



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 11, 1989
 Receipt and Permit number 00197

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: 955 Forest Ave

OWNER'S NAME: Mad Horse Theater ADDRESS: 955 Forest Ave.

	FEES
OUTLETS:	
Receptacles <u>15</u> Switches <u>10</u> Plugload <u>5</u> ft TOTAL <u>30</u>	<u>3.00</u>
FIXTURES: (number of)	
incandescent <u>6</u> Fluorescent _____ (not strip) TOTAL <u>6</u>	<u>5.00</u>
Strip Fluorescent _____ ft	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Pans _____ 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 <u>1</u> _____	<u>5.00</u>
Heavy Duty Outlets 220 Volt (such as welders) 30 amps and under <u>5</u> _____	<u>5.00</u>
over 30 amps _____	
Circus Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery <u>4</u> _____	<u>2.00</u>
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>18.00</u>

INSPECTION:

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

CONTRACTOR'S NAME: Seabrook Elec. Harry Pinkham
 ADDRESS: 200 Anderson St. Portland, Maine
 TEL.: 774-4880
 MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: Harry Pinkham
 LIMITED LICENSE NO.: 4746

INSPECTOR'S COPY -- WHITE

OFFICE COPY -- CANARY

CONTRACTOR'S COPY -- GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 00497

Location 955 Franklin

Owner Charles Clark

Date of Permit 7/11/89

Final Inspection 8/7/89

By Inspector Bill [unclear]

Permit Application Register Page No. 48

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 7/20/89 by _____

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

DATE:	REMARKS:

CODE COMPLIANCE COMPLETED DATE 8/8/89

APPROVED BY: _____
DATE: _____
REMARKS: _____
REMARKS: _____
REMARKS: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Sept. 29, 1986
 Receipt and Permit number D 25156

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: 955 Forest Avenue
 OWNER'S NAME: Delta Realty ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	3.00
Strip Fluorescent <u>32</u> ft.	
SERVICES: existing <u>200 amp</u> services	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	.50
METERS: (number of) <u>1</u>	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) <u>1</u>	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) <u>6</u>	12.00
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES. (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Cvens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u>	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: 16.50

INSPECTION:

Will be ready on ready, 1986; or Will Call _____

CONTRACTOR'S NAME: J. C. Floridino

ADDRESS: 35 Lawrence Ave.

TEL.: 772-3136

MASTER LICENSE NO.: 4234 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

902059

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$32.20 Zone _____ Map # _____ Lot # _____

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

Owner: Mad Horse Theater-lessee Phone # _____
 Address: 955 Forest Ave; Ptld, ME 04103
 LOCATION OF CONSTRUCTION: * 955 Forest Ave. *
 Contractor: Rockwell-Burr Sub.: 761-3939
 Address: 184 Read St; Ptld, ME Phone # 04103
 Est. Construction Cost: _____ Proposed Use: theater w sign
 Past Use: theater
 # 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: Eract sign- 6'x6'x9"

Foundation

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

Floor

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

Exterior Walls

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

Interior Walls

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

For Official Use Only **PERMIT ISSUED**

Date: 10/19/90 Subdivision: _____ Name: MA-23-100
 Inside Fire Limits: _____
 Bldg Code: _____ Owners: City of Portland
 Time Limit: _____
 Estimated Cost: _____

Zoning: B-2
 Street Frontage Provided: _____
 Provided Setback: 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) A = 7-10-23-90

Ceiling

1. Ceiling Joists Size: _____ Not in District nor Lumber
 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 _____ Spacing _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering _____
 Chimneys: _____ Type: _____ Number of Fire Places _____ Date: _____ Signature: _____

Heating

Type of Heat: _____

Electrical

Service Entrance Size: 17/114 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: _____ Date: 10/19/90

Signature of CEO: Jeff Rockwell Date: _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

19 © Copyright GPCOG 1988

PLOT PLAN



FEE'S (Breakdown From Front)

Base Fee \$ 32.20
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record

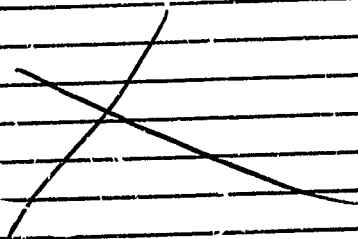
Type

Date

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

1/11/91 OK AR



Signature of Applicant _____


Date 12/18/90

- ✓ Cont. of Liability Ins.
- Plot
- Blueprint

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERRECTED ON A BUILDING AT 955 Forest Ave (Man Horse Theatre) IN PORTLAND, MAINE DAN GRANT being the owner of the premises at 955 Forest Ave in Portland, Maine hereby gives consent to the erection of a certain sign owned by MAN HORSE Theatre Co. over the 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 the erection of said sign:

And in consideration of the issuance of said permit _____, 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 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 11/17/90 day of _____ 19 ____.


 Owner's signature
 Dan Grant

✓ 
 Lessee's signature

RECEIVED
 OCT 19 1990
 DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

ACORD INSURANCE BINDER

SEP 11 1990

ISSUE DATE (MM/DD/YY)
 9/06/90

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

PRODUCER
Morse, Payson & Noyes
 100 Middle Plaza
 P.O. Box 406 DTS
 Portland, ME 04112

CCOE _____ SUB-CODE _____

COMPANY
Commercial Union Insurance BINDER
 000023448

DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME
9/10/90	12:01	X AM	10/10/90	X	12:01 AM
		PM			NOON

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO.

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)
Theater at 955 Forest Ave., Portland, ME

RECEIVED
 OCT 19 1990

COVERAGES	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY	50,000	250	30

TYPE OF INSURANCE
 PROPERTY
 BASIC BROAD SPEC.

COVERAGES/FORMS
Contents, Replacement Cost

GENERAL LIABILITY	LIMITS IN THOUSANDS
GENERAL AGGREGATE	\$ 2,000
PROD.-COMP/OPS AGGREGATE	\$ 1,000
PERSONAL & ADVTENG. INJURY	\$ 1,000
EACH OCCURRENCE	\$ 2,000
FIRE DAMAGE (Any one fire)	\$ 50
MED. EXPENSE (Any one person)	\$ 5

GENERAL LIABILITY
 COMMERCIAL GENERAL LIABILITY
 CLAIMS MADE OCCUR
 OWNER'S & CONTRACTOR'S PROT.

RETRO DATE FOR CLAIMS MADE: _____

CSL	AMOUNT
BI PER/ACCID	\$
PO	\$
MED. PAY	\$
PIP	\$
UM	\$

AUTOMOBILE
 LIABILITY
 NONOWNED
 HIRED
 GARAGE

ALL VEHICLES SCHEDULED VEHICLES

STATED AMOUNT	OTHER
\$	\$

AUTO PHYSICAL DAMAGE
 COUSSION DED.
 OTC DED.

ALL VEHICLES SCHEDULED VEHICLES

EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION
\$	\$	\$

EXCESS CAPACITY
 UMI FELLA FORM
 OTHER THAN UMBRELLA FORM

RETRO DATE FOR CLAIMS MADE: _____

STATUTORY	(EACH ACCIDENT)	(DISEASE-POLICY LIMIT)	(DISEASE-EACH EMPLOYEE)
<input checked="" type="checkbox"/> \$	\$	\$	\$
<input checked="" type="checkbox"/> \$	\$	\$	\$
<input checked="" type="checkbox"/> \$	\$	\$	\$

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

OTHER COVERAGES

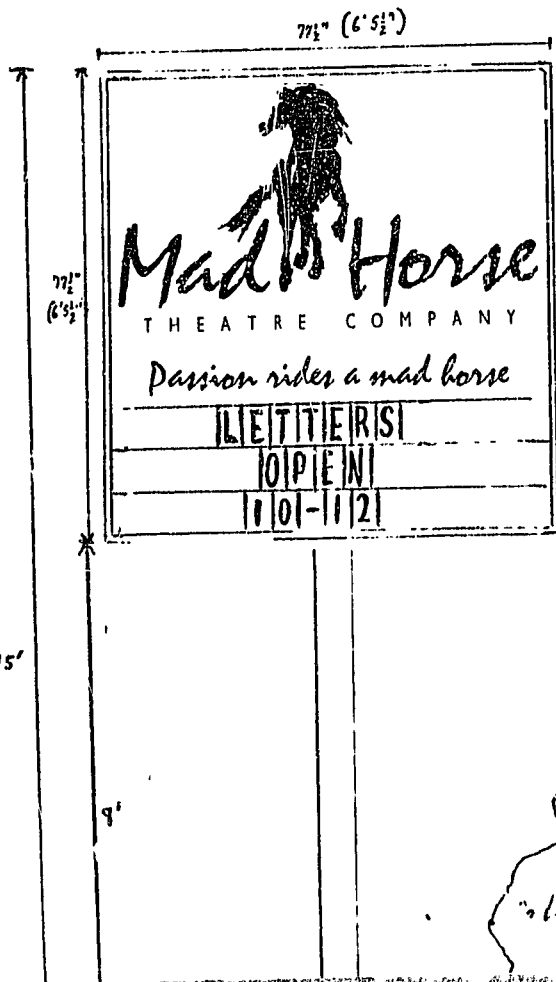
NAME & ADDRESS

MORTGAGEE
 LOSS PAYEE
 LOAN # _____

ADDITIONAL INSURANCE

AUTHORIZED REPRESENTATIVE

Paul Lopez



DETAIL:

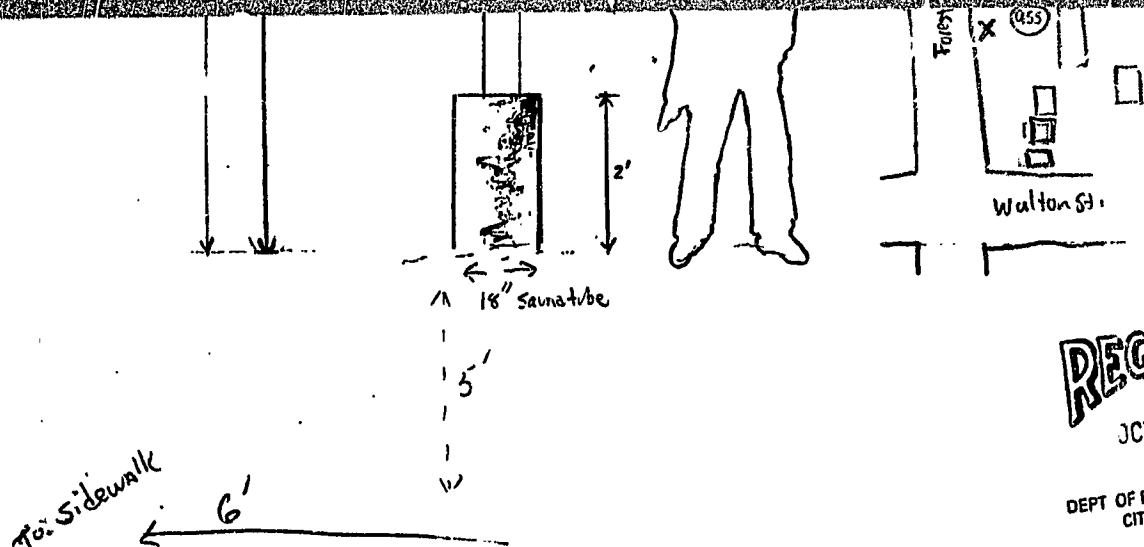
Sign Cabinet: Two-sided, UL-Approved, Clear Finish

Colors: Background: Lexan Translucent White

Logo: 3M Red Translucent

Please Note: This sign would be replacing a double-posted sign which was in the same location. The old sign was recently demolished by a vehicle.

LOCATION



RECEIVED

JCT 1 9 1990

DEPT OF BUILDING INVENTORY
CITY OF PORTLAND

Copyright

rockwell burr		184 Read St. Portland, ME 04103 (207)761-3939		ACCEPTANCE SIGNATURE				THIS DESIGN IS THE EXCLUSIVE PROPERTY OF ROCKWELL BURR ASSOC. ALL PRODUCTION AND REPRODUCTION RIGHTS ARE FULLY RESERVED BY US. THIS PRINT HAS BEEN DESIGNED FOR YOUR PERSONAL USE. IT MAY NOT BE SUBMITTED, USED OR EXHIBITED OUTSIDE OF YOUR COMPANY OR ORGANIZATION WITHOUT THE EXPRESSED WRITTEN PERMISSION OF ROCKWELL BURR ASSOCIATES.
CLIENT Mad Horse Theatre	DATE 10/19/90	SCALE		DATE	REVISIONS	PROJECT #	DATE	
JOB LOCATION 955 Forest Ave., Portland.	JOB #/REV.#	DRAWING #		1				
		SHEET OF		2				
				3				



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Sept. 29, 1986
 Receipt and Permit number D 25156

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: 955 Forest Avenue

OWNER'S NAME: Delta Realty ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent <u>32</u> ft. _____	3.00
SERVICES:	
existing <u>200 amp services</u>	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) <u>1</u>	.50
MOTORS: (number of)	
Frac'onal _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) <u>1</u>	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) <u>6</u>	12.00
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>1</u>	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 _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) TOTAL AMOUNT DUE: <u>16.50</u>	

INSPECTION:

Will be ready on ready, 1986; or Will Call _____

CONTRACTOR'S NAME: John Antonio Floridino

ADDRESS: 35 Lawrence Ave.

TEL.: 772-3136

MASTER LICENSE NO.: 4234 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

902059

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$32.20 Zone Map # Lot #

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

Owner: Mad Horse Theater-lessee Phone #
 Address: 955 Forest Ave; Ptd. ME 04103
 LOCATION OF CONSTRUCTION: * 955 Forest Ave. *
 Contractor: Rockwell-Burr Sub: 761-1939
 Address: 194 Read St; Ptd. ME Phone # 04103
 Est. Construction Cost: Proposed Use: theater w sign
 Past Use: theater
 # of Existing Res. Units # of New Res Units
 Building Dimensions L W Total Sq. Ft.
 # Stories: # Bedrooms Lot Size:
 Is Proposed Use: Seasonal Condominium Conversion
 Explain Conversion: Erect sign- 6'x6'x9"

For Official Use ONLY - PERMIT ISSUED
 Date: 10/10/90 Subdivision:
 Inside Fire Limits: Name: 09-22-100
 Bldg Code: City of Portland
 Time Limit:
 Estimated Cost:

Zoning: B-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/O A-7-10-23-90

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" O.C.
 5. Bridging Type: Size:
 6. Floor Sheathing Type: Size:
 7. Other Materials:

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. Installation 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. Girth Materials

Ceiling:
 1. Ceiling Joists Size: Spacing Not in exterior landmark
 2. Ceiling Strapping Size Spacing
 3. Type Ceilings: Does not require review
 4. Insulation Type Size Require 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: 10/10/90
 Comments:

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 Date 10/10/90

Signature of CEO Jeff Rockwell Date

Inspection Dates

PLOT PLAN

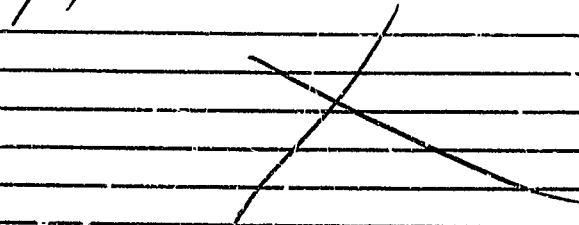
N
▲

FEES (Breakdown From Front)
Base Fee \$ 32,200
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

1/11/91 OK NR



Signature of Applicant _____

Date 12/19/90

V. Cert. of Liability
• Plot
• Blueprint

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 955 Forest Ave (MAD Horse Theatre) IN PORTLAND, MAINE DAN GRANT being the owner of the premises at 955 Forest Ave in Portland, Maine hereby gives consent to the erection of a certain sign owned by MAD HORSE Theatre Co. over the 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 the erection of said sign:

And in consideration of the issuance of said permit _____, 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 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 10/17/90 day of _____ 19 ____.


Owner's signature
Dan Grant


Lessee's signature

RECEIVED
OCT 19 1990
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

ACORD. INSURANCE BINDER

SEP 11 1990

ISSUE DATE (MM/DD/YY)

9/06/90

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

PRODUCER
 Morse, Payson & Noyes
 100 Middle Plaza
 P.O. Box 406 DTS
 Portland, ME 04112

CMP

COMPANY
 Commercial Union Insurance
 000023448

EFFECTIVE		TIME		EXPIRATION		TIME	
DATE				DATE			
9/10/90	12:01	X	AM	10/10/90	X	12:01	AM
			PM				NOON

CODE **SUB-CODE**

INSURED
 Mad Horse Theater Co., Inc.
 955 Forest Avenue
 Portland, ME 04103

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
 Theater at 955 Forest Ave., Portland, ME

RECEIVED
 OCT 19 1990

COVERAGES **DEPT. OF BUILDING** **PAY OR COST** **LIABILITY LIMITS IN THOUSANDS**

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC.	Contents, Replacement Cost	50,000	250	80

GENERAL LIABILITY	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE	PROD. COMP./OPS AGGREGATE	PERSONAL & ADVISNG. INJURY	EACH OCCURRENCE	FIRE DAMAGE (Any one fire)	MED. EXPENSE (Any one person)
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT.		\$ 2,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 50	\$ 5

AUTOMOBILE	ALL VEHICLES	SCHEDULED VEHICLES	CSL	BI PERS/ACCD	PD	MED. PAY	PIP	UM
<input type="checkbox"/> LIABILITY <input type="checkbox"/> NONOWNED <input type="checkbox"/> HIRED <input type="checkbox"/> GARAGE			\$	\$	\$	\$	\$	\$

AUTO PHYSICAL DAMAGE	ALL VEHICLES	SCHEDULED VEHICLES	ACV	STATED AMOUNT	OTHER
<input type="checkbox"/> COLLISION DED. <input type="checkbox"/> CTO DED.			\$	\$	\$

EXCESS LIABILITY	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION
<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	STATUTORY	(EACH ACCIDENT)	(DISEASE-POLICY LIMIT)	(DISEASE-EACH EMPLOYEE)
	<input checked="" type="checkbox"/> \$	\$	\$	\$

NAME & ADDRESS

MORTGAGE **ADDITIONAL INSUR.**

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE
Paul Longali

ACORD 753 (2/88) © ACORD CORPORATION 1988

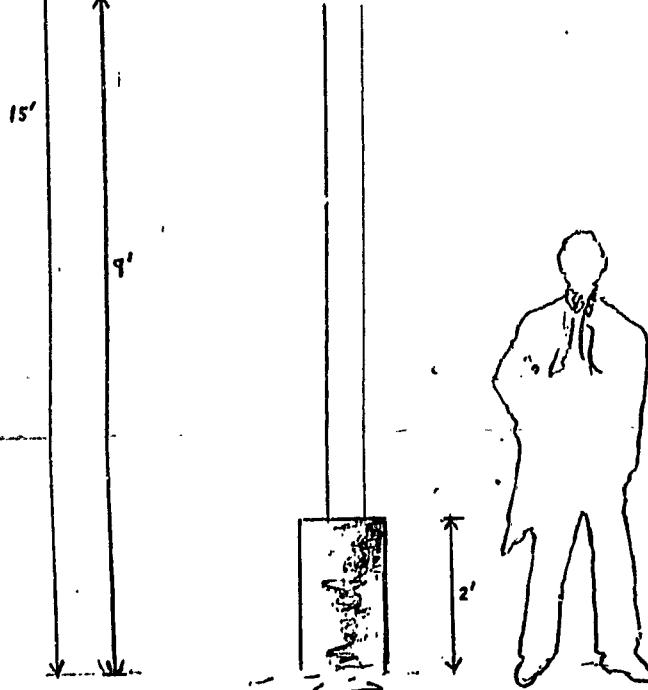
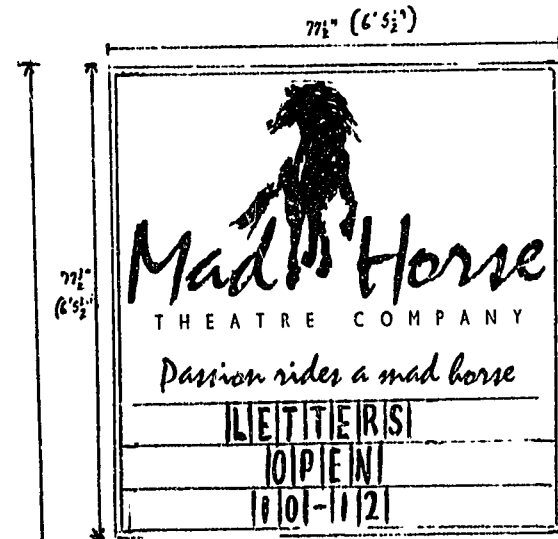
DETAIL:

Sign Cabinet: Two-sided, UL-Approved, Clear Finish

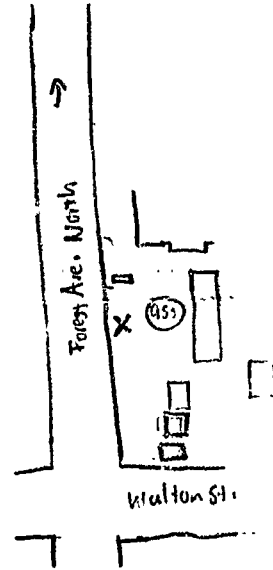
Colors: Background: Lexan Translucent White

Logo: 3M Red Translucent

Please Note: This sign would be replacing a double-posted sign which was in the same location. The old sign was recently demolished by a vehicle.



LOCATION



To: Sidewalk

6'

RECEIVED

OCT 1 9 1990

DEPT OF BUILDING INC.
CITY OF PORTLAND

rockwell burr		184 Read St. Portland, ME 04103 (207) 761-3939		ACCEPTANCE SIGNATURE				THIS DESIGN IS THE EXCLUSIVE PROPERTY OF ROCKWELL BURR ASSOC. ALL PRODUCTION AND REPRODUCTION RIGHTS ARE FULLY RESERVED BY US.			
CLIENT	DATE	SCALE	DATE	REVISIONS	PROJECT #	DATE	THIS PRINT HAS BEEN DESIGNED FOR YOUR PERSONAL USE. IT MAY NOT BE SUBMITTED, USED OR EXHIBITED OUTSIDE OF YOUR OWN OFFICE OR PROJECT.				
Mad Horse Theatre	10/19/90										

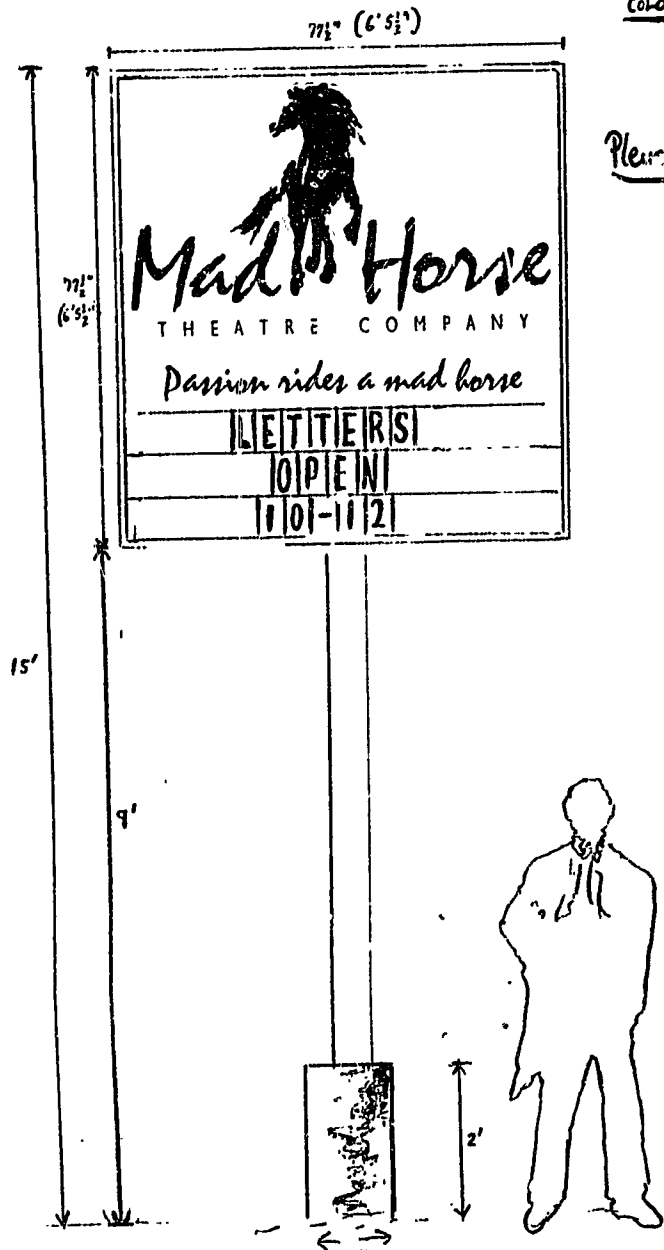
Copyright

Sign Cabinet: Two-Sided, VL-App, ...

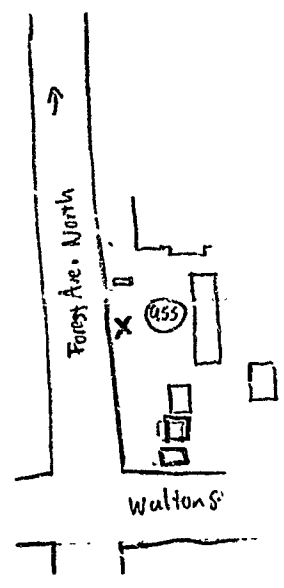
Colors: Background: Lexan Translucent White

Logo: 3M Red Translucent

Please Note: This sign would be replacing a double-posted sign which was in the same location. The old sign was recently demolished by a vehicle.



LOCATION



for sidewalk ← 6'

RECEIVED
OCT 19 1990

DEPT. OF BUILDING INSP. - CITY OF PORTLAND

rockwell burr		184 Read St. Portland, ME 04103 (207)761-3933		ACCEPTANCE SIGNATURE				THIS DESIGN IS THE EXCLUSIVE PROPERTY OF ROCKWELL BURR ASSOC. ALL PRODUCTION AND REPRODUCTION RIGHTS ARE FULLY RESERVED BY US.			
CLIENT	DATE	SCALE	DATE	REVISIONS	PROP/INTC. #	DATE	THIS PRINT HAS BEEN DESIGNED FOR YOUR PERSONAL USE. IT MAY NOT BE SUBMITTED, USED OR EXHIBITED OUTSIDE OF YOUR COMPANY OR ORGANIZATION WITHOUT THE EXPRESSED WRITTEN PERMISSION OF ROCKWELL BURR ASSOCIATES.				
Mad Horse Theatre	10/19/90		1								
JOB LOCATION	JOB #/NO.	DRAWING #	2								
955 Forest Ave., Portland		SHEET OF	2								



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 955 Forest Ave.

Issued to Madd Horse Theatre

Date of Issue 9/23/91

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. 49/2219, 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

Change of Use - from warehouse to theater

Limiting Conditions:

- 25 parking spaces to be maintained throughout occupancy

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notes: 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 lessor for one dollar.

P. O. Box 9715 - 313 Pctld. No. 04100.

Attn: Michael Raffkin

PERMIT # 002229

CITY OF PORTLAND

BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

For Official Use Only

Subdivision: Yes No

PERMIT ISSUED

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

Owner: Dan(e) Grant 797-8705

Address: 12 S. Pitt Road So Pctld. 04106

Michael Raffkin

LOCATION OF CONSTRUCTION 955 Forest Ave

CONTRACTOR: MAHB Borse Theatrical CONTRACTORS

ADDRESS: Box 9715 - 343 Pctld No. 04104

Est. Construction Cost: 20,000. Type of Use: Theater

Past Use: warehouse

Building Dimensions L W S.4 Ft. # Stories: Lot Size:

In Proposed Use: Seasonal Condominium Apartment

Conversion - Explain: Change of Use warehouse to a theater

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units # Of New Dwelling Units

Foundation:

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

Floor:

1. Sills Size: Sills must be anchored.
2. Girder Size: 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:

1. Studding Size: Spacing
2. No. windows
3. No. Doors
4. Header Sizes Spar.(s)
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

Interior Walls:

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

Date: Mar 30, 1989
 Incld Fire Limits
 Bldg Cost
 Time Limit
 Estimated Cost 20,000.
 Value Structure
 Fee 120.00

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
4. Other

Chimneys:

Type: Number of Fire Places

Heating:

Type of Heat:

Electrical: Service Entrance Size: Smoke Detector Required Yes No

Plumbing: Yes No

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

Swimming Pools:

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

Zoning:

District: Street Frontage Req: Provided

Required Setbacks: Front Back Side Side

Review Required: Zoning Board Approval: Yes No Date:

Planning Board Approval: Yes No Date:

Conditional Use: Variance Site Plan Subdivision:

Shor. and Floodplain Mgmt. Special Exception

Other (Explain)

Date Approved

Permit Received By Sarah Goode

Signature of Applicant Michael Raffkin

Signature of CEO

Inspection Dates

White-Tax Assessor

Yellow-GPCOG

White-Tag-CEO

© Copyright GPCOG 1987

Michael Raffkin

PILOT PLAN



FEEES (Breakdown From Front)

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

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

COMMENTS

Signature of Applicant Michael R. [Signature]

Date _____

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

955 Forest Avenue

June 19, 1989

Mr. Daniel Grant
12 Scott Road
South Portland, Maine 04106

Dear Mr. Grant:

This is in reference to your application for a building permit for a change of use for the building located at 955 Forest Avenue in the B-2 Business Zone. You are requesting a change of use from a warehouse type building to a theater.

In order to complete the processing of this change of use application, we shall need to have a plot plan showing the amount of available parking off-street for the future theater patrons. According to the City Zoning Ordinance, in Section 14-332 (7) Auditoriums, theaters, assembly halls, funeral homes: one parking space is required for each five (5) seats or for each one hundred (100) square feet, or major fraction thereof, of assemblage space if no fixed seats. Such required spaces are nine (9) by nineteen (19) feet in size.

Please furnish a plot plan to accompany your initial application.

Sincerely,


William D. Giroux
Zoning Enforcement Officer

cc: P. Samuel Hoffses, Chief, Inspections Services
Arthur Rowe, Code Enforcement Officer
Warren J. Turner, Administrative Assistant



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, 1989

Daniel Grant
12 Scott Road
South Portland, Maine 04106

Re: 955 Forest Avenue

Dear Mr. Grant,

Your application to change the use from a warehouse to a theater as per plans has been reviewed and a permit is herewith issued subject to the following requirements:

- 1.) Bill Giroux, Zoning Administrator, requires that within 30 days a copy of the lease agreements to provide 25 parking spaces be submitted to this office for approval, or the permit is voided.
- 2.) The Fire Prevention Bureau requires that a complete automatic Fire Alarm System including manual pull stations at exits are to be provided. Separate plans approval is required on this by a separate permit.

Very Truly Yours,

Marge Schmuckal
Asst. Chief of Inspection Services

cc: MADD Horse Theater
P.O. Box 9715-343
Portland, Maine 04014

BUILDING PERMIT REPORT

DATE: 6-16-89

ADDRESS: 955 Forest Ave.

REASON FOR PERMIT: Change of Use - warehouse to Theatre

BUILDING OWNER: Daniel Grant

CONTRACTOR: Mad Horse Theatre

PERMIT APPLICANT: Michael Ruff?

APPROVED: Yes DENIED

CONDITION OF APPROVAL OR DENIAL:

- ① A complete automatic ~~Heat~~ Fire Alarm System including manual pull stations at exits to be provided. Separate plans approval required by separate permit

PERMIT # _____ CITY OF Portland BUILDING PERMIT APPLICATION

MAIL # _____ LOT# _____

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

Owner: Morton Cellular

Address: 955 Forest Avenue, Portland

LOCATION OF CONSTRUCTION 955 Forest Avenue

CONTRACTOR: New England Spec. A SUBCONTRACTORS: 839-3569

ADDRESS: 17 Elm St., Gorham

Est. Construction Cost: _____ Type of Use: temporary sign

Final Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Erect a temporary sign (4'x8') from
conversion - explain 7/1/88 to 8/1/88

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only

Date: <u>June 29, 1988</u>	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Alarm _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration _____
Value Structure _____	Ownership: Public <input type="checkbox"/> Private <input type="checkbox"/>
Fee: <u>\$10.00</u>	

Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes No

Plumbing:

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

Swimming Pools:

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

Zoning:

District _____ Street Frontage Req: _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved _____

Permit Received By Nancy L. Dzema

Signature of Applicant Chris Monk Date 6/27/88

Signature of CEO DJA Date _____

Inspection Dates _____

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 001544

OCT 28 1986

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION I-2 PORTLAND, MAINE October 22, 1986

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 ... 955 Forest Ave. 400 Riverside St. Fire District #1 , #2

1. Owner's name and address ~~James Enterprises~~ 400 Riverside St. Telephone 797-8550.

2. Lessee's name and address James Enterprises ... 955 Forest Ave. Telephone 797-0477.

3. Contractor's name and address Telephone

..... No. of sheets

Proposed use of building Retail (Auto Parts) No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ Appeal Fees \$

FIELD INSPECTOR—Mr. Base Fee

..... @ 775-5451

To erect a 6 X 3 metal frame, plastic face sign attached to building as per plan. Moved from

1917 Forest Avenue. TOTAL \$..28.60.....

Stamp of Special Conditions

#2 Permit

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

MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER

Will work require disturbing of any tree on a public street? No

ZONING: C.A. 223 Oct 23, 1986

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

BUILDING CODE:

Fire Dept.:

Health Dept.:

Others:

Signature of Applicant H. Arnold James Phone # ... 797-0477.

Type Name of above H. Arnold James

Other

and Address

Permit No. 86-0544

Location 955 FOREST AVE.

Owner Delta Realty

Date of permit 10-23-80

Approved

Drafting

Calage

Application

OK Sign
WSS ALL UP

~~[Large crossed-out section of lined paper]~~

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(807) 226-3200

Permit Location: **PORTLAND**
 Division: **985 BOSTON AVENUE**
 Local REALTY: **FRA DELTA**
 Applicant Name: **NEW CRAFT PLUMBING**
 Mailing Address of Contractor/Applicant: **94 FURBER AVE. PORT.**

PORTLAND PERMIT # 2,830 (FORM COPY)
 Date Permit Issued: *[Signature]*
 Fee: *[Signature]* L.P.L.P.
 Local Plumbing Inspector Signature: *[Signature]*

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.

Caution: Inspection Required

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

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 1 <input type="checkbox"/> NEW PLUMBING 2 <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER - SPECIFY _____ <input type="checkbox"/> MODULAR OR MOBIL HOME	Plumbing To Be Installed By: 1 <input type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input type="checkbox"/> MFG'D HOUSING DEALER-MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12345</u>
--	--	---

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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

Owner: Borton Cellular

Address: 955 Forest Avenue, Portland

LOCATION OF CONSTRUCTION: 955 Forest Ave

CONTRACTOR: New England Spec. & SUBCONTRACTORS - 2019

ADDRESS: 117 Elm St., Gorham

Est. Construction Cost: _____ Type of Use: Special Use

Per. Use: _____

Building Description: L _____ W _____ Sq. Ft. _____ Stories _____ Lot Size: _____

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

Conversion - Explain: 7/3/88 to 3/1/88

Temporary Sign: 4 _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Ord. # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ 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 _____

For Official Use Only

Date: June 29, 1988 Subdivision: Yes / No _____
 Inside Fire Limits: _____
 Side Code: _____
 Time Limit: _____
 Estimated Cost: _____
 Value/Structure: _____
 Fee: _____

Permit Expiration: _____
 Ownership: _____ Public _____ Private _____

PERMIT ISSUED

Ceiling: _____

1. Ceiling Joists Size: _____ Spacing: JUL 1, 1988
2. Ceiling Sheathing _____
3. Type Ceiling _____
4. Insulation Type: Wool w. Koffing
5. Ceiling Height: _____

Roof: _____

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

Zoning: _____

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

Review Required: _____

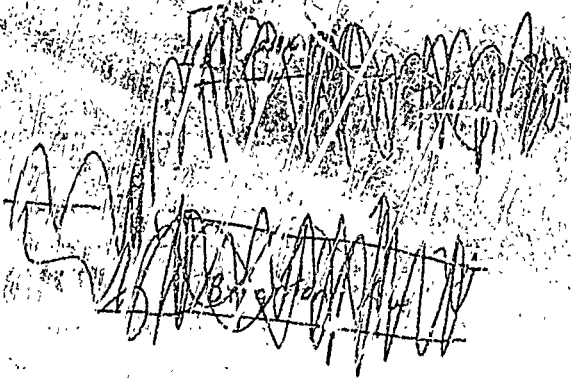
Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain): _____
 Date Approved: 6/29/88 W. J. Larner James S. ...

Permit Received By: BN

Signature of Applicant: _____ Date: _____

Signature of CEO: P. U. A. Date: _____

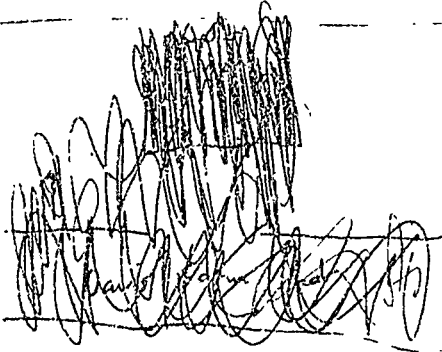
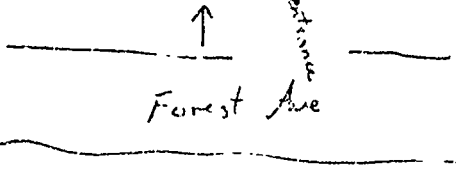
Inspection Dates: _____



Portland
Credit Union

Credit Union

4x8 arrow sign
not lighted
Approx. 4 yds from Kel



RECEIVED

JUN 29 1988

DEPT OF HOLDINGS INSURANCE
CITY OF PORTLAND

LOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 10.00 _____
 Submission Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

PERMIT EXPIRED

Department Application: *Chris Monk*

Date: *6/23/88*

PERMIT # 000785

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: MORTON Cellular

Address: 955 Forest Avenue, Portland

LOCATION OF CONSTRUCTION: 955 Forest Avenue

CONTRACTOR: New England Spec. Ad SUBCONTRACTORS: 633-3509

ADDRESS: 27 Elm St., Corham

Est. Construction Cost: _____ Type of Use: Temporary

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
_____ University _____ Explain: Sign a temporary sign (12' x 12') from 7/1/88 to 8/31/88.

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

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

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

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

For Official Use Only
Date June 29, 1988 Subdivision: Yes / No _____
Inside Fire Limits _____ Name _____
Bldg. Code _____ Lot _____
Time Limit _____ Block _____
Estimated Cost _____ Permit Expiration: _____
Value Structure _____ Ownership: _____ Public _____
Fee \$10.00 Private _____

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

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

Chimneys:
Type _____ Number of Fire Places _____

Heating:
Type of Heat _____

Electrical:
Service Entrance Size _____ Service Disconnect Required Yes _____ No _____

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

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

Zoning:
District FA 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 (Specify) _____
Date Approved June 29, 1988

Permit Received by _____

Signature of Applicant [Signature] Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

8/1/88

White-Tax Assn. or

Yellow-GPCOG

White-Tax Assn. or

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197 MPA A J U A B

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 02 August 1995

LOCATION: 955 Forest Ave

Permit # 17032

OWNER D. Grant/Mad Horse Theatre ADDRESS _____

						TOTAL EACH FEE	
OUTLETS							
	Receptacles	Switches					.20
FIXTURES	(number of)						
	Incandescent	fluorescent					.20
	fluorescent strip						.20
SERVICES							
	Overhead		TOTAL AMPS TO	800			15.00
	Underground	Upgrade		800			15.00
TEMPORARY SERV.							15.00
	Overhead		AMPS OVER	800			25.00
	Underground			800			25.00
METERS	(number of)				1		1.00
MOTORS	(number of)						2.00
RESID/COM	Electric units						1.00
HEATING	oil/gas units						5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens				2.00
	Water heaters	Fans	Dryers				2.00
Disposals	Dishwasher	Compactors	Others (denote)				2.00
MISC. (number of)	Air Cond/win						3.00
	Air Cond/cent						10.00
	Signs						5.00
	Pools						10.00
	Alarms/res						5.00
	Alarms/com						15.00
	Heavy Duty				3		2.00
	Outlets						6.00
	Circus/Carnv						25.00
	Alterations						5.00
	Fire Repairs						15.00
	E Lights						1.00
	E Generators						20.00
	Panels				1		4.00
TRANSFER	0-25 Kva						5.00
	25-200 Kva						8.00
	Over 200 Kva						10.00
						TOTAL AMOUNT DUE	
						MINIMUM FEE	
						25.00	
						25.00	

INSPECTION: Will be ready _____ or will call ~~XXXXXX~~ _____ **26.00**

CONTRACTORS NAME Seabee Electric
 ADDRESS P.O. Box 2601 So. Ptld
 TELEPHONE 774-4880
 MASTER LICENSE No. 17032
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

