AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: _____
 # NEW DWELLING UNITS WITH _____
 # EXISTING DWELLING UNITS WITH _____
 XVI. RESIDENTIAL UNITS ONLY: _____
 # NEW DWELLING UNITS _____
 # EXISTING DWELLING UNITS _____
 TOTAL RESIDENTIAL UNITS _____

APPROVALS BY: _____ DATE _____
 BUILDING INSPECTION PLATE EXAMINER _____
 ZONING Op. No. 102 Cornell St. SE 07/27/87
 C.E.O. _____
 FIRE DEPT. _____
 MISCELLANEOUS: _____
 Will work require dist. cutting of any tree on a public _____
 Will there be in the course of the above work a person competent to say that the State and City requirements pertaining thereto are observed? yes

NOTE TO APPLICANT: _____
 District No 10
 XVII. SIGNATURE OF APPLICANT: _____
 TYPE NAME OF ABOVE: Scott

Write - CPOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector
17/11/87

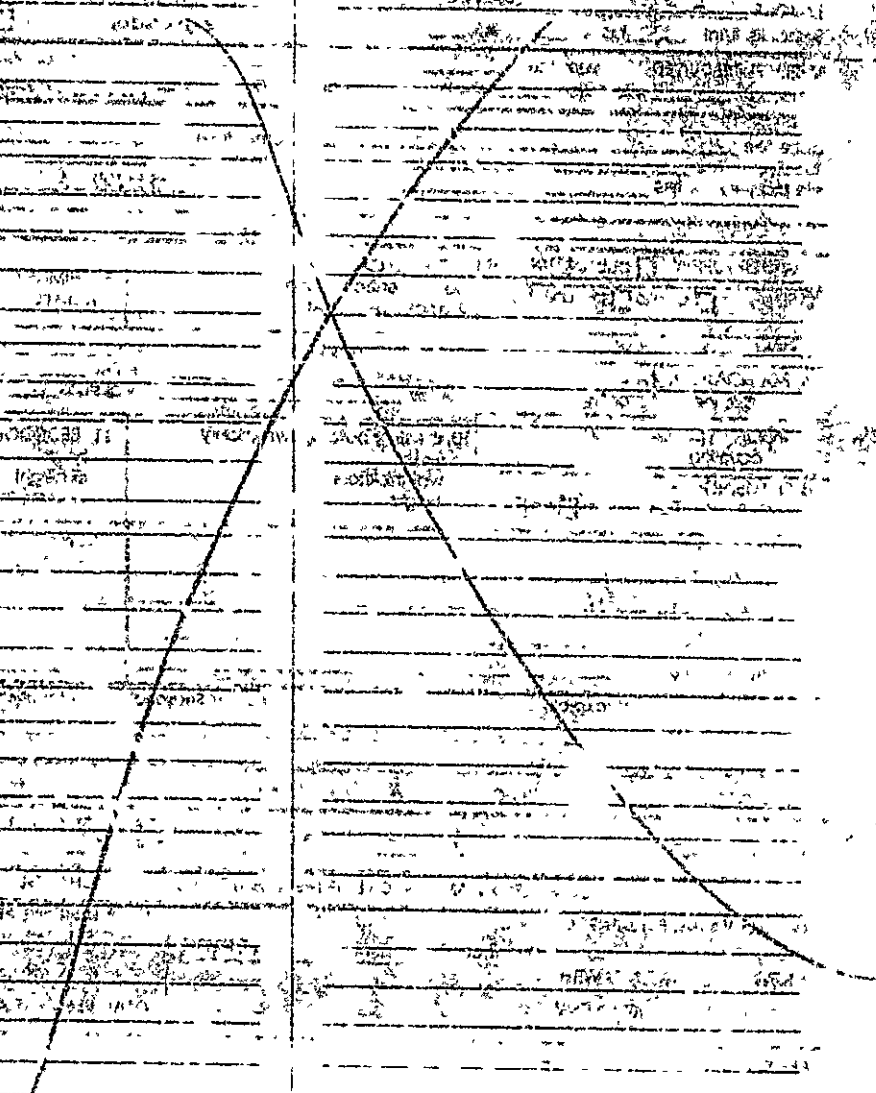
NOTES

11/29/77
1.1
11/29/77
Space

Approved
Disapproved
Garage
Alteration
2nd Floor
1st Floor
Basement
Attic
Roof
Foundation
Other

[Faint, mostly illegible handwritten notes on the left side of the page, possibly describing project details or specifications.]

[Faint, mostly illegible handwritten notes on the right side of the page, possibly describing project details or specifications.]



PERMIT # 693 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT # _____

Please do not fill any part which applies to job. Proper plans must accompany form.

Owner: Thomas Block Associates Partnersh' c/o Hanson Project
 Address: Management 5 Milk Street # 0410. 74-8778
 LOCATION OF CONSTRUCTION: 100 Commercial Street Suite #104
 CONTRACTOR: Hanson Project Mgmt. SUBCONTRACTORS

Address: same
 Est. Construction Cost: 25,000 Type of Use: Commercial/Residential

Part Use: _____
 Building Dimensions: L. _____ W. _____ H. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: Exterior renovations as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # of Dwelling Units: _____ # of New Dwelling Units: _____

Foundations:
 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. Joist 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 _____ Spacing _____
 5. Pacing: 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 _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials: _____

For Official Use Only

Date: June 6, 1988 Subdivision: Yes / No _____
 Inside Fire Units: _____ Name: _____
 Block Code: _____ Lot: _____
 Time Land: _____ Block: _____
 Estimated Cost: 25,000 Permit Expiration: _____
 Water Structure: _____ Ownership: _____ Public _____ Private _____
 Fee: 145

PERMIT # _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Sheathing Size _____ Spacing _____ 15 1988
 3. Typ _____
 4. Insulation Type _____
 5. Ceiling Height: _____ Of Portland

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

Chimneys:
 Type: _____ Number of _____

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 Fixtures _____
 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.

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 Flood, Ina Mgmt. _____ Special Exception _____
 Other (if plain) _____
 Date Approved: _____

Permit Received By Lynne Benoit

Signature of Applicant: [Signature] Date 6/6/88

Signature of CEO: Lynne Benoit Date 6/6/88

Inspection Dates: _____

7 Mc Addato

White-Tax Assessor

Yellow-GPCOG

White Tag - C50

© Copyright GPCOG 1987

3
PERMIT # 778

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Thomas Block Associates
Address: Hanson Project Management, 5 Milk St., Portland, OR 97201
LOCATION OF CONSTRUCTION: 100 Commercial St., Portland, Suite 120
CONTRACTOR: Hanson Project SUBCONTRACTORS: 778-6776
ADDRESS: 5 Milk St., Portland

For Official Use Only	
Date: <u>June 20, 1988</u>	Subdivision: <u>Y / 1</u>
Initial Permits: _____	Name: _____
Time Exp: _____	Lot: _____
Estimate Value: <u>\$5,000</u>	Block: _____
Fee: _____	Permit Expiration: _____
	Ownership: _____ Public _____ Private

Est. Construction Cost: \$5,000 Type of Use: commercial residential bldg.

Building Dimensions: L _____ W _____ Sq Ft _____ # Stories _____ Lot Size _____
Is Proposed Use: Seasonal Condominium Apartment
Flooring over existing opening in second
Conversion - Explain floor level as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Residential Buildings Only:
Of Dwelling Units _____ # Of New Dwelling Units _____

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

Floors:
1. Sills Size _____ Sills must be anchored
2. Girder Size _____
3. Lath & Gypsum Spacing _____ Size _____
4. Joist Size _____ Spacing 16" O C
5. Floor Sheathing 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 _____ Spans _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Size _____
3. Wall Covering Type _____
4. No Wall if required _____

Ceiling:
1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing JUL 1 1988
3. Ceiling Type _____
4. Other _____

Roof:
1. Rafter Size _____ Spa _____
2. Roof Type _____ Size _____
3. Roofing 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 _____ No _____
2. No. of Tubs or Showers _____
3. No. of Fixtures _____
4. No. of Lavatories _____
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 _____ Street Frontage Req. _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____

Revised/Required:
Zoning Board Approval Yes _____ No _____ Date _____
Planning Board Approval Yes _____ No _____ Date _____
Conditional Use _____
Shore and Floodplain Mgmt. _____
Other _____ Explain _____
Date Approved _____

Permit Received By Nancy L. Dzer...

Signature of Applicant [Signature] Date 6/20/88

Signature of CEO [Signature] Date _____

Inspection Dates _____

PERMIT # 01548 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: SEA FAR, INC.

Address: 5 MILK STREET, PORTLAND, ME 04101 774-8778

LOCATION OF CONSTRUCTION: ADJACENT TO EXISTING BUILDING

CONTRACTOR: OWNER SE CONTRACTORS

For Official Use Only

Date: 11/23/87 Subdivision: Yes / No

Under Fire Limits: _____

Block: _____

Permit Expiration: _____

Fee: 30.00

Estimated Cost: 2,000 Type of Use: RESIDENTIAL / COMMERCIAL

Dimensions: W B H Lot Size

Seasonal: _____ Apartment: _____

Other: to have interior partitions

IF THE NUMBER OF UNITS WILL CHANGE

State # of New Dwelling Units: _____

Foundation:

1. Type of Soil: _____

2. Get Records from _____

3. Footing Size: _____

4. Foundation Size: _____

5. _____

Floors:

1. Sills Size: _____ Sills must be anchored

2. Girders Size: _____

3. Lally Column Spacing: _____

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: _____ Spacing: _____

5. Bracing: _____

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: _____ Spacing: _____

3. Wall Covering Type: _____

4. Fire Wall if required: _____

5. Other Materials: _____

Ceilings:

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: _____

3. Roof Covering Type: _____

4. Other: _____

Chimneys:

Type: _____ Number of Fire Places: _____

Exterior:

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 Plashes: _____

4. No. of Lavatories: _____

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: _____ Street Frontage Req: _____ Provided: _____

Required Setback: _____ Side: _____

Review Required: _____

Approval: Yes _____ No _____ Date: _____

Plan Approval: Yes _____ No _____ Date: _____

Conditions: _____

Other: (Explain) _____

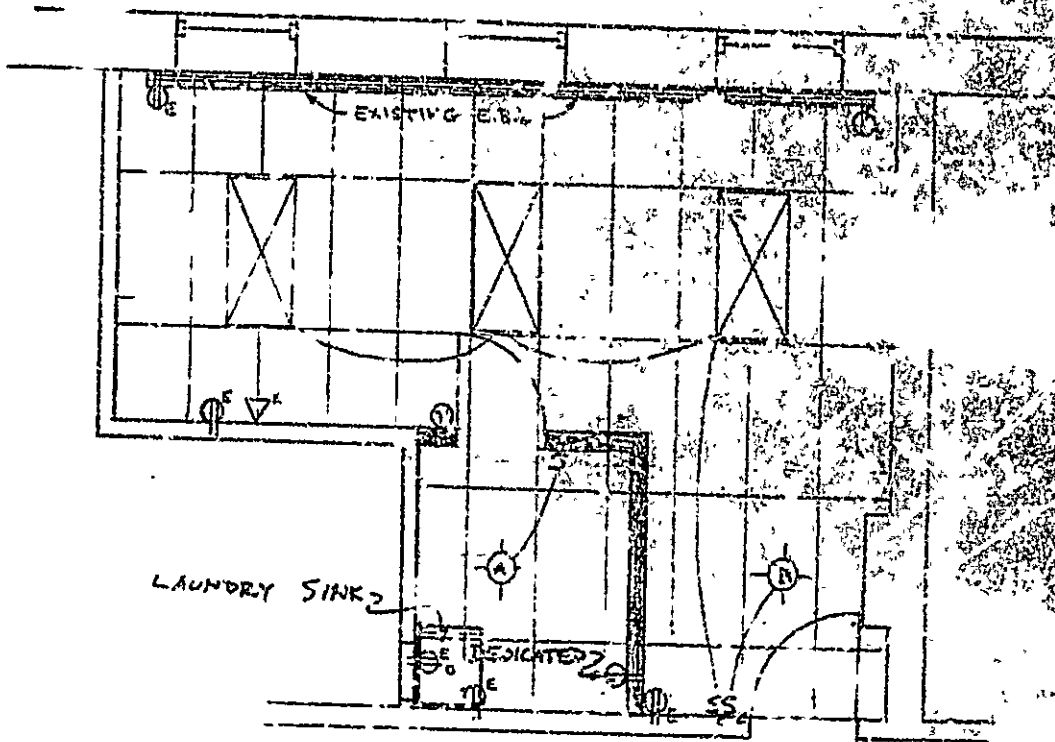
Date Approved: _____

Permit Received By: Kendall Coon

Signature of Applicant: [Signature] Date: 11/24/87

Signature of CEO: Edward Janson Date: 11/24/87

Inspection Dates: _____



(A) LIGHTOLIER 6620

(B) LIGHTOLIER 1032/1046

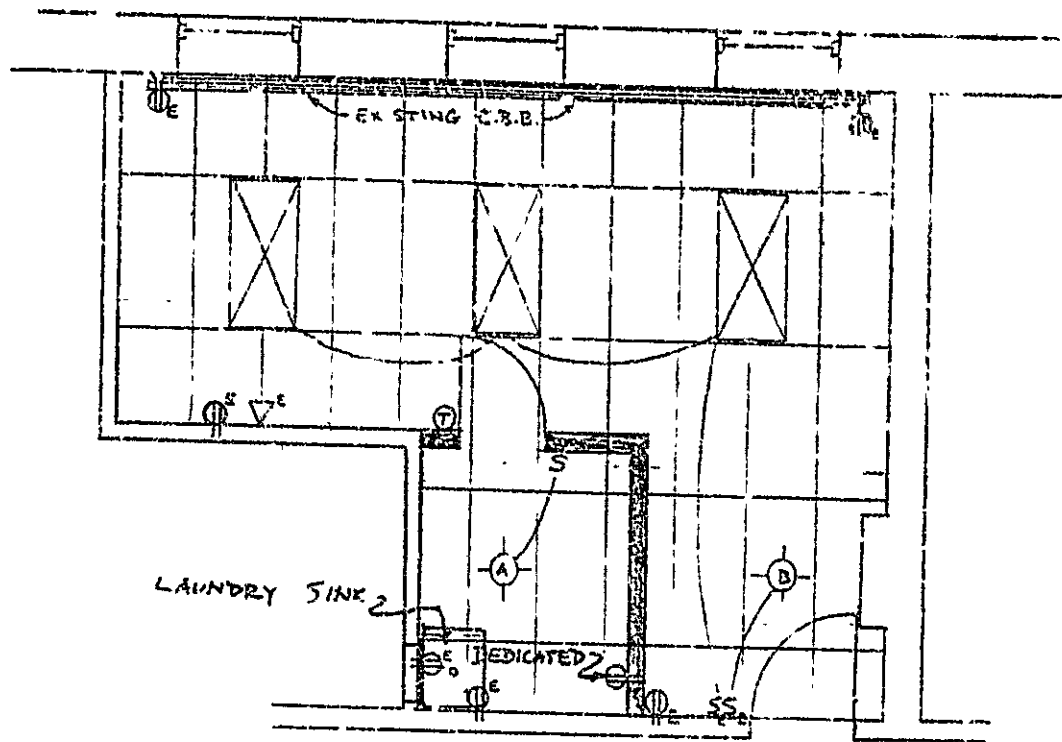
RECEIVED

NOV 25 1967

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

THOMAS BLOCK
SUITE #217

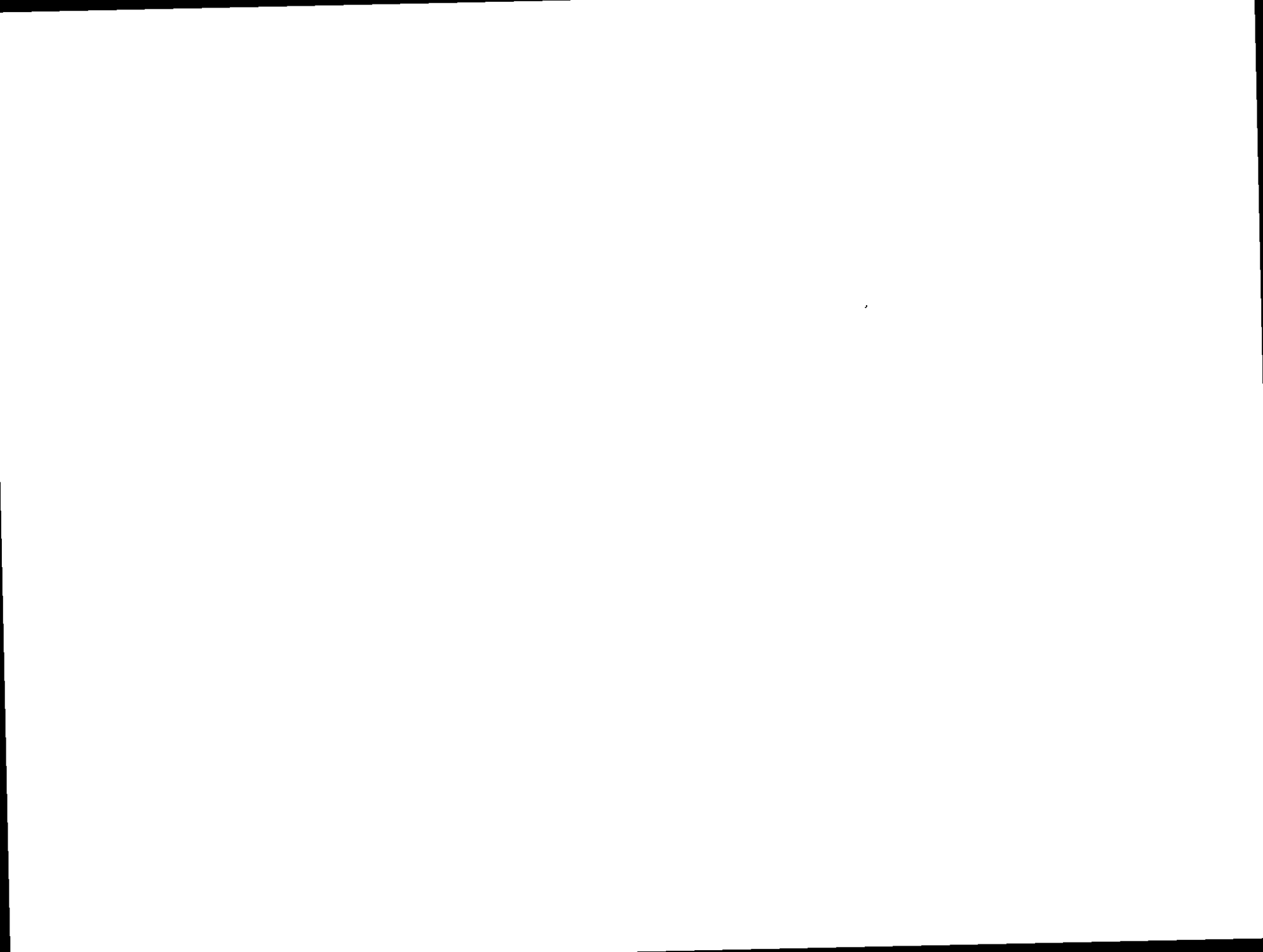
DWG # SK-1
~~11-33-87~~
SCALE: 1/4" = 1'-0"



- (A) LIGHTOLIER 6620
- (B) LIGHTOLIER 1002 / 1046

THOMAS BLOCK
SUITE #207

DWG #SK-1
~~4-8-7~~ 11-23-87
 SCALE 1/4" = 1'-0"





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 100 Commercial

Issued to Thomas Block Associates

Date of Issue June 23, 1986

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. 87/3542, 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

Suite 207

APPROVED OCCUPANCY
Office

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

(Date)

6/24/86

Inspector

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.

PERMIT # **000515**

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP #

LOT#

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

Owner: Thomas Flock Associates Partnership
 Address: 310 Hanau, Project Management 5 Mill Street 774-5118
 LOCATION OF CONSTRUCTION: 2500 Commercial St, Suite 303
 CONTRACTOR: TBA SUBCONTRACTORS: _____
 ADDRESS: _____

Est. Construction Cost: 13,000 Type of Use: Commercial/Residential
 Proposed Use: _____
 Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____
over the Exp. in Interior renovations as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only
 # of Dwelling Units _____ # of Non-Dwelling Units _____

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

Floor:
 1. Sill Size _____ Sills must be anchored.
 2. Girder Size _____
 3. Lally Column Spacing _____
 4. Joist 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 _____ Spacing _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Finish Exposed _____
 10. Masonry Materials _____
 11. Metal Materials _____

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

White-Tax Assessor

Yellow GPCOG

White Tag-CEO

© Copyright GPCOG 1987

For Official Use Only	
Date Issued: _____	Subscription: Yes / No _____
Inside Firm Limits: _____	Name: _____
Blind Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>13,000</u>	Permit Expiration: _____
Value: _____	Ownership: _____
Fee: <u>250</u>	Public _____ Private _____

PERMIT ISSUED

Callings:
 1. Ceiling Joist Size _____
 2. Ceiling Strapping Size _____ Spacing W4Y 10 1988
 3. Type Callings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height _____ City of Portland

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 Fixtures _____
 4. No. of Lavatories _____
 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: R-3 Street Frontage Req. _____ Provided _____
 Regulated Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use _____ Variance _____ Site Plan _____
 Board and Professional Report _____ Special Exception _____
 Date: _____
 Date: APR 1 1988 John J. [Signature]

Permit Received By: [Signature]

Signature of Applicant: [Signature]
 Signature of City: [Signature]

Inspection Dates: _____

PERMIT ISSUED WITH LETTER

[Signature]

LOT PLAN

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

COMMENTS

6/27/80 Hunt Office Spec (S/P) RR

Signature of Applicant

Ednae Janson

Date



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 100 Commercial

Issued to Thomas Flock Associates

Date of Issue June 28, 1968

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. 88/515, 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

Suite 313

APPROVED OCCUPANCY

Office

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

6/28/68
(Date)

Inspector

*E. P. [unclear]
[unclear]*

[Signature]
Inspector of Buildings

Notor: 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.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 187 Commercial

Issued to **Thames Block Associates**

Date of Issue **June 28, 1988**

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. **86/315**, has had final inspection, has been found to conform
with all requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for
occupancy or use, limited or otherwise, as indicated below.

LOCATION OF BUILDING OR PREMISES

Suite 303

APPROVED OCCUPANCY

office

Existing Conditions

None

This certificate supersedes
certificate issued

Approved:

G. J. [Signature]
(Date) **6/28/88**

[Signature]
Inspector of Buildings

Notice: This certificate identifies both the use of building or premises and right to be transferred from
owner to owner when property changes hands. A copy will be furnished to owner or lessee for one dollar.

PERMIT # 512 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT # _____

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

Owner: Thomas Block Associates Partnership
 Address: c/o Hansen Project Management 5 Milk Street 774-8 78
 LOCATION OF CONSTRUCTION: 1100 Commercial Str, Suite 303
 CONTRACTOR: TBA SUBCONTRACTORS: _____
 ADDRESS: _____

Est. Construction Cost: 18,000 Type of Use: Commercial/Residential
 Past Use: _____
 Building Dimensions: L: _____ W: _____ Sq Ft: _____ Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Condominium: _____ Apartment _____
Conversion - Expt. Interior renovations as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units: _____ # Of New Dwelling Units: _____

Foundation:
 1 Type of Soil: _____
 2 Set Backs: Front _____ Rear _____ Sides _____
 3 Footings Size: _____
 4 Foundation Size: _____
 5 Other: _____

Floor:
 1 Sills Size: _____
 2 Girders Size: _____
 3 Lally Column Spacing: _____
 4 Joists Size: _____ Spacing: 16" OC
 5 Bridging Type: _____
 6 Floor Sheathing Type: _____
 7 Other Material: _____

Exterior Walls:
 1 Studding Size: _____
 2 No. windows: _____
 3 No. Doors: _____
 4 Header Size: _____
 5 Bracing: Yes _____ No _____
 6 Corn. Posts: _____
 7 Insulation Type: _____ Size: _____
 8 Sheathing Type: _____ Size: _____
 9 Siding Type: _____ Weather Resistant: _____
 10 Masonry: _____
 11 Metal: _____

Interior Walls:
 1 Studding Size: _____ Spacing: _____
 2 Header Size: _____ Spacing: _____
 3 Wall Type: _____
 4 Fire Rating: _____
 5 Other Material: _____

For Official Use Only

Date: <u>May 4, 1988</u>	Holdover: Yes _____ No _____
Inside Fire Limits: _____	Name: _____
Std. Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>18,000</u>	Permit Expiration: _____
Value/Structure: _____	Ownership: _____
Fee: <u>110</u>	Public: _____ Private: _____

Ceiling:
 1 Ceiling Joists Size: _____
 2 Ceiling Strapping Size: _____ Spacing: _____
 3 Type Ceiling: _____
 4 Insulation Type: _____ Size: RAY TIC 194
 5 Ceiling Height: _____

Roof:
 1 Gutter or Parter Size: _____
 2 Gutter Type: _____
 3 Roof Covering Type: _____
 4 Other: _____

Chimney:
 1 Type: _____ Number of Fire Places: _____

Heating:
 1 Fuel: _____
 2 Vent Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Flooring:
 1 Approval of soil test if required: Yes _____ No _____
 2 No. of Tube or Spacers: _____
 3 No. of Finishes: _____
 4 No. of Lavatories: _____
 5 No. of Other Fixtures: _____

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

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

Electric:
 Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance: _____ Site Plan: _____
 Flood and Floodplain Mgmt: _____ Special Exception: _____
 Other: _____ (Expt.) _____
 Date Approved: _____

Permit Received By: Lynne Beioit

Signature of Applicant: Blaine Janson Date: 5/4/88

Signature of CEO: Blaine Janson Date: _____

Inspection Dates: _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 100 Commercial Street

Issued to Clifford & Barbara Kurina

Date of Issue December 4, 1987

This is to certify that the building, premises, or part thereof, at the above location, built or altered or changed as to use under Building Permit No. 87/80 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 OF 1 FLOORS

3rd floor Room 305

APPROVED OCCUPANCY

Photography Studio

Existing Conditions:

This certificate supersedes
certificate issued

Approved

12/4/87

(Date)

[Signature]
Inspector

[Signature]
Inspector of Building

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.

~~100~~ ~~COMMERCIAL~~ ~~STREET~~
100 COMMERCIAL STREET
3-M

KUCINE PHOTOGRAPHY STUDIO
Cliff and Barb Kucine
773-2568

Call in maps

~~844~~ ~~COMMERCIAL~~

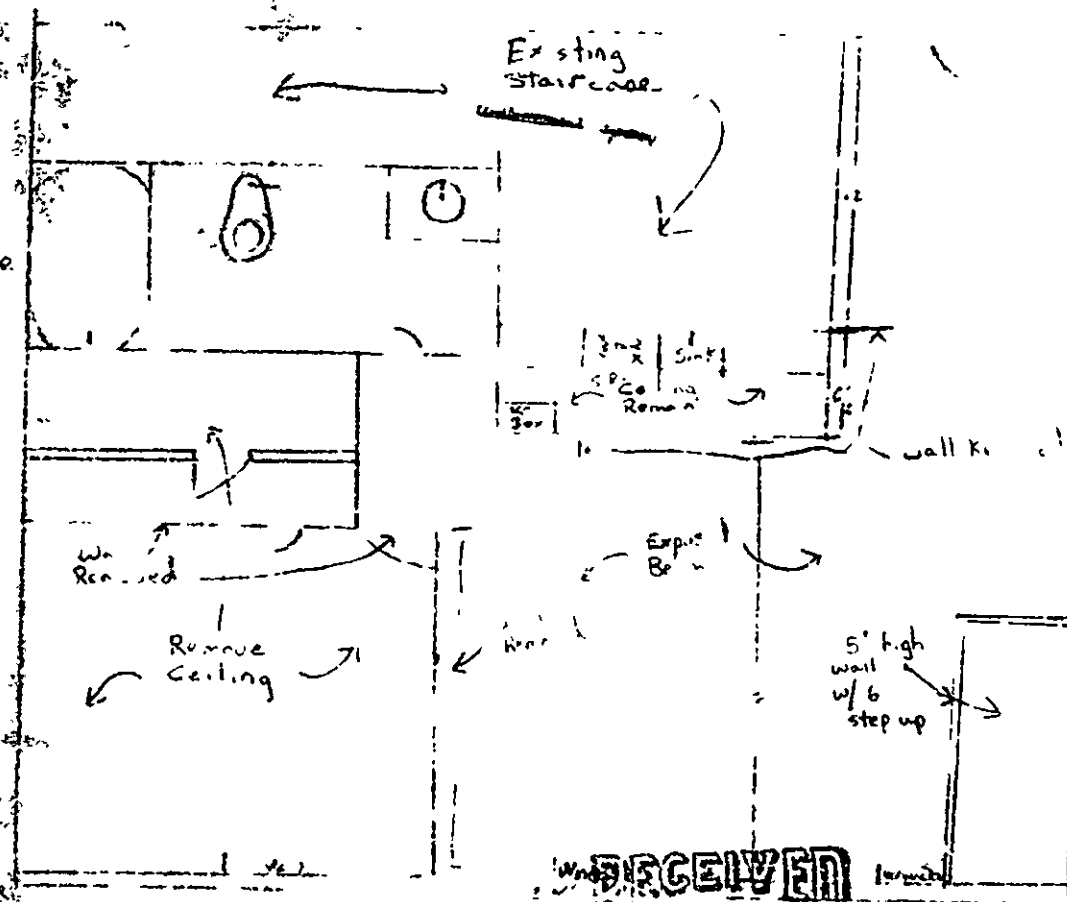
2 p m

Owner:
Cathy & Barbara Kucina
74 Lawn Ave
Portland, Me

Contractor:
Bill LaBlond
7 Valley Rd Est
Cape Elizabeth, Me.

Estimated Cost
\$ 1000.00

Site: at
Commercial St
Thomas Block
3rd Floor Apt 109



RECEIVED

JAN 26 1987

OFFICE OF BUILDING INSPECTION
CITY OF PORTLAND

APPLICATION FOR PERMIT

PERMIT ISSUE

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE

JAN 27 1957

Jan 26 1957

City of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, or remove the following building structure or equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 100 Commercial St. - 3rd floor - Room 305 Fire District #1, #2

1. Owner's name and address Joel Trantum - Boston, Mass. Telephone 617-237-0677

2. Lessee's name and address Clifford & Barbara Kucinas, 355 Washington St., Lowell, Mass. Telephone 735-2528

3. Contractor's name and address Bill LeBlond - 7 Valley Rd., Mt. Vernon, N.H. Telephone 761-9102

Proposed use of building: CAPS PLAZA No. of sheets

Last use: Selling photography studio No. families

Material: No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 1,000

FIELD INSPECTOR -M- Appeal Fees \$

@ 775-5431 Base Fee 25.00

to make alterations to 3rd floor office Late Fee

as per plans 1 sheet of plans. TOTAL \$

send permit to # 2 01103 Stamp of Special Conditions

NOTES TO APPLICANT: Separate permits are required by the installers and subcontractors of heat, gas, plumbing, electrical and mechanicals

DETAILS OF NEW WORK

Is any plumbing involved in this work? NO Is any electrical work involved in this work? YES

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? From notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled in? earth or rock?

Material of foundation Thickness, top bottom center

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys G-broing Kind of heat fuel

Framing lumber - Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

Is one story building with masonry walls, thickness of walls? height?

IF A GARAGE

How many cars now accommodated on same lot, to be accommodated? number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY DATE MISCELLANEOUS

BUILDING INSPECTION - PLAN EXAMINER Will work require disturbing of any use on a public street? NO

ZONING Building Code

Health Dept. Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES

Signature of Applicant Clifford & Barbara Kucinas Phone # Name

Type Name of above Clifford & Barbara Kucinas 10 20x20 40

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

Handwritten signature and notes at the bottom of the page.

PERMITS CITY OF PORTLAND BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out the part which applies to job. Proper permits accompany form.

Owner: Black Ass. 12345

Address: 12345 Main St. Portland, OR 97201

LOGANION OF CONSTRUCTION: RENOVATION

CONTRACTOR: INTERNATIONAL SUBCONTRACTORS

ADDRESS: 12345 Main St. Portland, OR 97201

7th Construction Cost: 2,100 Type of Use: RESIDENTIAL/COMMERCIAL

Particulars: _____

Building Line: W 9 Ft. 4 Stories Lot Size

Proposed Use: Condominium Apartment

Construction - RENOVATION

COMPLETION Yr. 1988 NUMBER OF UNITS WILL CHANGE

Residential Units: _____ New Dwelling Units: _____

Foundation:

- Type of Soil: _____
- Soil Backs - Front: _____ Rear: _____ Sides: _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floors:

- Slab Size: _____ Slab must be anchored
- Grid Size: _____
- Lally Joist Spacing: _____ Spacing 16" O.C.
- Joist Size: _____
- Trussing Type: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size: _____ Spacing: _____
- Horizontal Lines: _____
- No. Doors: _____
- Header Size: _____ Spans: _____
- Bracing: Yes _____ No _____
- Corner Post Size: _____
- Insulation Type: _____ Size: _____
- Sheathing Type: _____ Size: _____
- Girding Type: _____ Weather Stripping: _____
- Masonry Material: _____
- Metal Materials: _____

Interior Walls:

- Studding Size: _____ Spacing: _____
- Header Size: _____ Spans: _____
- Wall Sheathing Type: _____
- Fire Wall: _____
- Other Material: _____

White-Tag Address Yellow-Tag-CEC White Tag-CEC © Copyright CPOG 1937

FOR OFFICIAL USE ONLY

Date: January 25, 1988 Subdivision: Yes No

Block: 1144 Name: _____

City: Portland Lot: _____

Map: 1144 District: _____

Estimated Cost: 2,100 Permit No.: _____

Year: _____

Ceiling:

- Ceiling Joist Size: _____
- Ceiling Sheathing Size: _____ Spacing: _____
- Type of Ceiling: _____
- Insulation Type: _____ Size: _____
- Ceiling Height: _____

Roof:

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

Chimney:

Type: _____ Number of P. Pipes: _____

Roofing:

Type of Roof: _____

Electrical:

Service Entrance: _____

Plumbing:

- Any use of oil test if required: Yes _____ No _____
- No. of Toilets/Showers: _____
- No. of Fixtures: _____
- No. of Lavatories: _____
- No. of Other Fixtures: _____

Swimming Pools:

- Type: _____
- Pool Size: _____
- Must conform to National, State and State Code: _____

Zoning:

District: R-3 Street Frontage: _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance: _____

Short and Precipitate Permit: _____ Special Exception: _____

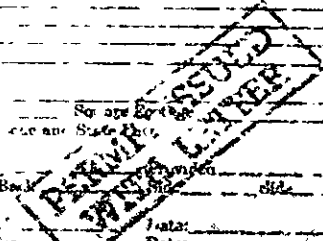
Other: _____

Date Approved: 1/25/88

Permit Received By: L. [Signature]

Signature of Applicant: [Signature] Date: 1/25/88

Inspection Date: _____



PLOT PLAN



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

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

COMMENTS

6/21/88 *Copy* *Varied Office*

Signature of Applicant

James D. [unclear]

Date

1/1/88



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 100 Commercial Street

issued to Thomas Black Associates

Date of Issue Dec 28, 1966

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. 40/606, has had final inspection, has been found to conform substantially to the requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy, use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Units 49b

Office

Limiting Conditions

None

This certificate supersedes certificate issued

Approved:

6/28/67
[Signature]
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ceases to be valid if altered from what is shown when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: 100 Commercial Street

Issued to: Thomas Block Association

Date of Issue: June 18, 1980

This is to certify that the building, premises, or part thereof, at the above location, built, altered, or changed as to use under Building Permit No. 88,089, 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.

SECTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Unit 406

Office

Limiting conditions:
None

This certificate supersedes
certificate issued

Approved:

Date:

Inspector

Inspector of Buildings

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date February 11, 1988

Receipt and Permit number 22750

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

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

LOCATION OF WORK: 100 Commercial Street, Suite 204

OWNER'S NAME: Hansen Project Management ADDRESS: 5 Milk Str

OUTLETS:	FEES
Receptacles <u>13</u> Switches <u>11</u> Plugload _____ ft. TOTAL <u>24</u>	<u>3.00</u>
FIXTURES (number of)	
Incandescent <u>12</u> Fluorescent <u>18</u> (not strip) TOTAL <u>30</u>	<u>5.00</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 _____	Compartors _____
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 Alarm Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) _____	
_____ amps and under _____	
_____ over 30 amps _____	
Circus, Fairs, etc _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Light 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: <u>10.00</u>

INSPECTION:

Will be ready on _____, 1988; or Will Call X

CONTRACTOR'S NAME: Energy Electric

ADDRESS: 296 Warren Ave

TEL: 797-9340

MASTER LICENSE NO. 3240 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 Mar. 2, 19 88
 Receipt and Permit number 22886

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 code provisions:

LOCATION OF WORK: 107 Commercial St., Suite 406
 OWNER'S NAME: Hanson Project Management ADDRESS: 5 Milk St., Portland, Maine

	FEES	
OUTLETS:		
Receptacles <u>13</u> Switches <u>11</u> Plugmold _____	TOTAL <u>24</u>	
	<u>1.00</u>	
FIXTURES (number of)		
Incandescent <u>17</u> Fluorescent <u>13</u> not strip TOTAL <u>30</u>		
Strip Fluorescent _____		<u>1.00</u>
SERVICES		
Overhead _____ Underground _____ Tertiary _____	TOTAL _____	
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 _____	
Drivers _____	Compactors _____	
Fans _____	Others (denote) _____	
MISCELLANEOUS (number of)		
Break Panels _____		
Transformers _____		
_____ Central Unit _____		
_____ Separate Units (w/draws) _____		
Signs 20" or larger _____		
Over 20" _____		
_____ Ground _____		
_____ Residential _____		
_____ Commercial _____		
_____ 120 Volt _____		
_____ _____		
_____ (Relocated) _____		
_____ _____		
_____ _____		
Emergency Generator _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE _____
 FOR REMOVAL OF A "STOP ORDER" (24.06 b) DOUBLE FEE DUE _____
TOTAL AMOUNT DUE 10.00

INSPECTION
 Will be ready on _____, 19__; or Will Call _____
CONTRACTOR'S NAME: Energy Electric
ADDRESS: 296 Warren Avenue, Portland, Maine
TEL: 797-9440
MASTER LICENSE NO: 3270 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO: _____

INSPECTOR'S COPY -- WHITE
 OFFICE COPY -- CANAR
 CONTRACTOR'S COPY -- GREEN

ELECTRICAL INSTALLATIONS

Permit Number

Location

Owner

Date of Permit

Final Section

By Inspector

Permit Application Register Page No

22716
110 W. Washington St. Suite 456
Chicago, Illinois 60601
3/15/88
3/15/88
26

INSPECTION Service by
Service called in
Closing-in by

PROGRESS INSPECTIONS

5/15/88

DATE K MARKS

5/15/88

PERMIT # 01512 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Block Astor Partnerships
 Address: 100 Commercial Street
 LOCATION OF CONSTRUCTION: 100 Commercial Street Suite 110
 CONTRACTOR: OWYF SUBCONTRACTORS: _____
 ADDRESS: _____

Est. Construction Cost: 25,000 Type of Use: residential/commercial

Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____
 Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion/Expansion: to make interior renovations

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 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: _____
 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 _____ Spacing _____
 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 _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: 11/18/87 Subdivision: _____ Yes/No _____
 Inside Fire Alarm: _____ Name: _____
 Bldg. Code: _____ Loc: _____
 Time Limit: _____ Block: _____
 Estimated Cost: 25,000 Permit Expiration: _____
 Value/Structure: _____ Ownership: _____ Public _____ Private _____
 Fee: 100.00

Ceiling:
 1. Ceiling Joists Size _____
 2. Ceiling Strapping Size _____
 3. Type Ceiling _____ **PERMIT ISSUED**
 4. Insulation Type _____
 5. Ceiling Height _____ NOV 20 1987

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

Chimneys:
 Type: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size _____ 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: _____ 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: _____

Permit Received By: Karla Coto

Signature of Applicant: _____ Date: 11/18/87

Signature of CEO: John J. ... Date: 11/18/87

Inspection Dates: _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: 100 Commercial Suite 410

Issued to Thomas Black Associates

Date of issue: June 28, 1988

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. 57715, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES:

APPROVED OCCUPATION:

Suite 410

Office

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

[Signature]
(Date)

[Signature]
Inspector

[Signature]
Inspector of Building

Notice: This certificate is the lawful and legal occupancy of the premises, and ought to be transferred to the owner when property changes hands. Copy will be furnished to the owner upon request.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: 100 Commercial Suite 410

is to Thomas Block Associates

Date of Issue June 23, 1988

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. 87/1362 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

APPROVED OCCUPANCY

Suite 410

Office

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved

6/23/88
(Date)

[Signature]
Inspector

[Signature]
Inspector of Buildings

Notes: This certificate identifies lawful use of building or premises, and must be transferred from owner to owner who properly changes hands. One will be furnished to owner or lessee for one dollar.

PERMIT # 001 CITY OF Portland BUILDING PERMIT APPLICATION MAIL # _____ LOT# _____

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

Owner: Thames Block Associates Partnership
 Address: 130 Thames Block
 LOCATION: CONSTRUCTION Suite 417, 130 Thames Block
 CONTACTOR: HANSON PROJECT MGR SUBCONTRACTORS: BB, 1-4-11-11
 ADDRESS: 11111 Street, Portland, ME 74-8778

Est. Construction Cost: 15,000 Type of Use: Commercial/residential
 Building Dimensions: L W Sq Ft 8 Stories 1 Lot Size _____
 Is Proposed Use: Seasonal Commercial Apartment
Conversion - Explain Information revelations as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only
 # Of Dwelling Units _____

Foundations:
 1. Type of Soil _____
 2. Set Backs: Front _____ Piers _____ Sides _____
 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. Joist Size _____ Spacing 16" O.C.
 5. Bridging Type _____
 6. Floor Sheathing _____
 7. Other Materials _____

Exterior Walls:
 1. Studding Size _____
 2. No. Windows _____
 3. No. Doors _____
 4. Header Size _____
 5. Siding _____
 6. Corner Posts Size _____
 7. Insulation Type _____
 8. Sheathing Type _____
 9. Siding Type _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____
 2. Header Size _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: January 25, 1988
 Field's File Number _____
 Bid Code _____
 Time Limit _____
 Estimated Cost: 15,000
 Value Structure _____
 Fee: 100

Insured: Yes / No _____
 License _____
 Block _____
 Public _____
 Private _____

CEILING:
 1. Ceiling Joist Size _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type of Lathing _____
 4. Insulation Type _____
 5. Ceiling Height _____

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

CHIMNEYS:
 Type _____ Number _____

ELECTRICAL:
 Type of Meter _____
 Service _____ Size _____
 Grounding _____ Yes _____ No _____

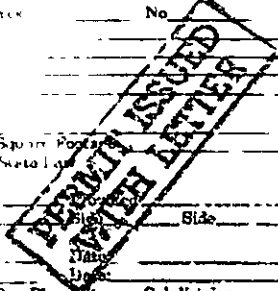
PLUMBING:
 Approval of soil test if required _____ Yes _____ No _____
 2. No. of Toilets or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

SWIMMING POOLS:
 1. Type _____
 2. Pool Size _____
 3. Must conform to National Electrical Code _____

ZONING:
 District: B-2 Street Frontage & Required Setbacks: Front _____ Back _____ Side _____

REVIEW REQUIRED:
 Zoning Board Approval: Yes _____ No _____
 Planning & Zoning Approval: Yes _____ No _____
 Conditional Use: _____ Variance: _____ Site Plan: _____ Subdivision: _____
 Shore and Floodplain Mgmt: _____ Special Exception: _____
 Other: Conversion
 Date Approved: Jan 20, 1988

Permit Received By: L. Lenoir
 Signature of Applicant: _____ Date: 01/25/88
 Signature of CEO: _____ Date: 1-27-88
 Inspection Dates: _____



PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explanation) _____

Late Fee \$ _____

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

COMMENTS *6/27/88 First American Title Ins. Co.*

114 and 442 Parkview Ave

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

Signature of Applicant *Eloise D. Jamison*

Date *1/25/88*



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: 101 Commercial Street

Date of Issue: June 28, 1911

This is to certify that the above premises are in compliance with the requirements of Zoning Ordinance No. 32, as amended, and that the same have been found to conform to the Building Code of the City, and is hereby approved for use as a RESTAURANT.

FOR USE OF BUILDING OR PREMISES

APPROVED OCCUPANCY

OFFICE

Building Inspector

Building Inspector

Notice

This certificate supersedes
any certificate issued

Approved

Date

6/28/11

Inspector

[Signature]
Inspector

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

SOITE-108

Issued to **TBA PARTNERSHIP 100 COMMERCIAL ST.** Date of Issue **SEPTEMBER 19, 1988**

~~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. _____, 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

APPROVED OCCUPANCY

ENTIRE

OFFICE

Limiting Conditions:

NONE

This certificate supersedes
certificate issued

Approved:

9/20/88 [Signature]
(Date) Inspector

[Signature]
Inspector of Buildings

[Handwritten initials]

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.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

Issued to **TBA PARTNERSHIP 100 COMMERCIAL STREET** - Date of Issue **SEPTEMBER 19, 1988**

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. _____, 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

APPROVED OCCUPANCY

Listing Conditions: **ENTIRE**

OFFICE/RESIDENTIAL

NONE

This certificate supersedes
certificate issued

Approved

9/29/88

Date

A. Rowe
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.

MURRAY, PLUMB & MURRAY

ATTORNEYS AT LAW
75 PEARL STREET
PORTLAND, MAINE 04101

PETER L. MURRAY
E. STEPHEN MURRAY
PETER S. PLUMB
JOHN C. LIGHTBODY
THOMAS C. NEWMAN
JOHN C. BANNON

JANE B. HARTWELL
MICHAEL L. PARKER
ELAINE L. CLARK
DAVID P. SILK
SUSAN D. THOMAS
RICHARD L. O'MEARA

CHARLTON S. SMITH
COUNSEL

TEL 207-773-5651

TELEFAX 207-773-8023

September 14, 1988

Mr. Arthur Rowe
Building Inspection Department
City Hall
Portland, Maine 04101

Re: 100 Commercial Street (The Thomas Block)

Dear Arthur:

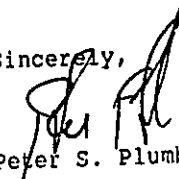
This will confirm our telephone conversation this morning concerning the Certificates of Occupancy for the Thomas Block.

I am enclosing, as you requested, the original Certificate of Occupancy which apparently was for only Unit #108 (I think) which is an office unit. I understand you will reissue this so it doesn't reflect the "entire" premises.

As the same time, if you would also issue a Certificate of Occupancy for the entire building showing its uses as office/commercial/residential (as the entire project actually is), I would be most grateful inasmuch as I do need this Certificate for our refinancing purposes.

Many thanks for your help and I am glad the confusion could be straightened out.

Sincerely,


Peter S. Plumb

PSP/nja
Enc.
cc: Mr. Joel Trantum



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 100 Commercial St. Suite 108

Issued to TBA Partnership

Date of Issue August 22, 1988

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.88/1016, 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

Office/~~Residential~~

Limiting Conditions

None

This certificate supersedes
certificate issued

Approved

8/22/88
(Date)

A. Rowe
Inspector

James V. Collinsford
[Signature]
Inspector of Buildings

06 09 1988

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 . . . dollar



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 106 Commercial Street

Issued to **Black Association**

Date of Issue **June 28, 1928**

This is to certify that the building, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. **227031**, 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 of use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Suite 417

Office

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

(Date)

[Signature]
Inspector

[Signature]
Inspector of Buildings

Notice: This is the sole evidence of the use of building or premises, and copies to be taken from this certificate when property changes hands. Copy will be furnished to owner unless he certifies otherwise.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 11, 1988
 Receipt and Permit Number 1225

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: 100 Commercial Str Suite 417

OWNER'S NAME: Randall Project Manager ADDRESS: Main Street

OUTLETS:	FEES
Receptacles <u>14</u> Switches <u>8</u> Plugmold _____ ft. TOTAL <u>22</u>	<u>43.00</u>
FIXTURES: (number of)	
Incandescent <u>8</u> Fluorescent <u>7</u> (not strip) TOTAL <u>15</u>	<u>17.50</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL _____	
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 <u>4</u> Over 20 kws _____	<u>5.00</u>
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 Resident _____	
Commercial _____	
Heavy Duty Outlets 20 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circuits, Fairs, etc. _____	
Relocations to wire Reloc. existing race: <u>ASB. 417A. 417</u>	<u>1.00</u>
Repairs after fire _____	
Emergency Lights battery _____	
Emergency Generator _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE _____
FOR REMOVAL OF "STOP ORDER" (304 16 b)	DOUBLE FEE DUE _____
	TOTAL AMOUNT DUE. <u>13.50</u>

DESIGNATION: _____
 CONTRACTOR'S NAME: Energy Electric
 ADDRESS: 296 Warren Av.
 TEL: 797-3444
 CONTRACTOR'S LICENSE NO: 1770 SIGNATURE: [Signature]
 LICENSE NO: _____

INSPECTOR'S COPY
 OFFICE COPY - CANARY
 CONTRACTOR'S COPY - GREEN

18

PERMIT # 1310 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOTS _____

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

Owner: Thomas Block Associates Partnership *Call when ready Scott Shum*

Address: 100 Commercial St. Portland, 04101

LOCATION OF CONSTRUCTION 100 Commercial, Suite XX 120

CONTRACTOR: OWNER _____ SUBCONTRACTORS: 774-8778

ADDRESS: _____

Est. Construction Cost: \$34,800 Type of Use: Gourmet catering service

Past Use: _____

Building Dimensions: 1 W 3 Sq. Ft. 3 Stories Lot Size: _____

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain: Interior renovations as per attached plans.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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: _____
- 4. Joists Size: _____ Spacing 18" 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

October 13, 1988

Subdivision: Yes No

Name: _____

Block: _____

Permit Expiration: _____

Ownership: Public Private

Inside Fire Limits: _____

Mag. O. C. _____

Time Limit: _____

Estimated Cost: \$34,800

Value Structure: _____

Fee: \$195.00

- 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 Scott Shum Date 10-13-88

Signature of CEO _____ Date _____

Inspection Dates (10) ak

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland
Street: Commercial
Subdivision Lot #: Block

PROPERTY OWNERS NAME

Last: McIntyre
First: Carl J.

Applicant Name: Carl J. McIntyre

Mailing Address of Owner/Applicant (if Different):
200 1501 555 Commercial Block 1501
Portland ME 04107

PORTLAND PERMIT # 3,142 TOWN COPY
Local Plumbing Inspector Signature: [Signature] L.P.I. # 111213

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 Inspector to deny a permit.

Signature of Owner/Applicant: [Signature] Date: 6-18-97

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: [Signature] Date Approved: NOV 1 1998

PERMIT INFORMATION

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

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

LICENSE # 01,94,5

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
Hook Up & Relocation Fee	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

2	Total Fixtures
	Fixture Fee
	Hook-Up & Relocation Fee
\$6.00	Permit Fee (Total)

TOWN COPY

PERMIT # 01310

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Thomas B Lock Associates Partnership *Call when k...*

Address: 100 Commercial St., Portland, 04101 *Scott Mum...*

LOCATION OF CONSTRUCTION 100 Commercial, Suite XX 126

CONTRACTOR: OWNER SUBCONTRACTORS: 771-8778

ADDRESS: _____

Est. Construction Cost: \$34,800 Type of Use: Gourmet catering service

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain interior renovations as per attached plans.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundations:

- 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 _____
- 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>October 13, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits: _____	Name: _____
Blk Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$34,800</u>	Permit Expiration: <u>OCT 21 1988</u>
Value Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$ 25.00</u>	

Ceiling: 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ **PERMIT ISSUED**
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ **OCT 21 1988**

Roof: 1. Truss or Rafter Size _____ **Span City of Portland**
 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 00.001

Swimming Pools: 1. Type: _____
 2. Pool Size: _____ x _____ 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 _____ 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 Oct 13, 1988

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 10 13 88

Signature of [Signature] Date 10 19 88

Inspection Date: _____

White-Tax Assessor

Yellow-GPCOG

White-Tag-CEO

[Handwritten signature]

PERMIT # **001295**

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Thomas Block Assoc. Partnership

Address: 100 Commercial St.

LOCATION OF CONSTRUCTION 100 Commercial St. 2nd floor

CONTRACTOR: Same SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: \$11,000 Type of Use: Office Space

Past Use: Office Space

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

_____ Conversion - Explain Construct 2 rest rooms (1 ladies-1Men)

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____ # Of Dwelling Units _____

Foundation:

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

Floors: _____ Sills must be anchored.

1. Sills Size: _____
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 _____

Date <u>October 17, 1988</u>		Subdivision: Yes / No _____	
Inside Fire Limits _____		Name _____	
Bldg Code _____		Lot _____	
Time Limit _____		Block _____	
Estimated Cost <u>\$11,000</u>		Permit Expiration: _____	
Value/Structure <u>75,000</u>		Ownership: _____ Public _____ Private _____	
Fee _____			

Ceiling: _____ **PERMIT ISSUED**

1. Ceiling Joists Size _____ Spacing _____
2. Ceiling Strapping Size _____
3. Type Ceiling: _____ Size OCT 18 1988
4. Insulation Type _____
5. Ceiling Height: _____

Roof: _____ **City Of Portland**

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

Chimneys: _____ Number of Fire Places _____

Heating: _____

Type of Heat: _____

Electrical: _____ Smoke Detector Required Yes _____ No _____

Service Entrance Size: _____

Plumbing: _____ 00.27 Yes _____ No _____

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

Zoning: _____

District W-1 Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Rev. 17 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 OK M. J. Ferraro Oct. 17, 1988

Permit Received By R. Latini

Signature of Applicant Frank M. Latini Date 10/17/88

Signature of CEO _____ Date _____

Inspection Dates _____

8801 171 100000

White-Tax Assesor Yellow-GPCOG

White Tag-CEO Copyright GPCOG 1987

107 M. Rowe

PLOT PLAN



FEEES (Breakdown From Front)
Base Fee \$ 75.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

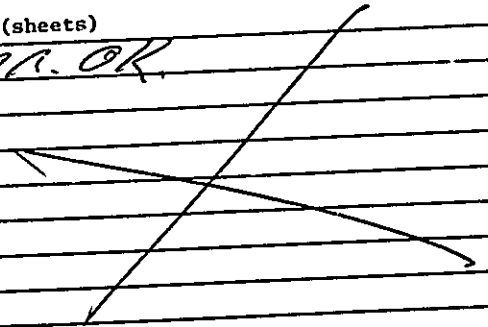
Type	Inspection Record	
		Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Submitted 4 plans (sheets)

11/3/89

~~_____~~ *all OK*



Signature of Applicant

Scott M. Bunker
AGENT FOR OWNER

Date

October 17, 1988



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Nov. 21, 1988
 Receipt and Permit number 29796

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 100 Commercial St. - Suite 214
 OWNER'S NAME Hanson Management ADDRESS Milk St., Portland, Maine

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground <u>x</u> Temporary _____ TOTAL amperes <u>100</u> ..	3.00
METERS: (number of) <u>1</u> ..	.50
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 (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: 5.00 Min.

INSPECTION:
 Will be ready on _____, 19__; or Will Call x
 CONTRACTOR'S NAME: Energy Elec.
 ADDRESS: 296 Warten Ave., Portland, ME P. O. Box 1436, 04104
 TEL: 37-9340
 MASTER LICENSE NO.: 03270 SIGNATURE OF CONTRACTOR: *[Signature]*
 LIMITED LICENSE NO.: _____

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

