

APPLICATION FOR PERMIT

PERMIT ISSUED

JUN 6 1984

CITY of PORTLAND

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION **636**

ZONING LOCATION PORTLAND, MAINE June 1, 1984.

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE
I, 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: 57 Exchange Street - 2nd Fl. Fire District #1 #2

1. Owner's name and address: Ram Management - 178 Middle Street - 04101 Telephone: 774-9801

2. Lessee's name and address

3. Contractor's name and address: Steve Shea - 256 West Street, Biddeford, Me. 04005
Telephone: 282-6726

Proposed use of building: office space No. of sheets: 1

Last use: same No. families:

Material: No. stories: Heat: Style of roof: Roofing:

Other buildings on same lot

Estimated contractual cost \$ 5,100.00

FIELD INSPECTOR--Mr. M. G. G. G. G.
@ 773-5451

Appeal Fees \$

Base Fee

Late Fee

TOTAL \$ 35.00

To make interior renovations, as per plans.

Stamp of Special Conditions

ISSUE PERMIT TO #3

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

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

Has septic tank notice been sent? Form 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 land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot floor covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

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

Size Girder Columns Under girders Size Max. on centers

Studs (outside walls and ceiling partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

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

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

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

IF A GARAGE

No. 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 tree or a public area? no

ZONING: Will there be in charge of the above work a person competent

BUILDING CODE: to see that the State and City requirements pertaining thereto

Fire Dept: are observed? yes

Health Dept:

Others:

Signature of Applicant: Steve Shea Phone #

Type Name of above: Steve Shea for Ram Management 1 2 3 4

Other

and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

[Handwritten signature]

NOTES

Permit No. 81 / 1834

Location

Owner

Date of permit

Approved

Dwelling

Garage

Alteration

57 Exchange St
Dana Thompson
6-1-64
6-6-64

Alteration to ~~Structure~~

Blank lined area for notes.

8/2/64

Done

To

Plan

Handwritten signature or initials.



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 01201

SEP 26 1984

ZONING LOCATION PORTLAND, MAINE Sept. 13, 1984

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE
The undersigned hereby applies for a permit to 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 57 Exchange St. - 4th floor
1. Owner's name and address Dirigo Management - same Fire District #1 [] #2 [] Telephone 871-1050
2. Lessee's name and address Telephone
3. Contractor's name and address Steve Shea - 256 West St, Biddeford Telephone 282-6726

Proposed use of building offices No. of sheets
Last use none No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 900

FIELD INSPECTOR- Mr @ 775-5451

Appeal Fees \$
Base Fee 15.00
Late Fee
TOTAL \$ 15.00

To make alterations to existing offices, no structural changes, as per plans. 1 sheet of plans
send permit to # 3 04008.

Stamp of Special Conditions

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? [X] Is any electrical work involved in this work? [X]
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form 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 land? earth or rock?
Material of foundation Thickness, top bottom
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Order Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of wall? height?

IF A GARAGE

- No. 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
BUILDING INSPECTION-PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.
Health Dept.
Others:

MISCELLANEOUS [X]
Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Steve Shea for Dirigo Management Phone #
Type Name of above Steve Shea for Dirigo Management 1 [] 2 [] 3 [] 4 []
Other and Address

SUPERVISOR

Kelly Services
57 Exchange St.

EVALUATION
SUPERVISOR

RECEPTION AREA

MANAGER

STAFF DEV.

A/R

PROJ
STORAGE

RECEIVED

SEP 13 1984

DEPT OF BLDG INSP.
CITY OF PORTLAND

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 01201
ZONING LOCATION PORTLAND, MAINE Sept. 13, 1984

PERMIT ISSUED
SEP 26 1984

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:

CITY OF PORTLAND

LOCATION ... 57, Exchange St., 4th floor
1. Owner's name and address: Dirigo Management - same
2. Lessee's name and address
3. Contractor's name and address: Steve Shea, 256 West St., Biddeford

Proposed use of building: offices
Last use: same
Material: No. stories, Heat, Style of roof, Roofing
Other buildings on same lot
Estimated contractual cost \$: 900

Appeal Fees \$
Base Fee 15.00
Late Fee
TOTAL \$ 15.00

FIELD INSPECTOR - Mr. V. Nugent @ 775-5451

To make alterations to existing offices, no structural changes, as per plans, 1 sheet of plans

Stamp of Special Conditions

send permit to # 3 04009

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? no
Is connection to be made to public sewer?
Has septic tank notice been sent?
Height average grade to top of plate
Size, front: depth, No. stories, solid or filled land? earth or rock?
Material of foundation: Thickness, top, bottom, cellar
Kind of roof: Rise per foot, Roof covering
No. of chimneys: Material of chimneys, of lining, Kind of heat, fuel
Framing Lumber - Kind: Dressed or full size? Corner posts, Sills
Size Girder: Columns under girders, Size, Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. 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:
BUILDING INSPECTION PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.
Health Dept.
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? no
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: Stephen Shea
Type Name of above: Steve Shea for Dirigo Management
Phone #: same
Other and Address:

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

Handwritten signature: V. Nugent

NOTES

Permit No. 84/1201

Location 571 E. 1st St. S. S. 11

Owner Donald M. Dapena

Date of permit 9-13-84

Approved 9-26-84

Dwelling

Garage

Alteration for floor

11/19/84 Done
to [Signature]

Large empty lined area for notes, divided into two columns by a vertical line.

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 636

ZONING LOCATION PORTLAND, MAINE June 1, 1984

PERMIT TESTED
 JUN 6 1984
 CITY of PORTLAND

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 57 Exchange Street - 2nd Fl. Fire District #1 #2

1. Owner's name and address .. Ram Management - 176 Middle Street 04101 ... Telephone 774-9801

2. Lessee's name and address Telephone

3. Contractor's name and address .. Steve Shea - 256 West Street, Biddeford, Me. Telephone 282-6726

..... No. of sheets 1

Proposed use of building .. office space .. No. families ..

Last use .. same .. No. families ..

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

Other buildings on same lot ..

Estimated contractual cost \$ 5,100.00 ..

FIELD INSPECTOR—Mr. *W. G. ...* @ 775-5451

To make interior renovations, as per plans.

Appl. Fees \$
 Base Fee
 Late Fee
 TOTAL \$ 35.00

Stamp of Special Conditions

ISSUE PERMIT TO #3

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

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

Has septic tank notice been sent? ... Form notice sent? ...

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

Size, from ... depth ... No. stories ... solid or filled land? ... earth or rock? ...

Material of foundation ... thickness, top ... bottom ... cellar ...

Kind of roof ... Rise per foot ... Roof covering ...

No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...

Framing Lumber—Kind ... Dressed or full size? ... Corner posts ... Sills ...

Size Girder ... Columns under girders ... Size ... Max. on centers ...

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

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

On centers: 1st floor ... 2nd ... 3rd ... roof ...

Maximum span: 1st floor ... 2nd ... 3rd ... roof ...

If one story building with masonry walls, thickness of walls? ... height? ...

IF A GARAGE

No. 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: BUILDING INSPECTION—PLAN EXAMINE ... Will work require disturbing of any tree on a public street? ... NO

ZONING: ... Will the ... be in charge of the above work a person competent

BUILDING CODE: ... to see that the State and City requirements pertaining thereto

Fire Dept. ... are observed? ... yes

Health Dept. ...

Others: ...

Signature of Applicant *Steve Shea* Phone #

Type Name of above Steve Shea for Ram Management ... 1 2 3 4

Other ... and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

W. G. ...

NOTES

Permit No. 81/631

Location 57 Exchange St. 2nd Floor

Owner Sean McLaughlin

Date of permit 6-1-84

Approved 6-6-84

Dwelling

Garage

Alteration to *Structure*

Blank lined area for notes.

8/2/84
Down
To
Plan

Blank lined area for notes.



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 211.3

FEB 19 1985

ZONING LOCATION PORTLAND, MAINE Feb. 14, 1985 CITY of PORTLAND

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 .57 Exchange St. - 3rd floor
1. Owner's name and address Dirigo Management - same Fire District #1 , #2
2. Lessee's name and address Telephone 371-1000
3. Contractor's name and address Steve Shea - 250 West St., Biddeford Telephone 282-6725

Proposed use of building office No. of sheets
Last use same No. families
Material No. stories Heat Style of roof Roofing

Other buildings on same lot
Estimated contractual cost \$12,000
FIELD INSPECTOR--Mr. @ 775-5451
Appeal Fees \$
Base Fee 15.00
Late Fee
TOTAL \$

To sheetrock existing office walls and to install door as per plans. 1 sheet of plans. Stamp of Special Conditions

send permit to # 1 04101

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? NO
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form 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 land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber--Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. 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
BUILDING INSPECTION--PLAN EXAMINER
ZONING
BUILDING CODE
Fire Dept.
Health Dept.
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? NO
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 Phone # same
Type Name of above Steve Shea for Dirigo Management
Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY



APPLICATION FOR PERMIT TO ERECT
SIGN OVER PUBLIC SIDEWALK OR STREET

Portland, Maine, Nov. 10 19 82

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect the following described sign extending over a public sidewalk or street, in accordance with the Building Code of the City of Portland, and the following specifications:

Location 57 Exchange St. - Lower Level Within Fire Limits? _____ Dist. No. _____

Owner of building to which sign is to be attached 57 Exchange St. Partnership - same
Santa's Inc. - same - 772-2937

Name and address of owner of sign _____

Contractor's name and address Other Telephone _____

When does contractor's bond expire? _____

Information Concerning Building

No. stories 4 Material of wall to which sign is to be attached brick

Details of Sign and Connections

Building owner's consent and agreement filed with application yes

Electric? _____ Vertical dimension after erection 10' Horizontal 3'

Weight 60 approx lbs. Will there be any hollow spaces? yes Any rigid frame? _____

Material of frame _____ No. advertising faces _____, material? wood

No. rigid connections yes Are they fastened directly to frame of sign? 1 will - 1 will not

No. through bolts 4 Size _____, Location, top or bottom top & side

No. guys 2, material cable, Size _____, Size _____

Minimum clear height above sidewalk or street 10'

Maximum projection into street _____ Fee \$ 16.00

Signature of contractor _____

APPLICANT'S COPY



APPLICATION FOR PERMIT TO ERECT SIGN OVER PUBLIC SIDEWALK OR STREET

Portland, Maine, Nov. 10 19 82

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect the following described sign extending over a public sidewalk or street in accordance with the Building Code of the City of Portland, and the following specifications

Location 57 Exchange St. - Lower Level Within Fire Limits? _____ Dist. No. _____

Owner of building to which sign is to be attached: 57 Exchange St. - Partnership - same

Name and address of owner of sign Santa's Inc. - same - 772-2037

Contractor's name and address Other Telephone _____

When does contractor's bond expire? _____

Information Concerning Building

No. stories 4 Material of wall to which sign is to be attached brick

Details of Sign and Connections

Building owner's consent and agreement filed with application yes

Electric? no Vertical dimension after erection 10' Horizontal 3'

Weight 60 approx lbs. Will there be any hollow spares? yes Any rigid frame? _____

Material of frame iron No. advertising faces 2, material wood

No. rigid connections yes Are they fastened directly to frame of sign? 1 will - 1 will not

No. through bolts 4 Size _____, Location, top or bottom top & side

No. guys 2, material cable, Size _____

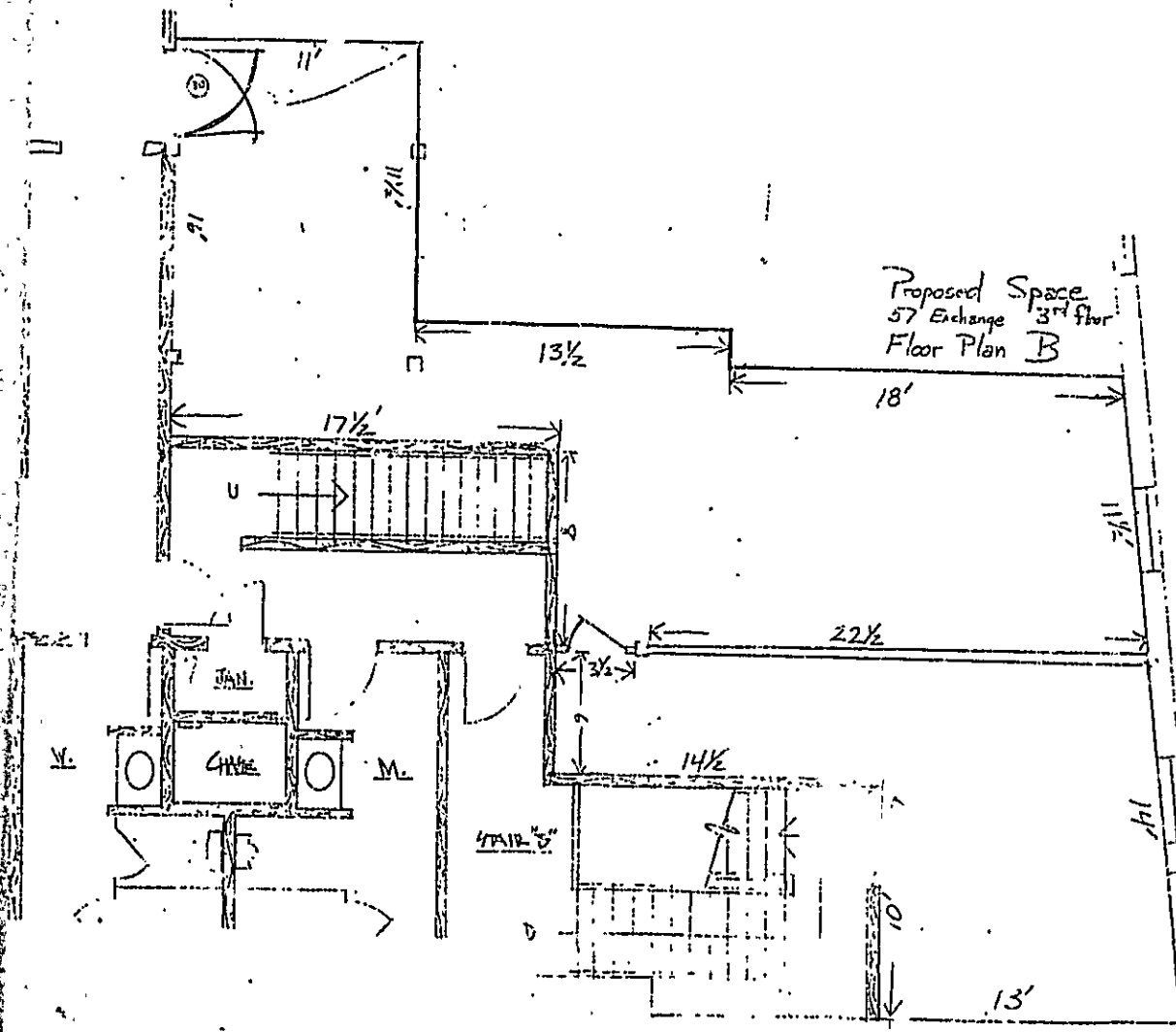
Minimum clear height above sidewalk or street 10'
3'

Maximum projection into street _____ Fee \$ 16.00

Signature of contractor Santa's Inc / [Signature]
Epiphany St. Portland

INSPECTION COPY

Work done no INSP # 7/19/85



RECEIVED
FEB 14 1985
DEPT. OF BLDG. INSP.
CITY OF PORTLAND

PERMIT ISSUED

FEB 19 1985

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION **0.113**
ZONING LOCATION PORTLAND, MAINE Feb. 14, 1985

CITY of PORTLAND

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 ..57. Exchange St. ... 3rd floor..... Fire District #1 , #2
1. Owner's name and address ..Dirigo Management..... same..... Telephone ..871-1080-
2. Lessee's name and address Telephone
3. Contractor's name and address ..Steve Shea ..256 West St. Liddleford Telephone ... 282-6726

Proposed use of building ..office..... No. of sheets
Last use ..same..... No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$..1,000.....

FIELD INSPECTOR—Mr.
@ 775-5451

Appeal Fees \$
Base Fee 15.00
Late Fee
TOTAL \$

To sheetrock existing officewalls and to install door as per plans. 1 sheet of plans.
send permit to # 1 04101

Stamp of Special Conditions :

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?no.....
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form 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 land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. 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
BUILDING INSPECTION—PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept. James
Health Dept.
Others:

MISCELLANEOUS

Will work require disturbing of any tree on a public street? ..no
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 Phone # ..same.....
Type Name of above ..Steve Shea for 2 3 4
Dirigo Management Other ..Steve Shea
and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

[Handwritten signature]

NOTES

0110

4/23

DONE

TO [Signature]

Permit No. 85/413

Location 57 Chelmsford St. No. 11

Owner: Ding M. [Signature]

Date of permit 2-19-85

Approved: [Signature]

Dwelling

Garage

Alteration: [Signature]

Two large vertical columns of horizontal lines for notes or additional information.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Feb. 25, 1985
 Receipt and Permit number P 00401

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: 57 Exchange St. -3rd floor -SUITE 303
 OWNER'S NAME: Dirigo Management ADDRESS: same

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30 **3.00**

FIXTURES: (number of) Incandescent _____ Fluorescent X (not strip) TOTAL 1-10 **3.00**
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)
 Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL _____

MISCELLANEOUS: (number of)
 Branch Panels 1 **1.00**
 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: 7.00

INSPECTION: Will be ready on ready, 1985; or Will Call _____
 CONTRACTOR'S NAME: Michael Menario
 ADDRESS: 1263 Box
 TEL.: _____
 MASTER LICENSE NO.: 4488 SIGNATURE OF CONTRACTOR: Michael Menario
 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 May 22, 1986
 Receipt and Permit number D25822

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: 57 Exchange St. - Chilton Paint - 1st. Fl.
 OWNER'S NAME: Chilton Paint ADDRESS: same

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____ FEES _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead Underground _____ Temporary _____ TOTAL amperes 100 _____ 3.00

METERS: (number of) _____ TOTAL _____ 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 _____ INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "ST" _____ IN ORIGINAL PERMIT _____ DOUBLE FEE DUE: _____
 "TR" (16.b) _____
 TOTAL AMOUNT DUE: 5.00 Min.

INSPECTION: Will be ready on May, 1986; or W 1 1986
 CONTRACTOR'S NAME: Al Lallanto
 ADDRESS: 2 Evergreen Dr., Portland, Maine
 TEL.: 878-2866
 MASTER LICENSE NO.: 3714 SIGNATURE OF CONTRACTOR: Al Lallanto
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection _____

By Inspector _____

Permit Application Register Page No. _____

31 Exchange St

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:

REMARKS:

<i>5/22/16</i>	<i>CMF called to place meter - not finished</i>

Vertical text at the bottom of the page, possibly a stamp or reference information, including 'ELECTRICAL' and other illegible words.

Permit # 10295 City of Portland BUILDING PERMIT APPLICATION Fee \$40.00 Zone _____ Map # _____ Lot# _____

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

Owner: d Old Port Properties Phone # 871-7100
 Address: Northland Loc. 1 Portland Square 04101
 LOCATION OF CONSTRUCTION: 53 Exchange St.
 Contractor: Phils Portable Welding Sub.
 Address: P.O. Box 409 Sebago Lake 04075 (Mail Permit) Phone # 642-3809
 Est. Construction Cost: \$3,800 Proposed Use: Commercial
 Past Use: Commercial
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions: L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms: _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Repairing and installation counter balance stairs
as per plan (2 sets)

For Official Use Only
 Date: December 14, 1989 Subdivision: _____
 Name: _____
 Inside Prop. Limits: _____ Lot: _____
 Bldg Code: _____ Owner/ship: _____ Public _____
 Time Limit: _____ Private _____
 Estimated Cost: \$3,800

Zoning: OK
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (Explain)
W/OA 10-22-89

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 Encasement Type: _____ Size: _____
 7. Other Material: _____

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

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

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

Roof:
 1. Truss or Rafter Size _____ Span 00.0A OEC 26 1989
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____ City of Portland

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

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

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

Permit Received By L. L. L.

Signature of Applicant: [Signature] Date 12/14/89

Signature of CEO: [Signature] Date 12-14-89

Inspection Dates _____

PLOT PLAN

N
↑

FEES (Breakdown From Front)

Base Fee \$	40.00
Subdivision Fee \$	
Site Plan Review Fee \$	
Other Fees \$	
(Explain)	
Late Fee \$	

Type

In. on Record

Date

COMMENTS: 2 sets of plans submitted 1 photo submitted

2/15/90 *Work completed*

Signature of Applicant *W. J. B. Baker*

Date December 14, 1989

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$40.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: d Old Port Properties Phone # 871-7100

Address: Northland Inc. 1 Portland Square 04101

LOCATION OF CONSTRUCTION 53 Exchange St.

Contractor: Phils Portable Welding Sub.

Address: P.O. Box 409 Sebago Lake 04075 (Mail Permit) Phone # 642-3809

Est. Construction Cost: \$3,800 Proposed Use: Commercial

Past Use: Commercial

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

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

Stories: _____ # Bedroom: _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: Repairing and installation counter balance stairs
as per plan (2 sets)

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 Size _____ Span(s) _____
5. Bays: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

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

For Official Use Only

Date December 14, 1989 Subdivision: _____
Name: _____
Inside Fire Limits: _____ Lot: _____
Bldg Code: _____ Ownership: _____ Public: _____
Type Limit: _____ Private: _____
Estimated Cost: \$3,800

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

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other: WDA 12-22-89 (Explain)

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

Roof:
1. Truss or Rafter Size _____ Span _____ DEC 26 1989
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

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

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

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

Permit Received By Latini

Signature of Applicant Wally J. Latini Date 12/14/89

Signature of CEO Walter J. Latini Date 12-19-89

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG

White Tag - CEO [Signature] Copyright GPCOG 1989



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

April 18, 1990

RE: 53 Exchange Street

Morino's Electric Company
68 Taft Avenue
Portland, Maine 04102

Dear Sir:

Your application to change use from vacant space to retail has been reviewed and a permit is herewith issued subject to the following requirement:

No certificate of occupancy can be issued until all requirements of this letter are met.

Means of egress shall have to be in accordance with N.F.P.A. 101 Life Safety Code section 5-10.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

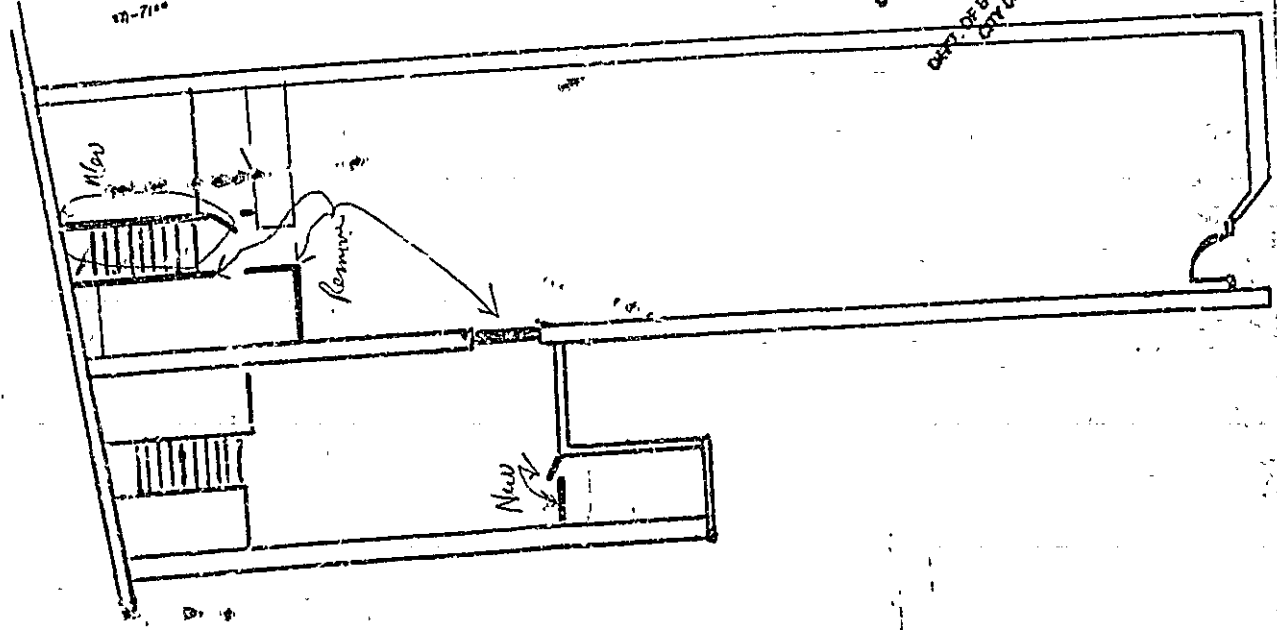
Ecology House
46 Market St. 53 EXCHANGE

10-7100

RECEIVED

APR 05 1990

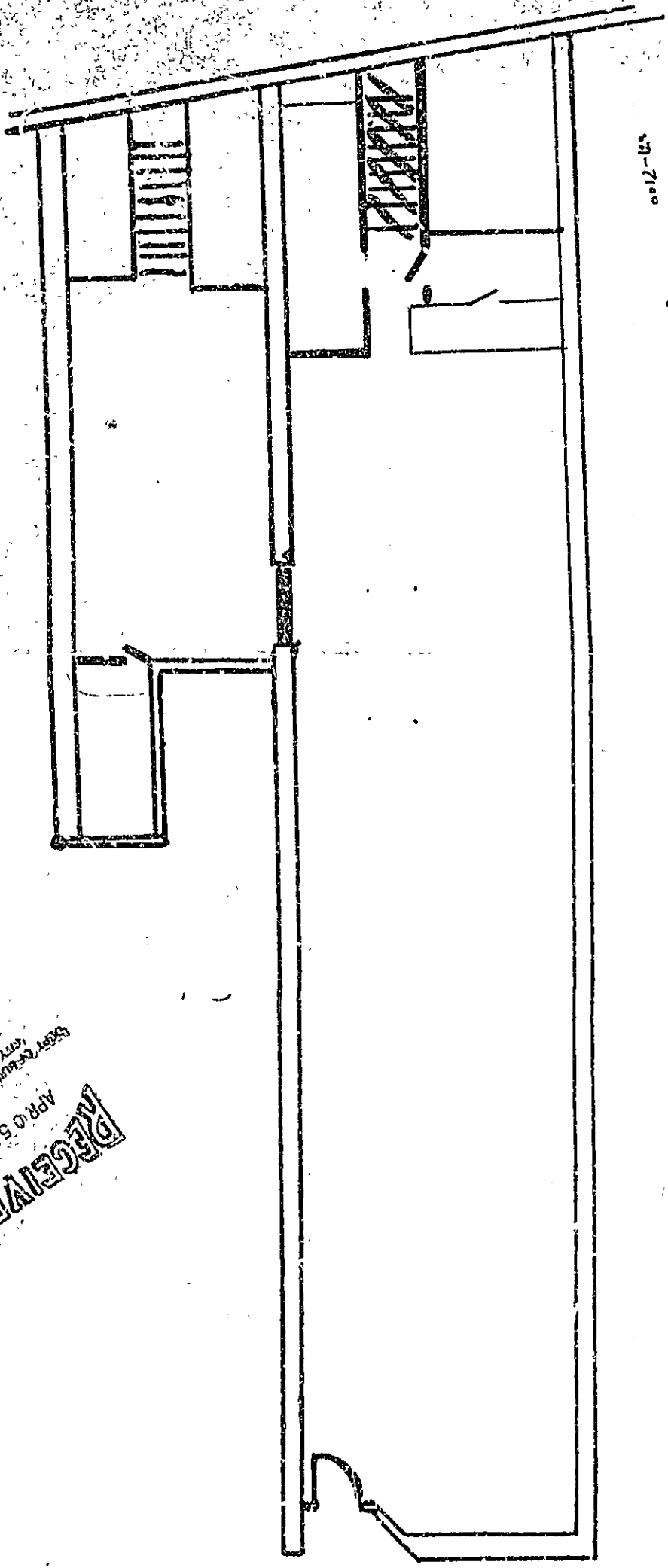
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



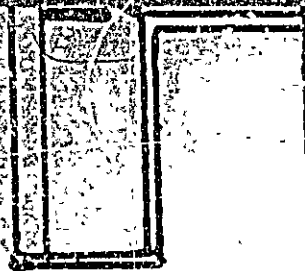
--- WALLS TO BE REMOVED
— NEW CONSTRUCTION

Ecology House
54 Montefelt St.
53 Exchange St
27-7100

—— WALLS TO BE REMOVED
—— NEW CONSTRUCTION

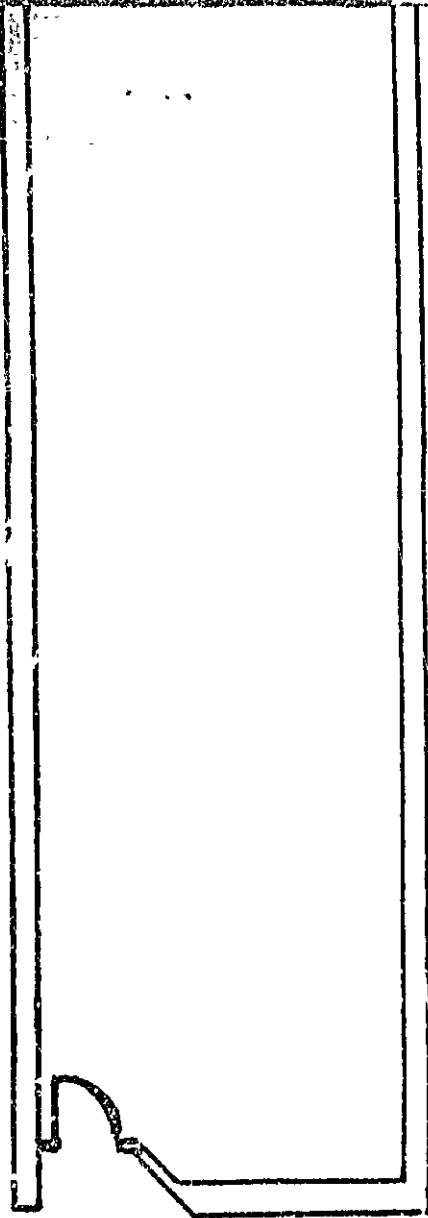


RECEIVED
APR 05 1993
CITY OF PORTLAND
BUILDING INSPECTOR



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

APR 15 1930
RECEIVED



Permit # **900355** City of **Portland** BUILDING PERMIT APPLICATION Fee \$ **26.65** Zone _____ Map # _____ Lot# _____

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

Owner: **Classic Impressions** Phone # **874-6980**
 Address: **51 Exchange St. Portland, ME 04101**
 LOCATION OF CONSTRUCTION: **51 Exchange St.**
 Contractor: **Dwight Barry** Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: **commercial**
 Paid Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: **Sign 20' x 140'**

For Official Use Only PERMIT ISSUED
 Date: **5/8/90** Subdivisor: _____ Name: _____
 Inside Fire Limits: _____ Lot: **MAY 9 1990**
 Bldg Code: _____ Ownership: _____ Public _____ Private _____
 Time Limit: _____ Estimated Cost: _____
City of Portland

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

Floor: **53** Sills must be anchored.
 1. Sill 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 _____

Zoning: **D-2** Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception _____
 Other: (Explain) **OK W/ 5-8-90**

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

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

Chimneys: Type: _____ Number of Fire Places: _____

Heating: Type of Heat: _____

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

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

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

Permit Received By: **Rouise CE, Chase**
 Signature of Applicant: **Edward Kimball** Date: _____
 Signature of CEO: **EDWARD KIMBALL** Date: _____

Inspection Dates: _____

PLOT PLAN

N
▲

FLES (Breakdown From Front)

Base Fee \$ _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

COMMENTS 6/7/70 Man Sign up as per plan

Signature of Applicant

Date



STATE FARM FIRE AND CASUALTY COMPANY
1750 ROUTE 23, WAYNE NJ 07477-0001

RENEWAL CERTIFICATE
PREPARED NOV 21 89

POLICY NUMBER 99-15-1947-1	DATE DUE FEB 01 90	PLEASE PAY THIS AMOUNT \$240.00	BUSINESS - MER/SER INSURED: KIMBALL, EDWARD J DEA CLASSIC IMPRESSIONS
-------------------------------	-----------------------	------------------------------------	--

FULL PAYMENT BY DATE DUE EXTENDS
POLICY PERIOD TO FEB 01 91.

SECTION I	COVERAGES/LIMITS	PREMIUMS
LOCATION 1) 164 MIDDLE ST PORTLAND ME	BUILDINGS- COVERAGE A EXCLUDED	BUSINESS PERSONAL PROPERTY-COVERAGE B \$ 51.600
		194.00

RECEIVED
MAY 08 1990
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

LOSS OF INCOME-COVERAGE C	ACTUAL LOSS	
DEDUCTIBLES-BASIC \$250 OTHER DEDUCTIBLES MAY APPLY-REFER TO POLICY		
SECTION II BUSINESS LIABILITY-COVERAGE L MEDICAL PAYMENTS-COVERAGE M	1,000,000 1,000 EACH PERSON 25,000 EACH ACCIDENT	\$ 46.00

COVERAGES	FORMS, OPTIONS, AND ENDORSEMENTS
COVERAGES A - INFLATION COVERAGE INDEX: N/A COVERAGES B - CONSUMER PRICE INDEX: 125.0	SPECIAL FORM 3 AMENDATORY ENDORSEMENT TRANSPORTATION ENDORSEMENT POLICY ENDORSEMENT POLLUTION EXCLUSION END ANNUAL AGGREGATE LIMIT END DEBRIS REMOVAL POLLUT CLEAN UP

FP-8153
FE-8279
FE-8369
FE-8375
FE-8395.2
FE-8356
FE-8398

See reverse side for important information affecting your insurance
Please keep this part for your record.

Thanks for letting us serve you...

Agent
Telephone



STATE FARM INSURANCE COMPANIES

Premium Notice

FOI... UMSEB
99- 1947-1

DATE DUE	PLEASE PAY THIS AMOUNT
----------	------------------------

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

8
7
6
5
4
3
2
1

4024/65

KIMBALL, EDWARD J
DBA CLASSIC IMPRESSIONS
164 MIDDLE ST
PORTLAND ME 04101-4124

Regional Office Use Only

817 20007500024000 4996001519471015 >



POLICY NUMBER	DATE DUE	PLEASE PAY THIS AMOUNT
CONTINUED		
<p>RECEIVED MAY 08 1990 DEPT. OF BUILDING INSURANCE CITY OF PORTLAND</p>		
<p>FORMS, OPTIONS, AND ENDORSEMENTS SUBSURFACE WATER EXCLUSION END FE-8379 PROTECTIVE SAFEGUARD ENDORSEMENT FE-8335 LOSS PAYABLE ENDORSEMENT FE-8403 ADDITIONAL INSURED ENDORSEMENT FE-8402</p>		
<p>See reverse side for important information affecting your insurance. Please keep this part for your record.</p>		
<p><i>Thanks for letting us serve you...</i></p>		
Agent: ARRAR CLAYTON Telephone: 207-767-3223	ANNUAL PREMIUM AMOUNT DUE	\$ 240.00 \$ 240.00

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Note: If this is a change in insured property, please see your State Farm Agent.

Mailing address change only Location change I expect to be here
 permanent change temporary change _____ months

Street or Rural Route Address _____

City _____ St./Prov. _____ Zip/Postal _____

Township _____ County _____

Inside City Limits Outside City Limits

List below all other State Farm policies (Auto, Life, Fire or Health) on which premium notices should be sent to the new address. (PLEASE PRINT)

Pol. No. _____
Insured's Name _____
Pol. No. _____
Insured's Name _____
Pol. No. _____
Insured's Name _____
Pol. No. _____
Insured's Name _____
Pol. No. _____
Insured's Name _____

New Residence Phone No. (____) _____

New Business Phone No. (____) _____

NOTICE TO POLICYHOLDER

For a comprehensive description of coverages and forms, please refer to your policy.

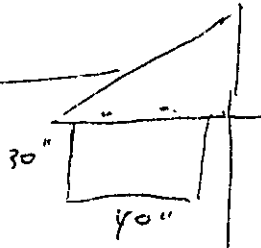
Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

EXISTING
BRACKET



RECEIVED

MAY 08 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

13

RECEIVED

MAY 08 1990

DEPT. OF BUILDINGS
CITY OF PORTLAND

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 53 Exchange Street
Old Port Properties Limited
IN PORTLAND, MAINE Partnership c/o Northland being the owner of the premises
at 53 Exchange Street in Portland, Maine hereby gives consent to the
Edmund Kimball/
erection of a certain sign owned by Classic Impressions, Inc. over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

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

In Witness whereof, the owner of said premises has signed this consent and
agreement this 24 day of April 1990.

Paul Amley Property Manager

03/25/88

900355

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$ 26.65 Zone _____ Map # _____ Lot # _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Classic Impressions Phone # 874-6980
Address: 51 Exchange St; Ptd, ME 04101
LOCATION OF CONSTRUCTION 51 Exchange St.
Contractor: Dight Barry Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: _____ Proposed Use commercial
Past Use: _____
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq Ft _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion: ~~Sign~~ Sign 30" x 40"

For Official Use Only

Subdivision: **PERMIT ISSUE**

Date: 5/6/90 Name: _____
Inside/Type/Units: _____ Lot: MAY 6 1990
Bldg Code: _____ Ownershp: _____
Time Limit: _____
Ex. Time/Code: _____

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

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other: OK WD H-5-8-90 (Explain)

Foundations:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

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

Chimneys:

- Type: _____ Number of Fire Places _____

Heating:

- Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Permit Received By Fouise E. Chase

Signature of Applicant Edward Kimball Date _____

Signature of CEO EDWARD KIMBALL Date _____

Inspection Dates: _____

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

10 Mr. J. L. ... © Copyright GPCOG 1988

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Northland Phone # _____
 Address: 1 Portland Square, Portland, Maine 04101
 LOCATION OF CONSTRUCTION ~~60 MARKET ST~~ 53 Exchange St.
 Contractor: Morino's Elec. Co. Sub: (Ecology House)
 Address: 68 Taft Ave. Portland 04102 Phone # 774-3129
 Est. Construction Cost: \$1,000.00 Proposed Use: retail
 Past Use: vacant space
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion change of use retail from vacant space
submitted 2 sets of plans
with under \$1,000 renovations

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 _____

White-Tax Assessor Yellow-GPCOG

For Official Use Only PERMIT ISSUED
 Date April 5, 1990 Subdivision: _____ Name: _____
 Inside Fire Limits _____ Lot: APR 19 1990
 Body Code _____ Own. Status: _____ Public _____
 Time Limit _____
 Estimated Cost: \$1,000.00 City of Portland

Zoning: B-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____
 Review Required:
 Zoning Board Approval. Yes _____ No _____ Date: _____
 Planning Board Approval. Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK W/DH - 7-24-18-90

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

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

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

Permit Received By Latini

Signature of Applicant Jerome Devlin Date 4/5/90

Signature of CEO Ellen White Date 4-16-90

Inspection Dates _____

White Tag - CEO **PERMIT ISSUED WITH LETTER** City of Portland GPCOG 1988
 101 Mr. IRVIN 9

Permit # 90069A City of Portland BUILDING PERMIT APPLICATION Fee \$145. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner Taylor Portland Corp. Phone # _____
 Address: 55 Exchange St; Ptld, ME 04111
 LOCATION OF CONSTRUCTION 55 Exchange St.
 Contractor: Walter Taylor Sub: _____
 Address: RFD 2, Box 7850 Phone # 395-4223
Winthrop, ME 04364
 Est. Construction Cost: \$25,000. Past Use retail
 Proposed Use: retail w restaurant
 # of Existing Res. Units _____ # of New Res Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain. Conversion CHANGE OF USE - from retail to retail w

For Official Use Only PERMIT ISSUED
 Date 5/30/90 Subdivision _____ Name _____
 Inside Fire Limits _____ Lot 5
 Bldg Code _____ Ownership _____
 Time Limit _____
 Estimated Cost 25,000.
 City Of Portland
 Zoning: B-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK WDA # 6-25-90

- with interior renovations -
 Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footing Size: _____
 4. Foundation Size: _____
 5. Other _____
 Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____
 Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____
 Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.
 Permit Received By Louisa
 Signature of Applicant Walter Taylor
 Signature of GEO Walter Taylor Date 6-7-90
 Inspection Dates _____
 © Copy right GPCOG 1988

White-Tax Assessor Yellow-GPCOG White Tag-CEO 101 MR. MITCHELL



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 22, 1990
 Receipt and Permit number 01304

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: 55 Exchange St.
 OWNER'S NAME: Walter Taylor ADDRESS: Winthrop, Maine

	FEES
OUTLETS:	
Receptacles <u>18</u> Switches <u>4</u> Plugmold _____ ft TOTAL <u>22</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft	<u>01.75</u>
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under <u>1</u>	<u>2.50</u>
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 <u>7</u>	<u>7.00</u>
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" (304-18.b)	
TOTAL AMOUNT DUE:	<u>12.50</u>

INSPECTION:
 Will be ready on Monday 6-25, 19; or Will Call _____
CONTRACTOR'S NAME: Flace Electric, Inc.
ADDRESS: 166 Summit St. Portland, Maine 04103
TEL: 797-9954
MASTER LICENSE NO.: 10626 **SIGNATURE OF CONTRACTOR:** Charles Flace
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 June 18, 1990
 Receipt and Permit number 01368

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: 55 Exchange St.
 OWNER'S NAME: Dirigo Management ADDRESS: 55 Exchange St.

	FEES
OUTLETS:	
Receptacles _____ Switches <u>3</u> Plugmold _____ ft. TOTAL <u>3</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>18 (not strip)</u> TOTAL _____	3.80
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground <u>X</u> Temporary _____ TOTAL amperes <u>200</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 zones) _____	
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 <u>2</u>	2.00
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, Fair, 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: 12.30

INSPECTION:
 Will be ready on _____, 19____; or Will Call X
 CONTRACTOR'S NAME: Seabee Elec.
 ADDRESS: 200 Anderson St. Portland, Maine 04101
 TEL.: 774-4880
 MASTER LICENSE NO.: 3011 SIGNATURE OF CONTRACTOR: William Seabee
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS —

Permit Number 01368

Location 55 Exchange

Owner David W. M. M. M. M.

Date of Permit 6-18-90

Final Inspection 7-36-90

By Inspector [Signature]

Permit Application Register Page No. 90

INSPECTIONS: Service 6-25-90 by SB / misc only

Service called in 6-25-90 - 11:00 AM

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____
_____ / _____
_____ / _____
_____ / _____
_____ / _____
_____ / _____
_____ / _____

DATE:

REMARKS:

DATE:	REMARKS:

[Faint handwritten text]

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 55 Exchange STR

PROPERTY OWNERS NAME

Last: T.C.B.Y. First: T.C.B.Y.

Applicant Name: Carl J. Henriksen

Mailing Address of Owner/Applicant (if Different): 79 Highview Rd
CE ME 04107

Caution: Permit Required

PORTLAND 3891 TOWN COPY

Date Paid: 132 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] I.P.I. # _____

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: 6-25-90

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: JUN 27 1990

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">JUN 27 1990</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY <u>STORE</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>01943</u></p>
---	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>HOOK UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center;">OR</p> <p>HOOK UP: to an existing subsurface wastewater disposal system</p>		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	2	Sink
	1	Drinking Fountain	3	Wash Basin
	3	Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<p>PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures</p>		Grease/Oil Separator		Dish Washer
		Dental Cusplder		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
			4	Fixtures (Subtotal) Column 2
			11	Permit Fee
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>32.</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 55 Exchange St.

Issued to Taylor Port. Corp.

Date of Issue 7/31/90

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. 90/0694, 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

First Floor

Retail with restaurant

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

7/31/90
(Date)

SB

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.

900694

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$145. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Taylor Portland Corp. Phone # _____
 Address: 55 Exchange St; Ptd, ME 04111
 LOCATION OF CONSTRUCTION 55 Exchange St.
 Contractor: Walter Taylor Sub: _____
 Address: RFD 2, Box 7850 Phone # 395-4223
Winthrop, ME 04364
 Est. Construction Cost: \$25,000. Proposed Use: retail w restaurant
 Past Use: retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions 17 4' x W Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion CHANGE OF USE - from retail to cretail
restaurant - with interior renovations -

For Official Use Only
 Date 5/30/90 Subdiv Name _____
 Inside Fire Limits _____
 Bldg Code _____ Ownership _____
 Type Limit _____ Estimated Cost 25,000.
PERMIT ISSUED
 Lot # JUL 5 1990
City of Portland

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: _____ 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 _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) restaurant OK 100 ft = 25' 90

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

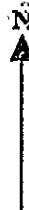
Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

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

Permit Received By Louise A. Chase
 Signature of Applicant Walter Taylor Date: 5/30/90
 Signature of CEO Walter Taylor Date: 5/30/90
 Inspection Dates _____

07/25/90 White-Tax Assesor Yellow-GPCOG White Tag - CEO Walter Taylor © Copyright GPCOG 1988

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 145.-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

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

COMMENTS

7/29/90 Called for final Almost ready But not quite
 7/31/90 Call O issued - wrote letter to owner of building re sprinklers
 MCHA

Signature of Applicant

Charles J. Taylor

Date

3/30/90



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

July 3, 1990

Walter Taylor
R.F.D. #2, Box 7850
Winthrop, ME 04364

Re: 55 Exchange Street, Portland, ME

Dear Sir:

Your application to change of use from retail to retail with restaurant has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. Interior finish on walls and ceilings shall be Class "A" in accordance with Section 6-5.
2. Portable fire extinguishers shall be provided in accordance with Section 7-74.1 of N.E.P.A. 101 Life Safety Code.

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

C : Lt. Garroway, Fire Prevention Bureau

PSH/jmr



PLANNING & URBAN DEVELOPMENT

CITY OF PORTLAND, MAINE

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

JOSEPH E. GRAY, JR.
DIRECTOR

July 31, 1990

Old Port Properties
2150 Washington Street
Newton, MASS. 02162

Re: 55 Exchange Street. 32-E-1

Dear Sirs:

A recent inspection of 55 Exchange Street revealed what appears to be an inoperative sprinkler system. All gauges read zero pressure.

I would also recommend the application of fire stopping around all wall penetrations to adjoining businesses.

The present situation is a hazard to employees, general public and your investment.

I suggest this situation be remedied immediately.

Sincerely,

Mark Mitchell
Code Enforcement Officer (10)

cc: P. Samuel Hoffses, Chief of Inspection Services
Lt. Wally Garroway, Fire Prevention Bureau

MM/jmr



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 57 Exchange St.

Issued to **Ledgewood Inc.**

Date of Issue **12/12/90**

This is to verify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 90/2184, 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.

POSITION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Suite 205

office

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

12/11/90
(Date)

[Signature]
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 leasee for one dollar.

902184

Permit # 902184 City of Portland BUILDING PERMIT APPLICATION Fee \$25 Zone _____ Map # _____ Lot# _____

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

Owner: OldPort Properties Ltd Phone # 371-7100
 Address: One Portland Square; Ptd, ME 04101
 LOCATION OF CONSTRUCTION 57 Exchange St. (Suite 205)
 Contractor: LENGWOOD INC. Sub: 775-0741
 Address: P O Box 8107; Ptd, ME Phone # 04104
 Est. Construction Cost: \$1800 Proposed Use: office space
 Past Use: office space
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations

For Official Use Only PERMIT ISSUED
 Date: 11/28/90 Subdivision: _____ Name: DEC 5 1990
 Inside Fire Limits _____ Lot _____
 Bldg Code _____ Ownership: City Of Portland
 Time Limit _____
 Estimated Cost: \$1000

Zoning: R-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK 11/28/90 - 11-4-91

Foundation:
 1. Type of Soil: _____
 2. Set Back - 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 _____

Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Size _____ Requires Review.
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____
 Date: 11/28/90

Chimneys:
 Type: _____ Number of Fire Places _____
 Signature: _____

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.

Received By Louise E. Goss

Title of Applicant _____

Signature of CEO William Briggs

Inspection Dates _____

White-Tag-CEO _____

PERMIT ISSUED WITH LETTER

White-Tax Assessor Yellow-GPCOG

© Copyright GPCOG 1988

PLOT PLAN

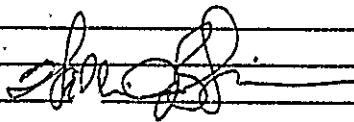
N
↑

FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ <u>25-</u>			
Subdivision Fee \$ _____			
Site Plan Review Fee \$ _____			
Other Fees \$ _____			
(Explain) _____			
Late Fee \$ _____			

COMMENTS

C/O Issued 12/12 #2 waived by Smith upon my recommendation

Signature of Applicant



Date 28 NOV 90

CITY OF PORTLAND, MAINE

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



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
December 5, 1990

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

RE: Suite 205 - 57 Exchange Street

Ledgewood Inc.
P.O. Box 8107
Portland, Maine 04104

Dear Sir:

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

No certificate of occupancy can be issued until all requirements of this letter are met.

1. Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.
2. Exits shall be marked in accordance with N.F.P.A. 101 Life Safety Code Section 5-10.

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

Sincerely,

A handwritten signature in dark ink, appearing to read "P. Samuel Hoffses", written over a horizontal line.

P. Samuel Hoffses
Chief of Inspection Services

/el

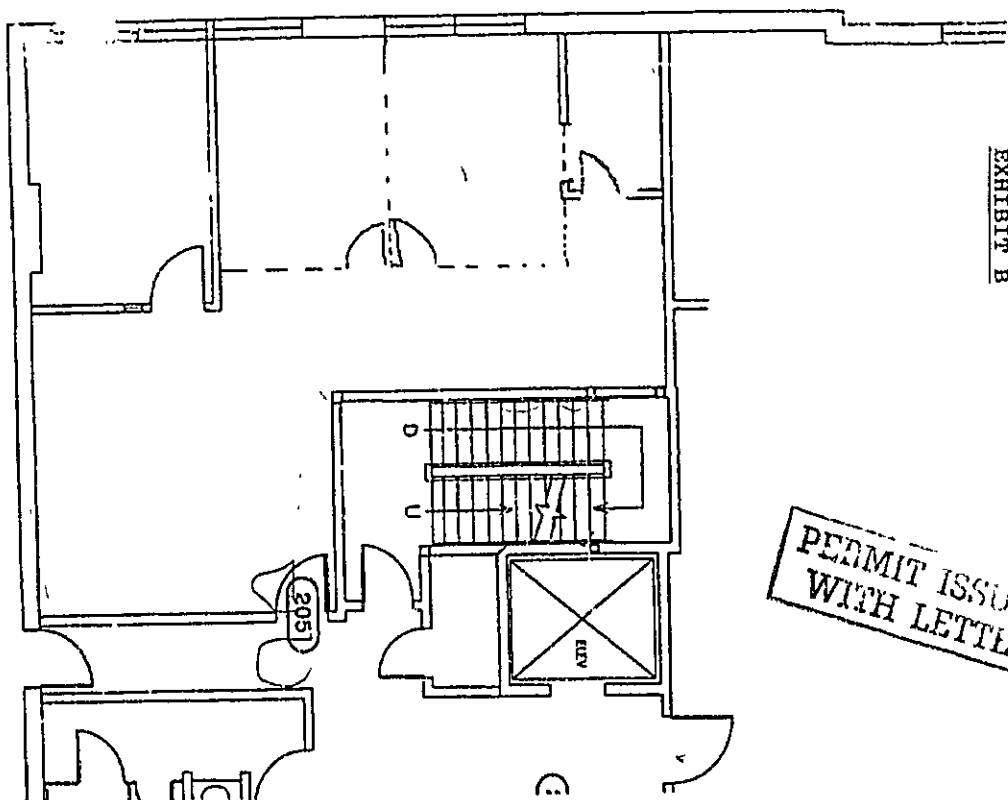
cc: LT. Wallace Garroway, Fire Prevention Bureau

RECEIVED

NOV 28 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

EXCHANGE STREET



57 EXCHANGE STREET
SUITE 205
SCALE 1/8" = 1'-0"
--- proposed area under

PERMIT ISSUED
WITH LETTER

902002

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$80.00 Zone _____ Map # _____ Lot# _____

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

Owner: Old Port Properties-Ltd.Part. Phone # 871-7100
 Address: 1 Portland Sq. 5th Fl. Portland 04101

LOCATION OF CONSTRUCTION Exchange St.
 Contractor: R. P. Morrison Bldg. Sub. (MAIL PERMIT TO)

Address: 158 Chute Rd. Winham 04062 Phone # 892-9418

Est. Construction Cost: 12,000 Proposed Use: Retail store
 Past Use: retail store

of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion interior renovations to retail store as per plan

For Official Use Only **PERMIT ISSUED**
 Subdivision: _____ Name: OCT-5-1990
 Date: May 23, 1990
 Inside Fire Limits _____ Lot _____
 Bldg Code _____ Ownership: City of Portland
 Time Limit _____
 Estimated Cost: 12,000

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) CK WADW 7-25-90

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. Lolly 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 Material _____

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

Roof:
 1. Truss or Rafter Size _____ Span: 00.00
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: 2-1/2" Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil has been done no to excav 0 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.

Permit Received By Latini **PERMIT ISSUED**

Signature of Applicant [Signature] **WITH LETTER** MAY 23, 1990

Signature of CEO Roland Morrison Date _____

Inspection Dates _____

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 80.00

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS 6 pages of plan submitted

WORK WAS COMPLETED MONTHS BEFORE PERMIT EVER ISSUED.
MCM 10/29/90

Signature of Applicant Phil A. ...

Date May 23, 1990



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

October 5, 1990

R.P. Morrisson Builders
158 Chute Road
Windham, ME 04062

RE: 57 Exchange Street - Portland

Dear Sir:

Your application to make Interior renovations has been reviewed and a permit is herewith issued subject to the following requirement(s).

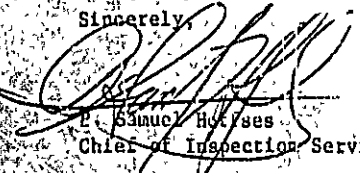
No certificate of occupancy can be issued until all requirements of this letter are met.

Requirements:

1. Portable fire extinguisher shall be provided as per N.F.P.A. #10.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. Carroway - Portland Fire Dept.

PSH/ljh

902184

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Old Port Properties Ltd Phone # 871-7100
 Address: One Portland Square; Portland, ME 04101
 LOCATION OF CONSTRUCTION 57 Exchange St. (Suite 205)
 Contractor: LEdge cog Inc. Sub: 775-0741
 Address: P O BOX 8107; Portland, ME Phone # 04104
 Est. Construction Cost: \$1000 Proposed Use: office space
 Past Use: office space
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations

PERMIT ISSUED
 For Official Use Only
 Date: 11/28/90 Subdivision: _____ Name: DEC 5 1990
 Inside Fire Limits: _____ Lot: _____
 Bldg Code: _____ Ownership: City Of Portland
 Time Limit: _____ Estimated Cost: \$1000
 Zoning: B-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK WPA 12-4-90

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 Wall:

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

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____ Not in district nor landmark
2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
3. Type of Ceiling: _____
4. Insulation Type _____ Size _____ Requires Review
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____ Action: Approved
2. Sheathing Type _____ Size _____ Approved with Conditions
3. Roof Covering Type _____

Chimneys:

- Type: _____ Number of Fire Places _____ Date: 11/28/90
 Signature: [Signature]

Heating:

- Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Permit Received By Louise

PERMIT ISSUED

Signature of Applicant [Signature]

WILLIAM BRIDGES

Signature of CEO [Signature]

Date 11-30-90

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

© Copyright GPCOG 1988

902002

Permit # _____ City of _____ No. _____ DDD NG PERMIT APPLICATION Fee \$80.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to _____
 _____ last accompany form.

Owner: Old Port Properties-Ltd. _____
 Address: 1 Portland Sq. 5th Fl. _____ Phone # 871-7100
 LOCATION OF CONSTRUCTION 57 Exchange St.
 Contractor E. P. Morrison Bldrs. (MAIL PERMIT TO)
 Address: 158 Chute Rd. Windham Phone # 04062 Phone # 892-9418
 Est. Construction Cost: 12,000 Proposed Use: Retail store
 Past Use: retail store
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion interior renovations to retail store as per plan

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) _____
 b. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

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

For Official Use Only PERMIT ISSUED
 Date May 23, 1990 Subdivision _____ Name _____
 Inside Fire Limits _____ Lot OCT 5 1990
 Diag. Code _____ Ownership _____
 Trans. Limit _____
 Est. Total Cost: 12,000
City of Portland
 Zoning: B-3 Zone
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (Explain) OK WADP 7-25-90

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

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

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

Permit Received By Latini
 Signature of Applicant Latini Date May 23, 1990

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag-CEO

PERMIT ISSUED
WITH LETTER

10

MR.

Permit # 10402 City of Portland BUILDING PERMIT APPLICATION Fee \$26.30 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: International Concepts Phone # 976-2242
 Address: 57 Exchange St. Ltd. PT 21.1E 04101
 LOCATION OF CONSTRUCTION 57 Exchange St.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Commercial
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: sign 2' x 3'

For Official Use Only PERMIT ISSUE
 Date: 5/9/90 Subdivision: _____ Name: _____
 Inside Fire Limits: _____ Lot: MAY 21 1990
 Bldg Code: _____ Ownership: _____ Public _____
 Time Limit: _____ Estimated Cost: _____
 City of Portland
 Zoning: R-2.5
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): OK W/ 2-17-90

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" C.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

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

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

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

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

Chimneys:
 Type: _____ Number of Fire Places: _____

Heating:
 Type of Heat: _____

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

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

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

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date MAY 9 1990

Signature of CEO Peter GARDNER Date _____

Inspection Dates _____

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

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 20180

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS

Sign is up as planned Mem 6/7/90

Signature of Applicant [Signature]

Date May 9th 1990

This is not
in Maine
Way N.S.T.

ADVICE OF INSURANCE

JOHNSON & HIGGINS
OF MAINE, INC.

57 Exchange Street
Portland, Maine 04101

Tel. 775-2305 AREA CODE (207)

Business Established New York 1845

INSURANCE BROKERS—AVERAGE ADJUSTERS
EMPLOYEE BENEFIT PLANNING

RECEIVED

MAY 14 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

TO: Mr. Peter Gauci

5-14-90

Insurance described below has been bound:

Name of Insured: International Concepts, Ltd.
dba: Treasures of the Bahamas

Mailing Address: 57 Exchange St.
Portland, Maine 04101

Location(s): Same as mailing

Form of Coverage(s): Business Owners Amount or Limit See Attached

Insurance Carrier(s): Hartford Insurance Co.
Insurance Effective:

From: 5-11-90

To: 5-11-91

Rate or Premium:

Provisions Applicable: See Attached

Copies of this Advice have been sent to:

Ms. Shari Varney
Hartford Insurance Co.

JOHNSON & HIGGINS OF MAINE, INC.

BY: *Kenneth W. Davis*
Sincerely, *Kenneth W. Davis*

ATTORNEY
JOHNSON & HIGGINS OF MAINE, INC.

INTERNATIONAL CONCEPTS LTD.
TREASURES OF THE BAHAMAS
April 1990

RECEIVED

MAY 14 1990

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

Businessowners Policy - Hartford Insurance Company

\$50,000 Business Personal Property

Actual Loss of Business Income

\$10,000 Money & Securities - on Premises/\$2,000 off-Premises

\$ 5,000 Exterior Signs

\$10,000 off Premises

\$10,000 Personal Property of Others

\$ 5,000 Accounts Receivable

\$10,000 Valuable Papers

\$10,000 Computers

"All Risk" Except Flood & Earthquake

\$ 250 Deductible per Occurrence

Replacement Cost Valuation: No Coinsurance

25% Peak Season Coverage in Value

\$1,000,000 Comprehensive General Liability

\$1,000,000 Non-owned and Hired Automobile Liability

\$ 50,000 Fire Legal Liability

\$ 1,000 Medical Payments - Each Person/\$10,000 Each Accident

Coverage Includes: Premises and Operations Hazard
and Products & Completed Operations

Annual Premium: \$747