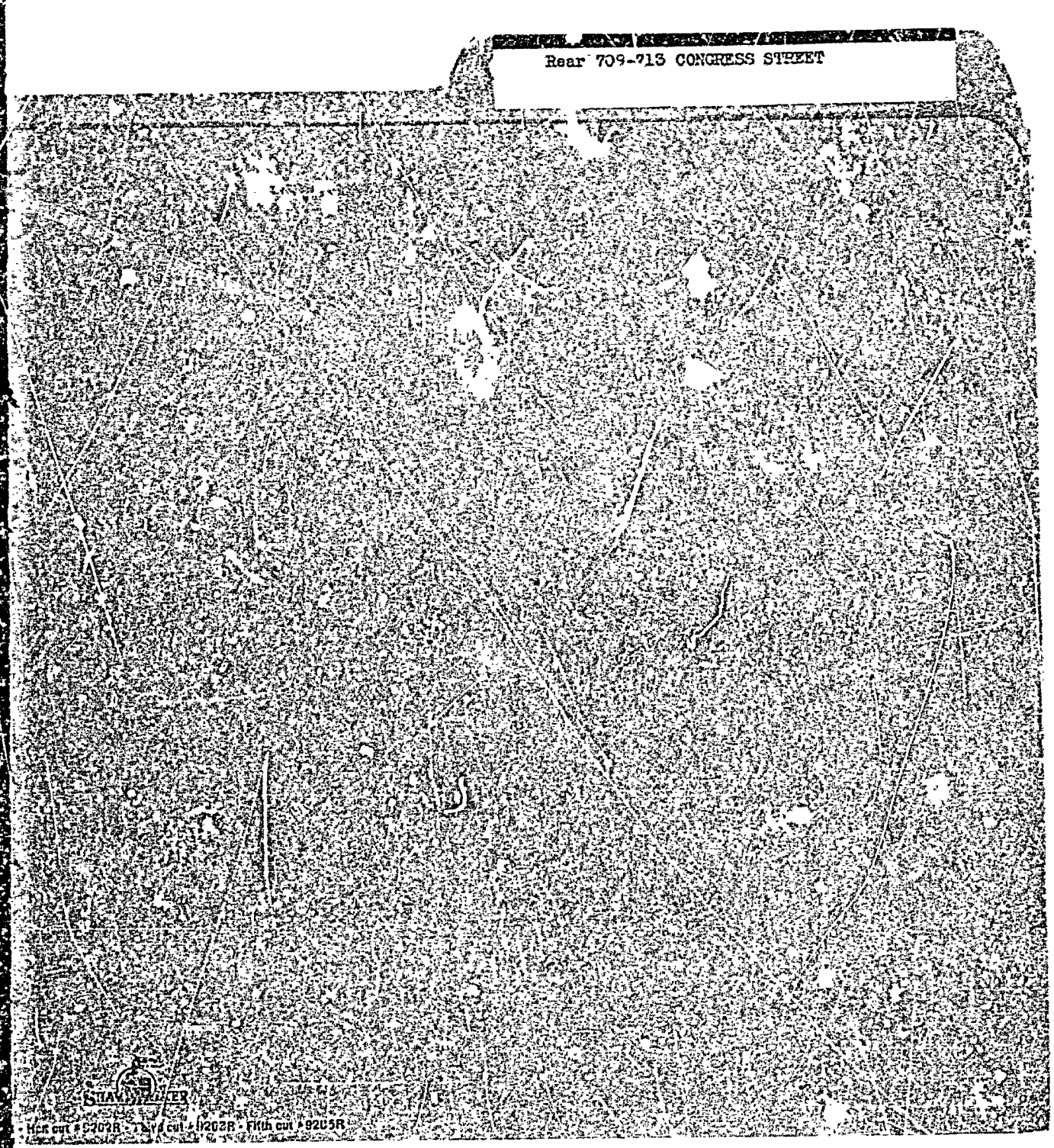
Rear 709-713 CONGRESS STREET



Fifth cut #9205R

APPLICATION FOR PERMIT

PERMIT ISSUED

Class of Building or Type of Structure Third Class

Portland, Maine, June 4, 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Rear 709-711 Congress Street Within Fire Limits? Yes Dist. No. 1

Owner's or ~~Lessee's~~ name and address Fred H. Dow Estate Telephone

Contractor's name and address Oxford Wrecking Co., 75 Main St. So.Portland Telephone 4-3762

Architect Plans filed No. of sheets

Proposed use of building No. families

Other buildings on same lot

Estimated cost $ Fee $ 1.00

Description of Present Building to be Altered

Material wood No. stories 1½ Heat Style of roof Roofing

Last use Garage No. families

General Description of New Work

To demolish building 30' x 40' no sewer connection

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

Is any plumbing work involved in this work?

Is any electrical work involved in this work? Height average grade to top of plate

Size, front depth No. stories Height average grade to highest point of roof

To be erected on solid or filled land? earth or rock?

Material of foundation Thickness, top bottom celiar

Material of underpinning Height Thickness

Kind of Roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Kind of heat Type of fuel Is gas fitting involved?

Framing Lumber—Kind Dressed or Full Size?

Corner posts Sills Girt or ledger board? Size

Material columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

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

Total number commercial cars to be accommodated

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

Miscellaneous

Will above work require removal or disturbing of any shade 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 owner Fred H. Dow Estate
By Oxford Wrecking Co.
By Wm. P. Clifford

INSTRUCTION COPY

Permit No. 40/678

Location R 909-911 Cinyon St.

Owner F. N. Dini Estate

Date of permit 6/4/40

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 7/5/40

Cert. of Occupancy issued None

NOTES

7/5/40 Building done
Shed ...

APPLICATION FOR PERMIT

PERMIT ISSUED
JUN 4 1940

Permit No. 77

Class of Building or Type of Structure Third Class

Portland, Maine, June 4, 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Rear 709-711 Congress Street Within Fire Limits? yes Dist. No. 1

Owner's or lessee's name and address Fred N. Dow Estate Telephone

Contractor's name and address Oxford Wrecking Co., 73 Main St. So.Portland Telephone 4-3762

Architect Plans filed No. of sheets

Proposed use of building No. families

Other buildings on same lot

Estimated cost $ Fee $1.00

Description of Present Building to be Altered

Material wood No. stories 1½ Heat Style of roof Roofing

Last use Garage No. families

General Description of New Work

To demolish building 20' x 40'

Do you agree to tightly and permanently close all sewers or drains connecting with public or private sewers from this building or structure to be demolished, under the supervision and to the approval of the Department of Public Works of the City of Portland? yes

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

Is any plumbing work involved in this work?

Is any electrical work involved in this work? Height average grade to top of plate.

Size, front depth No. stories Height average grade to highest point of roof

To be erected on 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

Kind of heat Type of fuel Is gas fitting involved?

Framing Lumber—Kind Dressed or Full Size?

Corner posts Sills Girt or ledger board? Size

Material columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

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

Total number commercial cars to be accommodated

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

Miscellaneous

Will above work require removal or disturbing of any shade 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 owner Fred N. Dow Estate
By Oxford Wrecking Co.
By Wm. P. Stickford

INSTRUCTION COPY

Permit No. 40/677

Location R 709-711 Simpson St.

Owner F. M. Dini Estate

Date of permit 6/4/40

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 7/5/40

Cert. of Occupancy issued None

NOTES

7/5/40 - Building is
unfinished Ofc

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date July 17, 19 84
Receipt and Permit number B 22252

To the CHIEF ELECTRICAL INSPECTOR *Portland, Maine:*

The undersig[ned] 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 713 Congress St.

OWNER'S NAME: Kennaford Bos. ADDRESS: Scarboro, Me.

		FEES
OUTLETS:		
Receptacles 44 Switches 5 Plugmold 18 ft. TOTAL 67	✓	5.20
FIXTURES: (number of)		
Incandescent ~~125~~ Flourescent 108 (not strip) TOTAL 125	✓	14.50
Strip Flourescent ____ ft.		
SERVICES. existing 600 service		
Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____		
METERS: (number of) 1	✓	.50
MOTORS: (number of)		
Fractional ____		
1 HP or over 2	✓	2.00
RESIDENTIAL HEATING		
Oil or Gas (number of units) ____		
Electric (number of rooms) ____		
COMMERCIAL OR IND[USTRI]AL HEATING:		
Oil or Gas (by a 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 3	✓	3.00
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 ____		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
TOTAL AMOUNT DUE:		25.20

INSPECTION:

Will be ready on ____, 19__; or Will Call XX

CONTRACTOR'S NAME: Ricker & Cloutier

ADDRESS: ~~Box~~ 45 Bridgton Rd. Westbrook

TEL.:

MASTER LICENSE NO.: 3093 SIGNATURE OF CONTRACTOR: Alvin C. Ricker

LIMITED LICENSE NO.:

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 22252

Location 713 Conway St.

Owner Hanneford Bros.

Date of Permit 7-17-84

Final Inspection 10-10-84

By Inspector Libby

Permit Application Register Page No. 40

INSPECTIONS: Service New meter by Libby

Service called in 10-10-84

Closing-in 8-13-84 by Libby

PROGRESS INSPECTIONS: 9-24-84 / /

/ / /

/ / /

/ / /

/ / /

CODE COMPLIANCE COMPLETED DATE 10-10-84

DATE:	REMARKS:

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 2[illegible]-3826

PROPERTY ADDRESS

Town or Plantation: Portland

Street / Subdivision Lot #: 709 Congress Street

PROPERTY OWNERS NAME

[illegible] Bros Co
Last: [illegible]

Applicant Name: [illegible] Refrigeration Co

Mailing Address of Owner/Applicant (If Different): PO Box 2009, Portland ME

PORTLAND PERMIT # 581 TOWN COPY

[illegible]
Local Plumbing Inspector Signature

$ FEE Double Fee Charged

L.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.

[illegible] — 7-31-84
Signature of Owner Applicant — Date

Caution: Inspection Required

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

[illegible] — AUG 30 1984
Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

This Application Is for

1 ☑ NEW PLUMBING
2 ☐ RELOCATED PLUMBING

AUG 3 1984
AUG 8 - 1984

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

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

LICENSE # 02488

AUG 20 1984

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock		Bathtub (and Shower)
		1	Floor Drain		Shower (Separate)
			Urinal	2	Sink
	HOOK-UP to an existing subsurface wastewater disposal system		Drinking Fountain	2	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other	2	Water Heater
$	Hook-Up Fee		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				9	Total Fixtures
				$ 27.00	Fixture Fee
				$	Hook-Up Fee
				$ 27.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 713 Congress Street

Issued to Hannaford Brothers Co. Date of Issue Oct. 23, 1934

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. 34-473, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY
Entire	Drug Store & Pharmacy

Limiting Conditions:

This certificate supersedes certificate issued

Approved: [signature]
(Date) 10-24-34 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.

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP 873

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

ZONING LOCATION ..... PORTLAND, MAINE .... July 9, 1984

PERMIT 133760

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 equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

CITY OF PORTLAND

LOCATION 713 Congress Street

Fire District #1 ☐ #2 ☐

1. Owner's name and address Hannaford Bros. Co. - Pleasant Hill Rd. Scarboro Telephone 883-2911
2. Lessee's name and address P. O. Box 1000 0410a Telephone
3. Contractor's name and address pending Telephone

Proposed use of building drug store & pharmacy No. of sheets

Last use music store No families

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

Other buildings on same lot .....

Estimated contractural cost $ 100,000

FIELD INSPECTOR—Mr. .....

@ 775-5451

Appeal Fees	$
Base Fee	320.00
cl. of use	25.00
Late Fee	
TOTAL	$ 535.60

Change of use from music store to drug store and pharmacy with alterations and structural changes as per plans. 22 sheets of plans. erect pad on front of building to be used for entryway.

Stamps of Special Conditions

Send permit to : HOLD, WILL XXXX PICK UP PERMIT, CALL WHEN READY

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

DETAILS OF NEW WORK

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

Is connection to be made to public sewer? existing 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 Eric Otten for Hannaford Co. 1☐ 2☐ 3☒ 4☐

Other .....

and Address .....

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

APPLICATION FOR PERMIT

PERMIT ISSUED
AUG 28 1964
CITY of PORTLAND

B.O.C.A. USE GROUP .....
B.O.C.A. TYPE OF CONSTRUCTION ..... 1.0.4.6.....
ZONING LOCATION ..... PORTLAND, MAINE August 27, 1964

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 .....713 Congress St..... re District #1 ☐, #2 ☐

1. Owner's name and address ....Hannaford Bros. - Hannaford St. Scarb. Mkt. Telephone .....
2. Lessee's name and address ..... Telephone .....
3. Contractor's name and address ..Rexcraft Sign Co. - 15 Westminster Ave. Lewiston Telephone 783-9654

Proposed use of building ....drug store ..... No. sheets .....
Last use ....none..... No. families .....
Material ..... No stories ..... Heat ..... Style of roof ..... Roofing .....
Other buildings on same lot .....
Estimated contractural cost $ .....

FIELD INSPECTOR—Mr. .....
@ 775-5451
both

To erect 2 signs - one 3' x 13'6" one on front of building and one on parking lot of drug store as per plans. 1 sheet of plans.

send permit to # 3

Appeal Fees	$ .....
Base Fee	46.20
Late Fee	.....
TOTAL	$ 246.20

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? ..... Is any electrical work involved in this work? .....
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 .....
Type Name of above Paul Lagard for Rexcraft Sign Co. Phone # ....8849.....
Paul Lagard ..... 1 ☐ 2 ☐ 3 ☒ 4 ☐
Other .....
and Address .....

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

924033

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 270.00 Zone _____ Map # _____ Lot# _____

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

Owner: Rite Aid Pharmacy Phone # 716-872-0660 Jack

Address: _____

LOCATION OF CONSTRUCTION: 7[illegible] Congress St.

Contractor: Pyramid Contracting Inc. Sub: _____

Address: 172 Pocasset Ave Providence RI 02909 Phone # 401-944-6650 Fred

Est. Construction Cost: 50,000 Proposed Use: Pharmacy w/reno or John

_____ Past Use: Pharmacy

# 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 Make interior/ext renovations to Comm Bldg

For Official Use Only

Date August 13, 1992 Subdivision: AUG 20 1992

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Ownership: _____ Public

Estimated Cost _____ _____ Private

Zoning:

Street Frontage Provided: _____

Property 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) _____ 8-14-92

HISTORIC PRESERVATION

Does not require review.

Foundations:

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 _____

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/Addon. ___ Approved.

2. Sheathing Type _____ Size _____ Approved with Conditions

3. Roof Covering Type _____ Denied

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 ISSUED WITH LETTER

Permit Received By: Mary Greene

Signature of Applicant: _____ Date August 13, 1992

Fred Cairone

CEO's District 5

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

5 MA. WITH

92 4033

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** 270.00 **Zone** _____ **Map #** _____ **Lot#** _____

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

PERMIT ISSUED
AUG 20 1992
CITY OF PORTLAND

Owner: Rite Aid Pharmacy Phone # [illegible] Jack

Address:

LOCATION OF CONSTRUCTION 713 Congress St.

Contractor: Pyramid Contracting Inc. **Sub.:**

Address: 172 Pocasset Ave Providence RI 02909 401-944-6650 Fred or John **Phone #**

Est. Construction Cost: 50,000 **Proposed Use:** Pharmacy w/reno

Past Use: Pharmacy

# 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 Make Interior/ext renovations to Comm Bldg

For Official Use Only

Date August 13, 1992

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision:
Name _____
Lot _____

Ownership: Public / Private

Zoning:

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) _____ 8-14-92

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 _____

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.

HISTORIC PRESERVATION

~~Not in District nor Landmark.~~
~~Does not require review.~~
~~Requires Review.~~

Action: ~~Approved~~ ~~Approved with Conditions~~ ~~Denied~~

By: _____ Date: 8/14/92

PERMIT ISSUED WITH LETTER

Permit Received by _____

Signature of Applicant _____ Date August 13, 1992

CEO's District 5

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

5 MR: W1179

PLOT PLAN

N

FEES (Breakdown From Front)

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

Inspection Record

Type	Date
Re/ Contractors. cooling	9 / 11 / 92
On interior walls now	/ /
checked pattern	/ /
[illegible]	/ /
[illegible]	/ /

COMMENTS

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 has authorized agent and I agree to conform to all applicable laws of this jurisdiction. in addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Fred Cannone 172 Forrest Ave Pawt RI 401-944-6650

SIGNATURE OF APPLICANT | ADDRESS | PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | PHONE NO.

Inspection Services
Samuel P. Hoffses
Chief

CITY OF PORTLAND

Planning and Urban Development
Joseph E. Gray Jr.
Director

August 20, 1992

Pyramid Contracting Inc.
172 Pocasset Avenue
Providence, R.I. 02909

Re: 713 Congress St

Dear Sir,

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

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

1. Portable Fire Extinguishers shall be provided in accordance with N.F.P.A. #10.
2. Interior finishes on walls and ceiling shall be Class A or B.
3. Emergency lighting and marking of exits shall be provided in accordance with Section 5-9 and 5-10 of N.F.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

cc: LT W. Garroway, Fire Prevention Bureau

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	743 CONGRESS ST

PROPERTY OWNERS NAME

Last: DuBOIS First: RON	
Applicant Name:	TOM TIMES
Mailing Address of Owner/Applicant (If Different)	19 DORSET ST PORTLAND 04102

PORTLAND 4743 TOWN COPY

Date Permit Issued: 3/27/93 $ 16 FEE ☐ If Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature
Chief Plumbing Inspector

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 — Date: 3/23/93

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: 6-28-93

PERMIT INFORMATION

This Application is for

1. ☒ NEW PLUMBING
2. ☒ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY Realty Store

Plumbing To Be Installed By:

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

LICENSE # 1303

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. **OR** HOOK-UP: to an existing subsurface wastewater disposal system.		Hoseblbb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain	2	Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Number of Hook-Ups & Relocations		Other:		Water Heater
$	Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				0	Fixtures (Subtotal) Column 2
				2	Total Fixtures
				$	Fixture Fee
				$	Hook-Up & Relocation Fee
				$ 6 --	Permit Fee Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
HHE-211 Rev. 9/86

TOWN COPY

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 10/26/92, 19__
Receipt and Permit number 2030

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: 713 Congress St.

OWNER'S NAME: Rite-Aid Pharmacy ADDRESS: _____

	FEES
OUTLETS:	
Receptacles 10 Switches 2 Plugmold _____ ft. TOTAL 12	2.40
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent 120 ft.	3.90
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 _____	
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 X	5.00
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	15.00 minimum fee

INSPECTION:

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

CONTRACTOR'S NAME: Wm J. Clark

ADDRESS: 1055 Michelle Ln- Kennebunk

TEL.: 985-6663

MASTER LICENSE NO.: #12030 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

10/26/92

INSPECTIONS: Service ______________ by ______________

Service called in ______________

Closing-in ______________ by ______________

PROGRESS INSPECTIONS: ______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

______ / ______ / ______

ELECTRICAL INSTALLATIONS—

Permit Number 2030

Location 713 Congress

Owner Rite-Aid

Date of Permit 11-26-92

Final Inspection 8-31-93 VOIDED - NC

By Inspector Sie Bing

Permit Application Register Page No. 134

DATE:	REMARKS:

931124

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** 20.00 **Zone** _____ **Map #** _____ **Lot#** _____

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

Owner: Hannaford Bros Phone #_____

Address: Rite Aid

LOCATION OF CONSTRUCTION 713 Congress St

Contractor: Les Wilson & Sons Sub.: _____

Address: P.O. Box 1028 Westbrook, ME 04092 Phone # 854-4583

Est. Construction Cost: _____ Proposed Use: Comm w/o tank

_____ 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 Remove 2 underground tanks

For Official Use Only

Date Nov 30, 1993

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name _____

Lot _____

DEC - 1 1993

Ownership: _____ Public _____ Private

Zoning:

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) WDL - 11-30-93

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 _____

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 ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

Permit Received By Mary Gresik agent for Canco

Signature of Applicant Ron Wilson Date Nov 30, 1993

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

5 Mr. Wilson

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

Location of Construction: 713 Congress St	Owner: Rite-Aid		Phone:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: Bailey Sign 9 Thomas DRive	Address: Westbrook, ME 04092 774-2843		Phone:
Past Use: Pharmacy/Drug Store	Proposed Use: Pharmacy/Drug Store w/sign (Lighted) E123458	COST OF WORK: $	PERMIT FEE: $ 37.80
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:

Proposed Project Description:

Erect illuminated s n as per plans.

PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)

Action: Approved ☐ Approved with Conditions: ☐ Denied ☐

Signature: Date:

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..

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 Andrea Noyes ADDRESS: DATE: 19 July 1994 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

Permit No: 941014

Mary Gresik

Permit Issued: PERMIT ISSUED SEP 23 1994 CITY OF PORTLAND

Zoning Approval

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal
- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation
- ☐ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 9/21/94

CEO DISTRICT 5

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

Location of Construction: 713 Congress St	Owner: Rite-Aid		Phone:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: Bailey Sign 9 Thomas Drive	Address: Westbrook, ME 04092 774-2843		Phone:
Past Use: Pharmacy/Drug Store	Proposed Use: Pharmacy/Drug Store w/sign (Lighted) E1.23458	COST OF WORK: $	PERMIT FEE: $ 37.80
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Erect illuminated sign as per plans.		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	

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 No: 941014
Mary Gresik
Permit Issued: PERMIT ISSUED SEP 23 1994 CITY OF PORTLAND
Zone: CBL
Zoning Approval:

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal
- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation
- ☐ Not in District or Landmark
- ☑ Does Not Require Review
- ☐ Requires Review

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 9/21/94

CEO DISTRICT 5

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 Andrea Boyle ADDRESS: DATE: 19 July 1994 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

COMMENTS

Inspection Record

Type		Date
Foundation:		
Framing:	Signs appeared to be correct measure 5'x6' as per plans survey	12/99
Plumbing:		
Final:		
Other:		

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 7/20/94

PRODUCER
Engle-Hambright & Davies, Inc.
P. O. Box 83080
115 East King Street
Lancaster, PA 17608-3080

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Rite Aid Corporation
Attn: Mr. James Lott
P.O. Box 3165
Harrisburg PA 17105

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: Natl Union/Ins Co of State of PA/ c/o AIGRM
COMPANY LETTER B:
COMPANY LETTER C:
COMPANY LETTER D:
COMPANY LETTER E:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	RMGL3196685	1/01/94	1/01/95	GENERAL AGGREGATE	$ 5000000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	$ 5000000
	CLAIMS MADE X OCCUR.				PERSONAL & ADV. INJURY	$ 5000000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	$ 5000000
	X $250,000. SIR				FIRE DAMAGE (Any one fire)	$ 1000000
					MED. EXPENSE (Any one person)	$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE—POLICY LIMIT	$
					DISEASE—EACH EMPLOYEE	$

OTHER

LESSOR AND ALL CONTRACTUALLY OBLIGATED PARTIES ARE NAMED AS ADDITIONAL INSUREDS, BUT ONLY TO THE EXTENT THAT THEY ARE CONTRACTUALLY OBLIGATED TO BE SO NAMED.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Sign, including installation, at Rite Aid store #3298, 719 Congress Street West, Portland, Maine

CERTIFICATE HOLDER

City of Portland
Portland Maine

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Bailey sign Incorporated

August 15, 199.

City of Portland
Congress St.
Portland, Maine 04101

Attn: Bill Giroux

Re: Minor Site Plan Review
Rite Aid Pharmacy

Bill -
Looking for your answer this week if possible. If they are allowed Rite Aid wants to install ASAP.. electrical on Friday if you approve.
TBS

Dear Bill,

Rite Aid Pharmacy and Bailey Sign would like to install the sign at 713 Congress St. pictured in the attached drawing. The sign meets the criteria described in section 14-526 # 2).

The sign is appropriate to the scale and character of the area. Lack of visibility of Storefront (especially heading into town) is the primary motivation for installing signage. We believe there have been other recent installations of freestanding signs in this particular area. Most businesses need the freestanding unit more than building signage because of the position of several businesses on this end of Congress.

We ask that you review this matter as soon as possible and please call if we can be of any assistance. Thank You.

Best Regards,
Andrea B. Noyes
Andrea B. Noyes

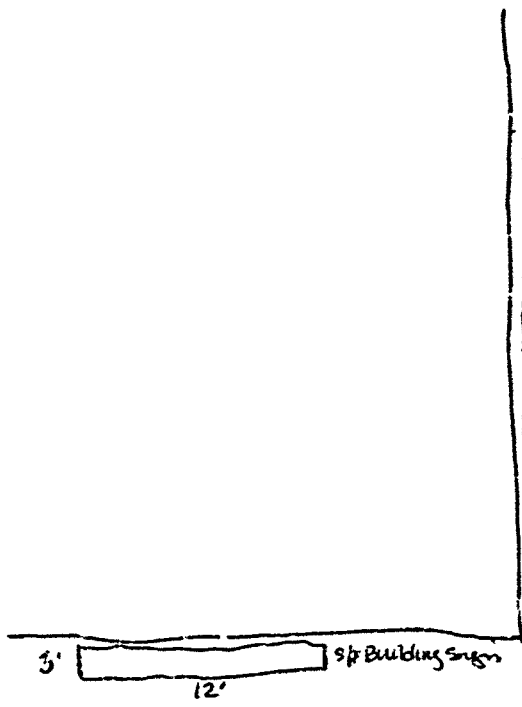
denied

Home Office: 9 Thomas Drive, Col. Westbrook Executive Park, Westbrook, ME 04092 207-774-2843

EXISTING SIGNAGE

Will be removing 3' X12' and replacing w/ new Sign

Rite Aid 713 Congress St Sketch Plan 7-19-94

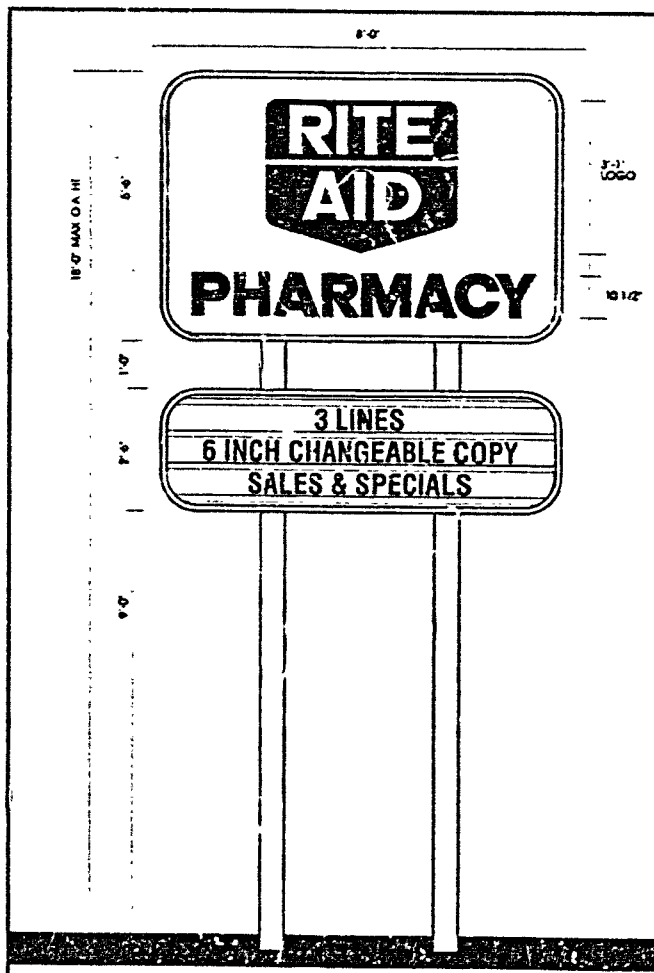


PARKING

135 Street frontage

Congress St

65 s/f Freestanding Allowed



1 - D.F. 5'-6" X 8'-0" X___" INTERN. ILLUM. SIGN

CAB. / 1 1/2" RET. / ___" POLES = WHITE
FACE = WHITE LEXAN
COPY COLOR DISTRIBUTION AS SHOWN GERBER JEANS DARK BLUE & GERBER JEANS DARK RED

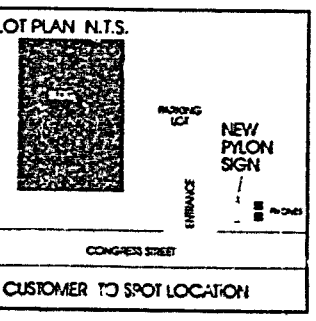
Denied

1 - D.F. 2'-6" X 8'-0" X___" INTERN. ILLUM. SIGN

CAB. / 1 1/2" RET. ___" POLES = WHITE
FACE = WHITE LEXAN
R.A.B. - 3 LINES of 6 on 7 CHANGEABLE COPY
MIN. 'O' = 24.5/8"

5'-6" X 8'-0" = 44 SQ. FT.
2'-6" X 8'-0" = 20 SQ. FT.
TOALT SQ. FOOTAGE = 64 SQ. FT.

PLOT PLAN N.T.S.



CUSTOMER TO SPOT LOCATION

FINAL MFG. PRINT
DATE 7/20/94
OK PER

VOLTAGE 110

PLEASE NOTE:

Bailey sign

CUSTOMER
RITE-AID PHARMACY
LOCATION
CONGRESS ST.
PORTLAND ME

SALESPERSON
A. NOYES

DRAWN BY
L.W.MERRIFIELD

REVISIONS
7.20.94 DELETE POLE COVER

P.O. #

JOB NO.
4243

SCALE
1/2" = 1'

DATE
7/18/94

ACCEPTANCE SIGNATURE DATE

DRAWING NO.
02935 R1

SHT ___ OF ___

Bailey sign

Fax Transmittal

Date: 9-8-94

To: Bill Gronx

Company:

From: Andrea Noyes - Bailey Sign

Project Name:

Project No:

Number of Pages To Follow: 1

Message: Bill - This is the drawing that replaces the freestanding @ 713 Congress that we can't have. Please let me know if there's a problem w/ permit. Already did owner consent-payment etc.

Reply Requested: Yes/No

If you have any problems with this FAX transmission, please call us.

(207-774-2843) Telephone #. (207-774-1193) FAX #.

Attn: Bill Gilbreck 713 Congress St.

PHARMACY

1 D.F. 5'-0" X 6'-0" X ___" INTERN ILLUM. STICK-OUT SIGN

FACE = WHITE LEXAN COPY COLOR DISTRIBUTION AS SHOWN GERBER FRAME DARK BLUE & GERBER FRAME DARK RED

BUILDING FACIA TO BE FIELD SURVEYED FOR INSTALLATION

ON FILE ☐ REQUIRED ☐
RECEIVED DATE

120

Bailey sign

CUSTOMER
RITE AID PHARMACY
LOCATION
713 CONGRESS ST.
PORTLAND, ME
SALESPERSON
A. NOYES
DRAWN BY
L.W.MERRIFIELD
REVISIONS
P.O. #
L.O. #
4375
SCALE
1" = 1'
DATE
8/30/94
ACCEPTANCE SIGNATURE DATE
DRAWING NO
02967