

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant <u>Coccolli Ltd. of Maine</u>		Date <u>May 29, 1987</u>
Mailing Address <u>333 Cumberland Avenue</u>		Address of Proposed Site <u>33-1-3</u>
Proposed Use of Site <u>Processing, business, and retail</u>		Site Identifier(s) from Assessors Maps <u>1-2 & B-2</u>
Acreage of Site <u>10,000</u>	Ground Floor Coverage	Zoning of Proposed Site
Site Location Review (DEP) Required: () Yes () No	Proposed Number of Floors <u>4</u>	
Board of Appeals Action Required: () Yes () No	Total Floor Area <u>50,000</u>	
Planning Board Action Required: () Yes () No		
Other Comments: _____		
Date Dept. Review Due: _____		

FIRE DEPARTMENT REVIEW 6-22-87
(Date Received)

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMENSE CONNECTIONS	SUFF. X OF WATER SUPPLY	OTHER	
APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONDITIONS SPECIFIED BELOW REASONS SPECIFIED BELOW
APPROVED CONDITIONALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISAPPROVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REASONS: _____

(Attach Separate Sheet if Necessary)

John R. Baltowski
 SIGNATURE OF REVIEWING STAFF/DATE
 FIRE DEPARTMENT COPY

PERMIT # 1236 BUILDING PERMIT APPLICATION Portland Previous permit #
APPLICANT FILL OUT I - XVIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction
Owner or lessee's name Tel. 774-6303
Address

Contractor's name Tel.
Address

Subcontractors: SEP 22 1987

PERMIT ISSUED

City of Portland

II. NEW SUBDIVISION OR EXISTING

LOT REFERENCE

Name

Lot

Block

Bk. & pg. Reg. / deeds

Date recorded

III. PROPOSED USE: CODE: If other, explain Seasonal Condominium Apartment
324 processing, business and retail

IV. PAST USE:

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

VI. DESCRIPTION OF WORK:

removals and additions to building

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

VIII. EST. CONSTRUCTION COST: \$1,300,000 IX. 6R SQ. FT. OF LAND BUILDING

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS

1 BDRM 2 BDRMS 3 BDRMS

NEW DWELLING UNITS WITH

EXISTING DWELLING UNITS WITH

XI. RESIDENTIAL UNITS:

NEW DWELLINGS

EXISTING DWELLINGS

NET RESIDENTIAL UNITS

XII. SIGNATURE OF APPLICANT DATE

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:

DISTRICT STREET FRONTAGE

SETBACKS: front back side side

ZONING BOARD APPROVAL: no yes (date)

PLANNING BOARD APPROVAL: no yes (date)

XIV. OFFICE USE:

TAX MAP

LOT

VALUE/STRUCTURE

PERMIT EXPIRATION

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

special excepti. other (explain)

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) DATE

XVII. FEES:

base fee 6,520.00

subdivision fee

site plan review fee 300.00

other fees

late fee

TOTAL

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

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

PLOT PLAN/DETAILS OF WORK ON REVERSE

Pink - Tax Assessor
Gold - GPCUG

10/11/87, WCT - dac



Department of Commerce

FOR GENERAL

Department of Building Inspection

NO. 10

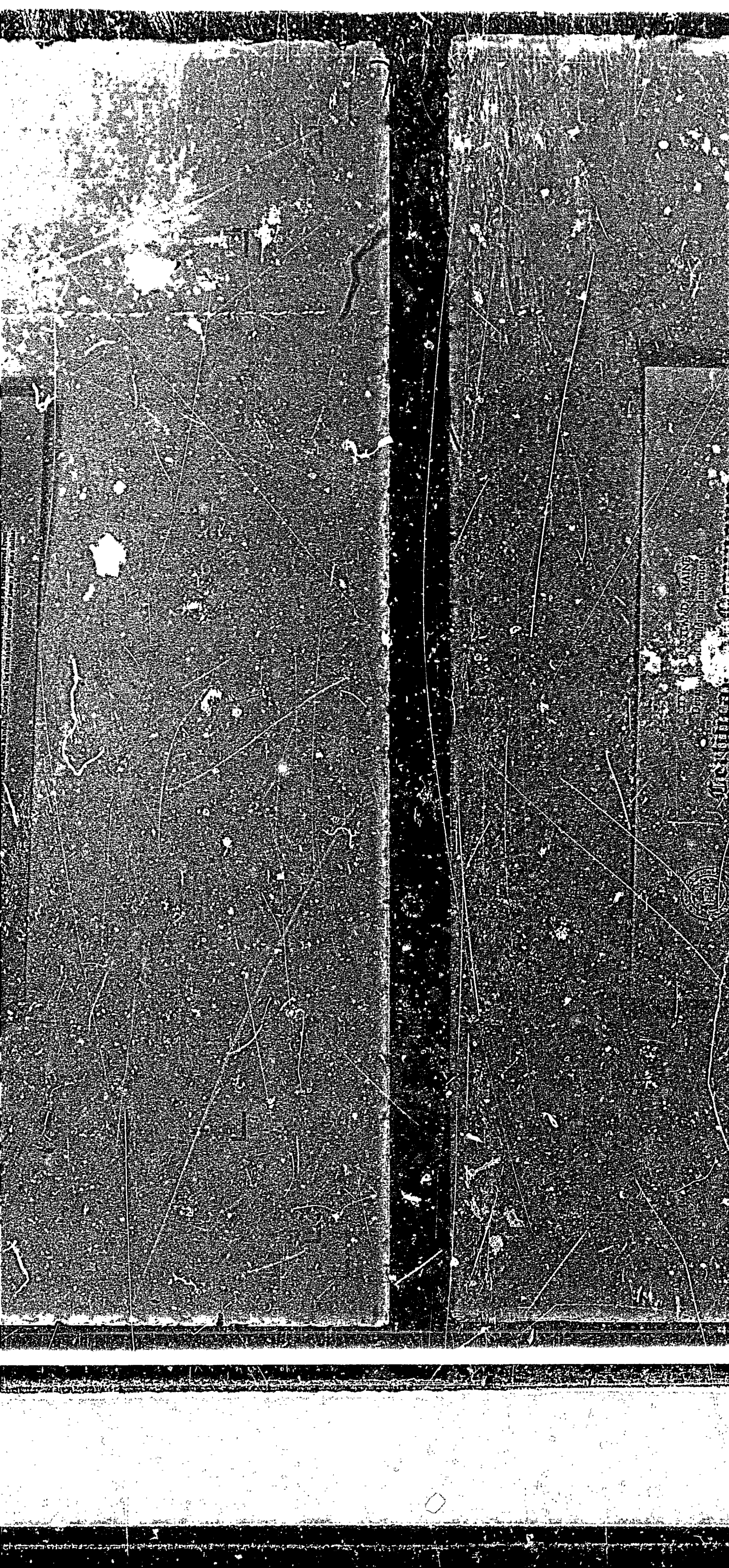
Date of Issue

City of Chicago, Illinois, the building features, or parts thereof, as shown on the above location plan, altered in such a manner as to conform with the provisions of the Chicago Building Ordinance, and the final inspection has been found to conform with the provisions of the Chicago Building Ordinance and the Building Code of the City and is hereby approved for the erection of the building as indicated below.

Date of issue June 27 1929

U.S. GOVERNMENT PRINTING OFFICE

ROBERTSON, J. BUSINESS & NAT'L



BUSINESS + RETAIL

For
located along highway
at all in place with

1. Name of business
2. Address
3. City
4. State
5. Zip

Item in your municipality with specific

DETAILS OF WORK SECTION

I will fill these sections out
Detail should not be
filled - there is a net loss of 1 unit
in the existing system and the net

the total number of beds comes

1. Name of business	2. Address
3. City	4. State
5. Zip	6. Phone
7. Hours of operation	8. Type of business
9. Number of employees	10. Number of beds
11. Number of rooms	12. Number of bathrooms
13. Number of showers	14. Number of toilets
15. Number of sinks	16. Number of mirrors
17. Number of telephones	18. Number of radios
19. Number of televisions	20. Number of refrigerators
21. Number of freezers	22. Number of stoves
23. Number of dishwashers	24. Number of microwaves
25. Number of blenders	26. Number of toasters
27. Number of coffee makers	28. Number of kettles
29. Number of irons	30. Number of hair dryers
31. Number of curlers	32. Number of straighteners
33. Number of epilators	34. Number of waxers
35. Number of manicure sets	36. Number of pedicure sets
37. Number of nail polish	38. Number of nail files
39. Number of nail buffers	40. Number of nail brushes
41. Number of nail clippers	42. Number of nail trimmers
43. Number of nail polish remover	44. Number of nail polish remover brush
45. Number of nail polish remover bottle	46. Number of nail polish remover cap
47. Number of nail polish remover brush	48. Number of nail polish remover bottle
49. Number of nail polish remover cap	50. Number of nail polish remover brush

VII. BUSINESS DESCRIPTIONS

1. Name of business

2. Address

3. City

4. State

5. Zip

6. Phone

7. Hours of operation

8. Type of business

9. Number of employees

10. Number of beds

11. Number of rooms

12. Number of bathrooms

13. Number of showers

14. Number of toilets

15. Number of sinks

16. Number of mirrors

17. Number of telephones

18. Number of radios

19. Number of televisions

20. Number of refrigerators

21. Number of freezers

22. Number of stoves

23. Number of dishwashers

Conversion - 25 Year

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

Foundation: Sign see attached sheet
1. Type of Roof Side(s)
2. Set Backs - Front Roof
3. Footings Size
4. Foundation Size
5. Other

Floor: Side must be anchored
1. 1st 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 Size Yes No Spacing
5. Bracing
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Type Size
9. Siding Type Weather Exposure
10. Masonry Materials
11. Metal Materials

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

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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3. Roof Covering Type

4. Chimneys
Type: Number of Fire Places

Heating
Type of Heat: Smoke Detector Required Yes No

Electrical
Service Entrance Size: Yes No

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

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

Zoning
District: Street Frontage Front Back Side
Required Setbacks: Front Back Side

Review Required
Zoning Board Approval: Yes No Date
Planning Board Approval: Yes No Date
Conditional Use: Var Site Plan Subdiv
Shore and Floodplain Mgmt: Other Exception
Data Approved: Date

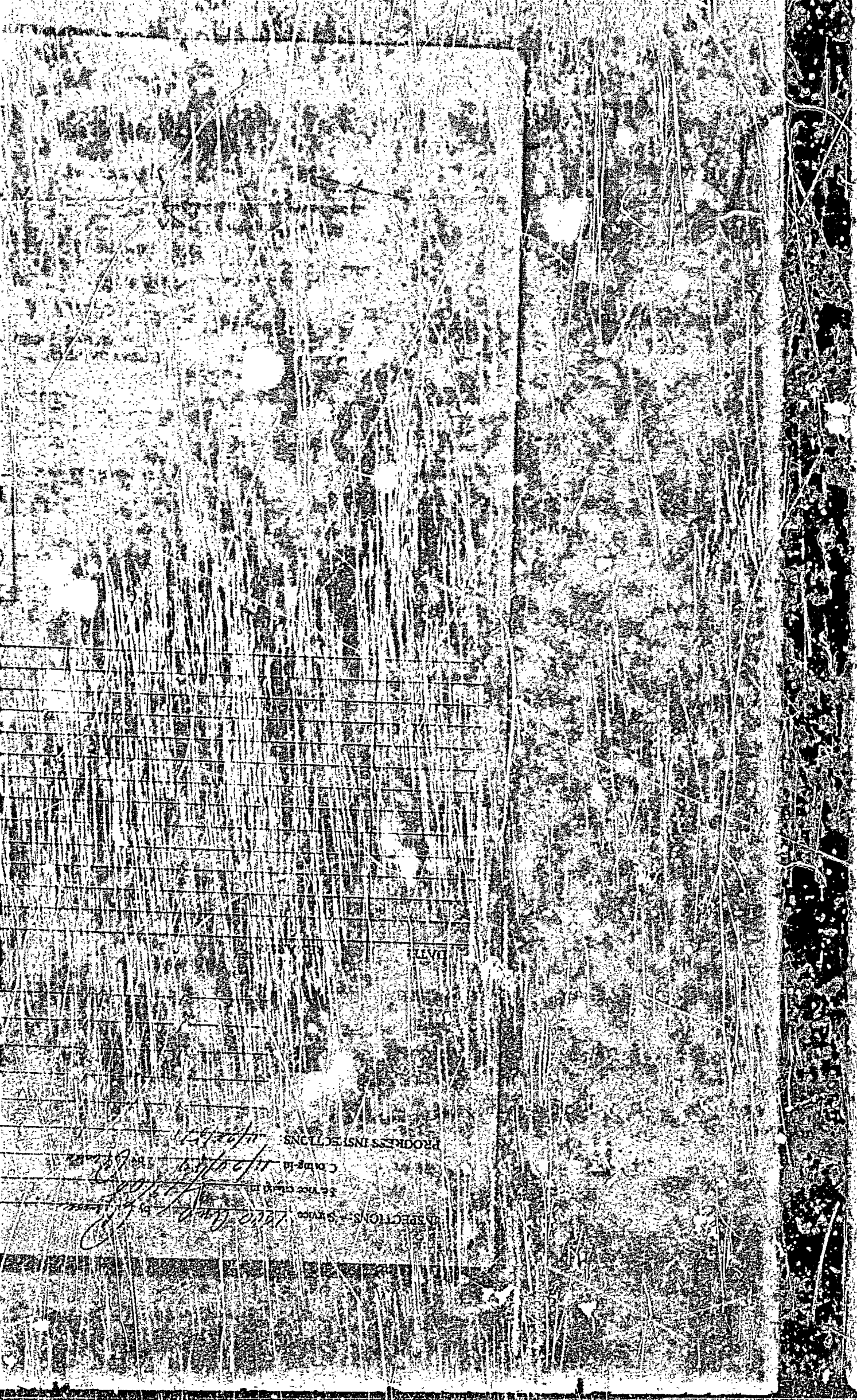
Permit Received By: DMY DATE 10/1/87

Signature of Applicant: DMY DATE 10/1/87

Signature of CEO: DATE

Inspection Date: White Tag -CEO

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PROGRESS INSPECTIONS

C. D. W. H. A.

Sec. 1000

INSPECTIONS - S. W. H. A.

Sec. 1000

PERMIT 126 RECYCLED BUILDING PERMIT APPLICATION

1. Name of Applicant: City of Portland

2. Project Name: 353 Commercial Avenue, Portland

3. Location of Construction: 353 Commercial Avenue, Portland

4. Contractor: City of Portland

5. Address: 353 Commercial Avenue, Portland

6. Type of Use: Commercial

7. Subcontractors: City of Portland

8. Address: 353 Commercial Avenue, Portland

9. Type of Use: Commercial

10. Subcontractors: City of Portland

11. Address: 353 Commercial Avenue, Portland

12. Type of Use: Commercial

13. Subcontractors: City of Portland

14. Address: 353 Commercial Avenue, Portland

15. Type of Use: Commercial

16. Subcontractors: City of Portland

17. Address: 353 Commercial Avenue, Portland

18. Type of Use: Commercial

19. Subcontractors: City of Portland

20. Address: 353 Commercial Avenue, Portland

21. Type of Use: Commercial

22. Subcontractors: City of Portland

23. Address: 353 Commercial Avenue, Portland

24. Type of Use: Commercial

25. Subcontractors: City of Portland

26. Address: 353 Commercial Avenue, Portland

27. Type of Use: Commercial

28. Subcontractors: City of Portland

29. Address: 353 Commercial Avenue, Portland

30. Type of Use: Commercial

31. Subcontractors: City of Portland

32. Address: 353 Commercial Avenue, Portland

Check one:
☐ New Building
☐ Addition
☐ Alteration
☐ Repair
☐ Other

Ceilings:
 1. Ceiling
 2. Ceiling
 3. Type of Ceiling
 4. Insulation
 5. Ceiling

Roof:
 1. Truss
 2. Sheathing
 3. Roof Covering
 4. Other

Cladding:
 1. Type of Cladding
 2. Type of Cladding

Heating:
 1. Type of Heating
 2. Type of Heating

Electrical:
 1. Type of Electrical
 2. Type of Electrical

Plumbing:
 1. Type of Plumbing
 2. Type of Plumbing

Swimming Pools:
 1. Type of Pool
 2. Type of Pool

Other:
 1. Type of Other
 2. Type of Other

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 3. Type of Ceiling
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Roof:
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Cladding:
 1. Type of Cladding
 2. Type of Cladding

Heating:
 1. Type of Heating
 2. Type of Heating

Electrical:
 1. Type of Electrical
 2. Type of Electrical

Plumbing:
 1. Type of Plumbing
 2. Type of Plumbing

Swimming Pools:
 1. Type of Pool
 2. Type of Pool

Other:
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Check one:
☐ New Building
☐ Addition
☐ Alteration
☐ Repair
☐ Other

Ceilings:
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 2. Ceiling
 3. Type of Ceiling
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Roof:
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 3. Roof Covering
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Cladding:
 1. Type of Cladding
 2. Type of Cladding

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 2. Type of Electrical

Plumbing:
 1. Type of Plumbing
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Swimming Pools:
 1. Type of Pool
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City of Portland, Maine -- Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 353 Cumberland Avenue		Owner: Goodwill Industries of Maine		Phone:		Permit No.: 950014 PERMIT ISSUED CITY OF PORTLAND Zone: CBL: 033-K-001 Special Zone or Review: <input checked="" type="checkbox"/> 1/5/95
Owner's Address: Same		Lease/Buyer's Name:		Phone:		
Contractor Name:		Address:		Phone:		
Past Use: Storage processing (basement)		Proposed Use: renovating basement space into complete offices		COST OF WORK: \$ 200,000. PERMIT FEE: \$ 1,020.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: M Type: 1B Signature: <i>[Signature]</i> Date: <i>[Date]</i>		
Proposed Project Description: Change of Use (Basement) and Interior renovations				Signature: <i>[Signature]</i> Date: <i>[Date]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor
Permit Taken By: M. Gressel / Marquis		Date Applied For: 1/4/95				Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Mail to: Goodwill of Maine
Attn: K. Tinspie
353 Cumberland Ave.

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the codes applicable to such permit.

Signed Original Permit/this is a Redo
SIGNATURE OF APPLICANT: _____ DATE: 1/4/95
ADDRESS: _____ PHONE: _____
RESPONSIBLE PERSON IN CHARGE OF WORK: _____ TITLE: _____ PHONE: _____

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

CEO DISTRICT

[Signature]
WING



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to Goodwill Industries

LOCATION

255 Commercial Avenue

Date of Issue

August 19, 1953

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

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY
COMMERCIAL

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Dir)

Inspector

Inspector of Buildings

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

8-30-88

GOODWILL INDUSTRIES
353 Cumberland Ave.

Please send them C.O. for
Commercial Occupancy. Send to
same address.

(I had made the final inspection
back in May or June and
turned it in for a C.O.
then, but the guy just phoned
that he never received it,
so it must have gotten lost?)

Thanks, Burt

PERMIT # 000676 CITY OF PORTLAND BUILDING PERMIT APPLICATION MAP # LOT#

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

Owner: 7111 8th Ave NE Portland, ME 04106
Address: 7111 8th Ave NE Portland, ME 04106
LOCATION OF CONSTRUCTION: REMODEL
CONTRACTOR: W. H. Smith & Son, Inc. SUBCONTRACTORS: None
ADDRESS: 1000 1st Ave NE Portland, ME 04107

Fed. Construction Cost: _____ Type of Use: _____
Past Use: _____
Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

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

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

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

Exterior Walls: _____ Spacing _____
1. Studding Size _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Cor. _____ Size _____
7. Ins. _____ Type _____ Size _____
8. Sh. _____ Type _____ Size _____
9. Sidi. _____ Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____
Interior Walls: _____ Spacing _____
1. Studding Size _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Date	_____	Subdivision	Yes / No
Initial Fire Limit	_____	Name	_____
Time Limit	_____	Block	_____
Estimated Cost	_____	Permit Expiration:	_____
Value/Structure	_____	Ownership:	Public _____ Private _____
Fee	_____	PERMIT 10-02107	

Ceiling: _____
1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size: _____
3. Type Ceiling: _____
4. Insulation Type: _____
5. Ceiling Height: _____
Roof: _____
1. Truss or Rafter Size: _____ Span _____
2. Sheathing Type: _____ Size _____
3. Roof Covering Type: _____
4. Other _____

Chimneys: _____
Type: _____ Number of Fire Places _____
Heating: _____
Type of Heat: _____
Electrical: _____ Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

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

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

Zoning: _____
District: B-3 Street Frontage Req.: _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____
Review Required: _____
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt _____ Special Exception _____
Other: _____ (Explain) _____
Date Approved: 10/10/98

Permit Received By: Joanne Quint
Signature of Applicant: _____ Date: _____
Signature of CEO: _____ Date: _____

Inspector Dates: _____
White Tag - CEO: 10/10/98 © Copyright GPCOG 1987
White-Tax Assessor Yellow-GPCOG

► **Z**

Inspection Record

Data

Date 9/12/88

Completed OK 9-12-88

Date _____

B PERMIT # 002217 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Goodwill of Maine 774-6323
Address: 353 Cumberland Avenue Ptd. 04101
LOCATION OF CONSTRUCTION 353 Cumberland Avenue
CONTRACTOR: Marvin Tanck SUBCONTRACTORS: _____
ADDRESS: _____
Est. Construction Cost: 14M Type of Use: Child care
Past Use: Rehab Program
Building Dimensions L W Sq. Ft. # Stories: Lot Size:
Is Proposed Use: Seasonal Condominium Apartment
Conversion - Explain Change of use / Rehab Program to Child Care
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE as per plan
Residential Buildings Only: _____
Of Dwelling Units # Of New Dwelling Units
Foundation: _____
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____
Floor: _____ Sills must be anchored.
1. Sills Size: _____
2. Girder Size: _____ Size: _____
3. Lally Column Spacing: _____ Spacing 16" O.C.
4. Joists Size: _____ Size: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____
Exterior Walls: _____ Spacing _____
1. Studding Size _____
2. No. windows _____
3. No. Doors _____ Span(s) _____
4. Header Sizes _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____ Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____
Interior Walls: _____ Spacing _____
1. Studding Size _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only
Date May 25, 1989 Subdivision: Yes / No _____
Inside Fire Limits _____ Name _____
Bldg Code _____ Lot _____
Time Limit _____ Block _____
Estimated Cost _____ Permit Expiration: _____ Public _____
Value/Structure _____ Ownership: _____ Private _____
Fee 25.00

PERMIT ISSUED
JUN 12 1989
City Of Portland

Ceiling: _____
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____
3. Type Ceilings: _____
4. Insulation Type _____
5. Ceiling Height: _____
Roof: _____
1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____
Chimneys: _____ Number of Fire Places _____
Type: _____
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: _____ x _____ Square Footage _____
2. Pool Size: _____
3. Must conform to National Electrical Code and State Law.
Zoning: _____ District _____ Street Frontage Req. _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____
Review Required: _____
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance: _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt _____ Special Exception _____
Other (Explain) _____
Date Approved _____
Permit Received By Deborah Goode Date _____
Signature of Applicant _____ Date _____
Signature of CEO _____ Date _____
Inspection Dates OKC White Tag -CEO _____
White-Tax Assesor Yellow-GPCOG

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GOODWILL INDUSTRIES OF MAINE, INC.

353 CUMBERLAND AVENUE ■ PORTLAND, MAINE ■ 04101 ■ P.O. BOX 8600(04) ■ (207) 774-6323 ■ (207) 761-8400



March 22, 1989

Carleton E. Winslow, Chief
Portland Fire Department
City of Portland, Maine

Chief Winslow:

I am in receipt of your letter referencing a fire in our building at 353 Cumberland Avenue on 3-13-89. I am writing to: 1. inform you that I am not the owner of record, the building is owned by Goodwill of Maine, Inc. and, 2. no permit will be required as there was no damage to the building. The fire was contained to a small volume of trash.

Sincerely,

Owen Blaisdell
Commercial Services Director

cc: Kevin C. Baack, Executive Director
Building & Inspection Department
Corporation Council
Health Department (Housing Division)
City Assessors (Mr. Lucci)

Accredited by the Commission on Accreditation of Rehabilitation Facilities

Kevin C. Baack, Ph.D.
Executive Director



George W. Crockett
President of the Board



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, June 20, 1989

PERMIT ISSUED

JUN 20 1989

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 89/2217 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 353 Cumberland Avenue Within Fire Limits? Dist. No.

Owner's name and address Goodwill of Maine, 353 Cumberland Ave., Portland Telephone 774-6323

Lessee's name and address Telephone

Contractor's name and address n/a Telephone

Architect Plans filed No. of sheets

Proposed use of building Rehab Program/Child Care No. families

Last use Rehab Program No. families

Increased cost of work none Additional fee none per Marge K Schmucka

Description of Proposed Work

Change use to Rehab Program and Child Care. Uses to include all previously existing uses and to add child care as per previously submitted plans.

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?

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

Material of underpinning Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Framing lumber — Kind Dressed or full size?

Corner posts Sills Girt or ledger board? Size

Girders Size 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.

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

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

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

Approved:

Signature of Owner Karen Schuchman

Approved: Marge Schmucka Inspector of Buildings

INSPECTION COPY — WHITE
APPLICANT'S COPY — YELLOW

FILE COPY — PINK
ASSESSOR'S COPY — GOLDEN

⑥ KC

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 353 Cumberland Ave		Owner: Goodwill Ind. of Me		Phone:	
Owner Address: Same Portland, ME 04101		Lease/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use: Storage/ XXXXX Processing (basement)		Proposed Use: office (basement)		COST OF WORK: \$ 200.	
Proposed Project Description: Change Use (Basement Level)] Make Int reno		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 30.00	
Permit Taken By: Mary Gresik		Date Applied For: 4 Jan 95		INSPECTION: Use Group: M Type: 12 Signature: <i>[Signature]</i> Date: <i>[Date]</i>	
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.		2. Building permits do not include plumbing, septic or electrical work.		3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.	
Mail to: Goodwill Ind of Maine Attn: Kevin Gillespie 353 Cumb Ave		Signature: <i>[Signature]</i> Date: <i>[Date]</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit		SIGNATURE OF APPLICANT: <i>[Signature]</i> Kevin Gillespie ADDRESS: DATE: 4 Jan 95 PHONE:		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Date: <i>[Date]</i>	
				CEO DISTRICT <i>[5]</i>	



960311

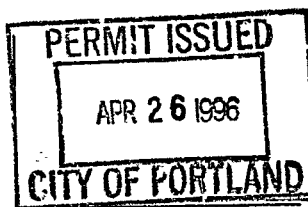
APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. _____

Portland, Maine, 23

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

22 April 1996



The undersigned hereby applies for amendment to Permit No. 950014 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 353 Cumberland Ave Within Fire Limit? _____ Dist. No. _____
Owner's name and address Goodwill Industries of No. N.E. Telephone _____
Lessee's name and address Attn: K. Gillespie 353 Cumberland, Ave Telephone _____
Contractor's name and address _____ Portland, ME 04101 Telephone 774-6323
Architect _____ Plans filed _____ No. of sheets _____
Proposed use of building Office No. families _____
Last use Storage No. families _____
Increased cost of work 100,000 Additional fee 525.00

Description of Proposed Work

Revise interior layout

Make Exterior Renovations (rear)

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
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 _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ fl lining _____
Framing lumber — Kind _____ Dressed or full size? _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ 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.
Joints and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

Approved: B-3 OK us 4/25/96

Signature of Owner

Approved: _____

Inspector of Buildings

INSPECTION COPY — WHITE
APPLICANT'S COPY — YELLOW

FILE COPY — PINK
ASSESSOR'S COPY — GOLDEN

August Corporation

Allied Construction: 772-2888

8 U.S. Highway
Scarborough, Me.

Cumberland Ave.

Fenced area

Parking Garage

500 GALLON TANK

PREBLE ST.

Temporary Tank for heat

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 353 Cumberland Ave		Owner: Goodwill Industries		Phone:		Permit No: 961038	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Avery Services		Address: 7 Thomas Drive Westbrook, ME 04092		Phone: 772-8687		Permit Issued: OCT 18 1996	
Past Use: Office/Retail		Proposed Use: Same		COST OF WORK: \$ 38,180.00		PERMIT FEE: \$ 215.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: Modify and redistribute HVAC System				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Mary Gresik				Date Applied For: 11 October 1996			

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Douglas C. Avery* ADDRESS: DATE: 11 October 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: *Avery Services, Inc* PHONE:

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

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: *10/15/96*

D. Andrews

CEO DISTRICT **5**