

29

Door

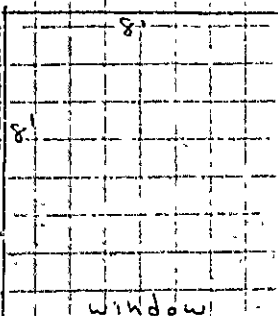
Column

44

Column

Door

1276

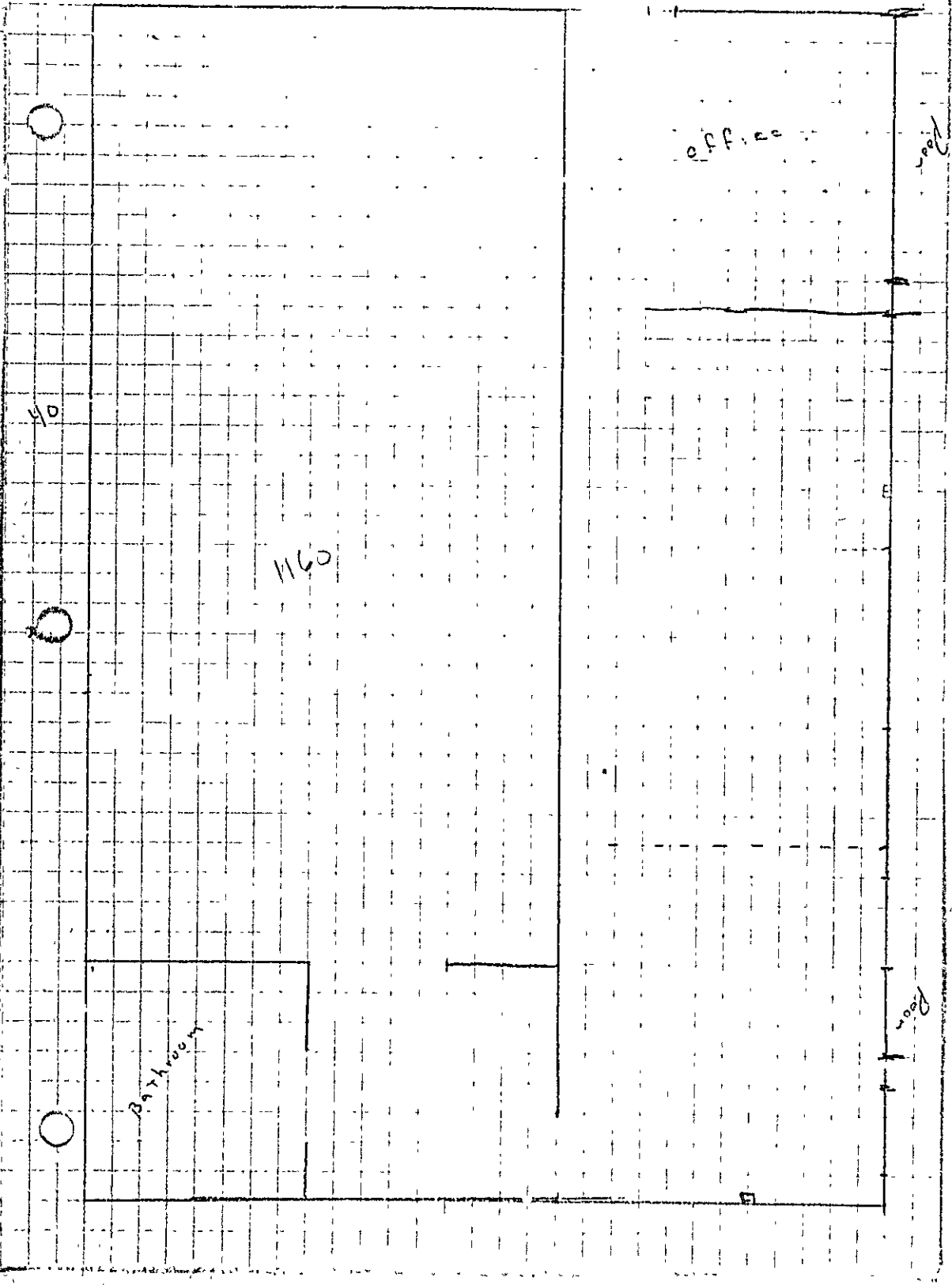


Window

Bus



29



40



1160

L. room

office

road

Road



**New England
Specialty Advertising**

17 ELM ST., GORHAM, ME 04038

(207) 835-3569

IN MAINE
1-800-462-6303

OUT OF STATE
1-800-325-7448

May 2, 1989

To Whom it may concern:

This is a request for a permit.

I would like to rent the building at 1109 Forest Ave., Portland from Mr. Tom Pelosi and use it for the following (please refer to the enclosed drawing):

- (A) showroom for specialty advertising & screen printed products.
- (B) office space.
- (C) work area for screen printing and sign making. The screen printing will be mostly t-shirts and hats with some small signs.

Any and all chemicals used in the screening process will be handled, stored, and disposed of according to industry standards, state and local laws.

If you have any questions or require any further information, concerning this, please call me at 839-3569.

Sincerely,

Peter J. Wentworth
Owner

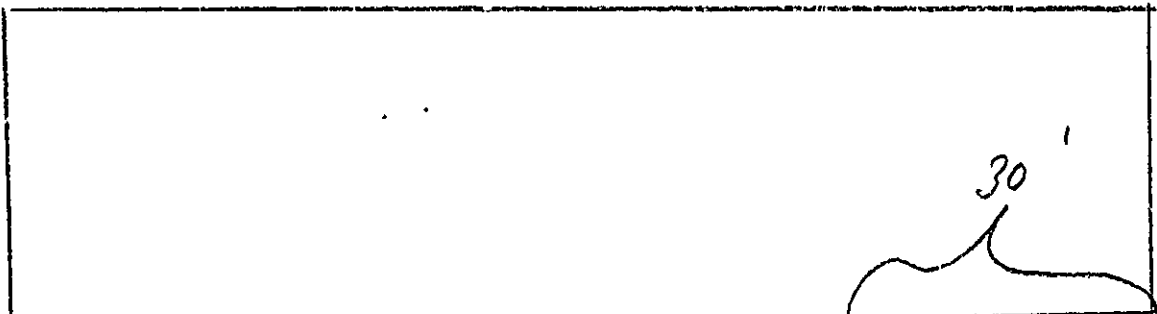
PJW:me

enclosure

RECEIVED

MAY 2 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



30'

work
area

Ⓒ

Parking

office

Ⓓ

Show room

Ⓐ

approx
45'

approx
30'

approx
30'

85'

RECEIVED

MAY 2 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

side walk

1109 Forest ave

PERMIT # 002248 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: New England Specialty Advertising 878-8844

Address: 1109 Forest Avenue, Portland 04103

LOCATION OF CONSTRUCTION 1109 Forest Avenue

CONTRACTOR: same SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: _____ Type of Use: Rentals/Advertising

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to erect temporary sign (3'x6') from June

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE to July 20, 1989.

Residential Buildings Only: _____ plan submitted.

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation: _____

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

Floor: _____

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

Exterior Walls: _____

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

Interior Walls: _____

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

For Official Use Only	
Date <u>June 20, 1989</u>	Subdivision Yes / No _____
Inside Fire Lin'g _____	Name _____
B'g Code _____	Lot _____
T'n Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value _____	Ownership: _____ Public _____ Private _____
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 _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys: _____

Type: _____ Number of Fire Places _____

Heating: _____

Type of Heat: _____

Electrical: _____

Service Entrance Size _____ Smoke Detector Required Yes _____ No _____

Plumbing: _____

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

Swimming Pools: _____

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

Zoning: _____

District B-2 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 WDH 6-21-89

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 6/20/89

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

Copyright GPCOG 1987

PLOT PLAN

N
▲

FEES (Breakdown From Front)

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

Type

Inspection Record

Date

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

COMMENTS

Completed

Signature of Applicant

John Hanger as agent for owner

Date

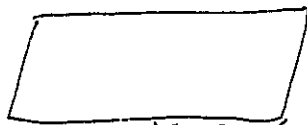
6/20/07

New England Specialty Ad, 1109

Forest Ave

878-8844

Peter Wentworth



|| 3x6 arrow

Forest Ave

RECEIVED

JUN 20 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

PERMIT # 02543 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Tom Pelosi
 Address: **1109 Forest Avenue -
 LOCATION OF CONSTRUCTION 1109 Forest Avenue
 CONTRACTOR: New England Specialty SUBCONTRACTORS: 839-3569
 ADDRESS: 17 Elm Street Gorham Me. 04038

Est. Construction Cost: _____ Type of Use: Comm

Past Use: _____

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

Is Proposed Use _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain erect sign 5'X8' on pole and erect awning

Residential Buildings Only: _____ visual/const plan

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only	
Date <u>August 23, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>64.40</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 _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Zoning:

District _____ Street Frontage Req: _____ Provided _____

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 _____

Storm and Floodplain Mgmt: _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved: _____

Permit Received By Deborah Goode

Signature of Applicant [Signature] Date 8/23/89

Signature of CEO _____ Date _____

Inspection Date (2) K.T.



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

1109 Forest Avenue

August 25, 1989

Mr. Scott Dyer
New England Specialty Advertising
17 Elm Street
Gorham, Maine 04038

Dear Mr. Dyer:

We shall need additional information concerning the application for a sign permit for Mr. Pelosi at 1109 Forest Avenue, in the B-2 Business Zone. Are there additional signs involved at that address, such as on the front of the building? What is the overall height of the pole sign to be?

Are there signs in the window or on the wall or roof? We shall need this information in order to determine whether the amount of signage is excessive for that location. In B-2 Zones, there can be no more than 300 square feet of total signage for an establishment.

We shall defer action on this sign application until such time as we have the additional information requested above.

Sincerely,


William D. Giroux
Zoning Enforcement Officer

cc: Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspection Services
Arthur Rowe, Code Enforcement Officer
Charles A. Lane, Associate Corporation Counsel
Warren J. Turner, Administrative Assistant

PERMIT # 002248

TOWN OF Portland

BUILDING

PERMIT APPLICATION

MAP # _____

LOT# _____

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

Owner: New England Specialty Advertising 878-8844

Address: 1109 Forest Avenue, Portland 04103

LOCATION OF CONSTRUCTION 1109 Forest Avenue

CONTRACTOR: same SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: _____ Type of Use: Rentals/Advertising

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to erect temporary sign (3'x6') from June

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE to July 20, 1989.

Residential Buildings Only: _____ plan submitted.

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

Interior Walls:

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

For Official Use Only

Date June 20, 1989

Subdivision: Yes / No _____

Inside Fire Limits _____

Name _____

Blug Code _____

Lot _____

Time Limit _____

Block _____

Estimated Cost _____

Permit Expiration _____

Value Structure _____

Ownership: _____

Fee: \$10.00

Public _____

Private _____

PERMIT ISSUED

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____ JUN 21 1989
2. Ceiling Strapping Size _____
3. Type Ceilings _____
4. Insulation Type _____ Size City Of Portland
5. Ceiling Height: _____

Roof:

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

Chimneys:

- Type: _____ Number of Fire Places _____

Heating:

- Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Zoning:

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

Review Required:

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

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 6/20/89

Signature of CEO _____ Date _____

Inspection Dates [Signature]

White-Tax Assesor

Yellow-GPCOG

White Tag .CEO

© Copyright GPCOG 1987

902008

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 34.20 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Sound Waves Inc. Phone # 797-3644
 Address: 1109 Forest Ave; Bldg. #E 04103
 LOCATION OF CONSTRUCTION #1109 Forest Ave.
 Contractor: owner Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Retail electronics store Zoning: _____
 Past Use: retail electronics store
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Erect a sign; 90" x 40" - approx

PERMIT ISSUED
 For Official Use Only
 Date: 10/4/90 Subdivision: _____ Name: OCT 9-1990
 Inside Fire Limits: _____ Lot: _____
 Bldg Code: _____ Ownership: City of Portland
 Time Limit: _____ Estimated Cost: _____

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

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

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

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____
 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/AT 7-10-5-90

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

Roof:
 1. Truss or Rafter Size: 06 11/8" Spacing _____ Action: Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions.
 3. Roof Covering Type _____
 Chimneys: _____ Number of Fire Places _____ Date: _____
 Type: _____ Signature: _____

Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

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

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

Permit Received By Louise E. Chase
 Signature of Applicant: [Signature] Date: 10-4-90
 Signature of CEO: Robert Lavopa Date: _____

Inspection Dates: _____
 White-Tax Assessor _____ Yellow-CPD/COG _____ White-Tag-CEO _____ Copyright GBCOR 1988

PLOT PLAN



FEES (Breakdown From Front)

Ease Fee \$ 34.20

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS

1/11/91 OK AC

Signature of Applicant

[Handwritten Signature]

Date 0490



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date March 1, 1989, 19
 Receipt and Permit number 00086

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: 1111 Forest Ave.

OWNER'S NAME: Greg Smith ADDRESS: _____ FEES

OUTLETS: Receptacles 10 Switches 5 Plugmold _____ ft TOTAL 15 3.00

FIXTURES: (number of) Incandescen _____ Fluorescent 5 (not strip) TOTAL 5 3.00
 Strip Fluorescen _____ ft

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..

METERS: (number of) _____

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

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

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

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

TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____

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: 6.00

INSPECTION: Will be ready on March 1, 1989; or Will Call _____

CONTRACTOR'S NAME: Richard Romano

ADDRESS: 18 Meadow Way Cape Eliz.

TEL: 767-3366

MASTER LICENSE NO.: 4615 SIGNATURE OF CONTRACTOR: Richard P. Romano
 LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS

Permit Number 00086
 Location 1111 Highway 101
 Owner Raymond H. [Signature]
 Date of Permit 3/11/89
 Final Inspector [Signature]
 By Inspector [Signature]
 Permit Application Register Page No. 57

INSPECTIONS: Service _____ by _____
 Service called in _____
 Closing-in 3/11/89 by [Signature]

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

DATE:	REMARKS:

PRINTED IN CALIFORNIA



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date February 28 1989
 Receipt and Permit number 00079

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: 1111 Forest Avenue
 OWNER'S NAME: Tom Peloliso ADDRESS: Massachusetts Avenue

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ∴	3.00
METERS: (number of) <u>1</u>	.50
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>5.00</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call
CONTRACTOR'S NAME: Tim Napolitano
ADDRESS: PO Box 2301, S. Portland, Me
TEL: 799-0538
MASTER LICENSE NO.: 07765
LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

ELECTRICAL INSTALLATIONS -

Permit Number 00079

Location 1111 1/2 ...

Owner M. J. ...

Date of Permit 2/28/59

Final Inspector S. J. ...

By Inspector [Signature]

Permit Application Register Page No. 57

INSPECTIONS: Service 100 amp by [Signature]
Service called in 3/16/59
Closing-in _____ by _____

PROGRESS INSPECTIONS:

DATE:	REMARKS:

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
 10/03/90

PRODUCER
DESMOND & PAYNE, INC.
 366 U.S. ROUTE #1
 FALMOUTH, ME 04105

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

COMPANIES AFFORDING COVERAGE

LEB
 SUB-CODE

COMPANY LETTER	A	PEERLESS INSURANCE COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED
Sound Waves & Robert and Rosemarie LaVopa ATIMA
 695 US Rt. 1
 Scarborough, ME 04074

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)	ALL LIMITS IN THOUSANDS	
					GENERAL AGGREGATE	
A	GENERAL LIABILITY	BOP4102619	12/19/89	12/19/90	GENERAL AGGREGATE	\$ 1000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 1000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADVERTISING INJURY	\$ 1000
	OWNERS & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 1
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS				EACH OCCURRENCE	\$
	<input type="checkbox"/> GARAGE LIABILITY				AGGREGATE	\$
	EXCESS LIABILITY				STATUTORY	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				(EACH ACCIDENT)	\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				(DISEASE POLICY LIMIT)	\$
					(DISEASE-EACH EMPLOYEE)	\$
	OTHER					

RECEIVED

OCT 04 1990

DEPT OF BUILDING INSPECTIONS
 CITY OF PORTLAND

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL TIMES

CERTIFICATE HOLDER

City of Portland
 Building Inspections

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. B. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Robby DiBiase

SOUND
WAVES
AUTO ELECTRONICS

READER
BOARD

1109 FOREST AVE.

2 FACED LIGHTED
METAL w/LEXAN
PANELS

RECEIVED

OCT 0 1 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

BUILDING
FRONT

8'

SIDEWALK

$\frac{1}{2}'' = 1'$

FOREST AVE

PARKING
LOT

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

OCT 0 4 1990

RECEIVED

FRONT DOOR

SIGN

GRASS

DRIVEWAY

SIDEWALK

FOREST AVE

1109 FOREST AVE

1/4" = 1'

RECEIVED

OCT 04 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

TOM P.

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 1109 FOREST AVE
IN PORTLAND, MAINE TOM DELOSE being the owner of the premises
at 1109 FOREST AVE in Portland, Maine hereby gives consent to the
erection of a certain sign owned by SOUND WAVES over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

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

In Witness whereof, the owner of said premises has signed this consent and
agreement this 2 day of OCTOBER 1990

[Signature]

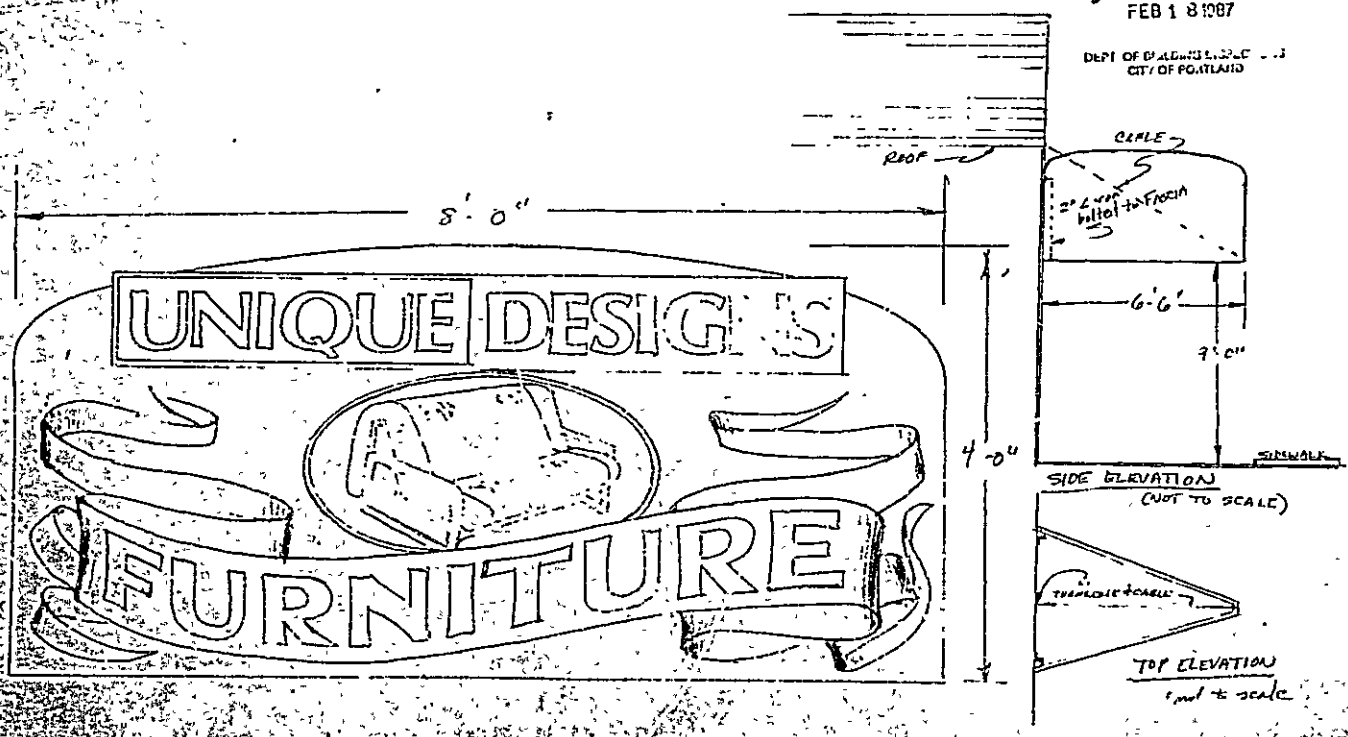
[Signature]
Pres. Sound Waves

03/25/88

RECEIVED

FEB 18 1907

DEPT OF PUBLIC WORKS
CITY OF PORTLAND



RECEIVED
FEB 23 1987

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED
TO BE ERECTED PROJECTING OVER A PUBLIC SIDEWALK FROM THE PREMISES
AT 1109 Forest Ave. IN PORTLAND, MAINE

Thomas Pelosi being the owner of the premises
at 1109 Forest Ave in Portland, Maine hereby
gives consent to the erection of a certain sign owned by
Linda Foote projecting over the public
sidewalk from said premises as described in application to the
Inspector of Buildings of Portland, Maine for a permit to cover
erection of said sign;

And in consideration of the issuance of said permit

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

In Witness whereof, the owner of said premises has signed this
consent and agreement this _____ day of

2/19/ 1987.

February 18, 1987

PERMIT * BUILDING PERMIT APPLICATION Portland

APPLICANT FILL OUT I - X VIII AND DETAILS OF WORK ON REVERSE

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

I. GENERAL INFORMATION

Location/address of construction 1100 Forest Ave. 19
Owner or lessee's name Thomas Pelosi Tel 774-9419
Address 19 Massachusetts Ave.

Contractor's name Coyne Sign Co. Tel 772-4144
Address 84 Cove Street

Subcontractors:

PERMIT ISSUED

FEB 25 1987

City Of Portland

Table with columns: NEW SUBDIVISION OR EXISTING LOT REFERENCE, Name, Lot, Block, Date recorded, etc.

III. PROPOSED USE: CODE 927 - retail furniture store

IV. PAST USE:

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

VI. DESCRIPTION OF WORK:

To erect sign 8 x 4 on front of building as per plans. 1 sheet of plans

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

VIII. EST. CONSTRUCTION COST: IX. GR. SQ. FT. OF LAND: BUILDING

Table with columns: RESIDENTIAL BUILDINGS ONLY (NEW DWELLING UNITS WITH, EXISTING DWELLING UNITS WITH), RESIDENTIAL UNITS (NEW DWELLINGS, EXISTING DWELLINGS, NET RESIDENTIAL UNITS)

XII. SIGNATURE OF APPLICANT: DATE: 2-18-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT B-2 STREET FRONTAGE
SE. BACKS: front back side side
ZONING BOARD APPROVAL: no yes (date)
PLANNING BOARD APPROVAL: no yes (date)
XIV. OFFICE USE: TAX MAP, LOT, VALUE/STRUCTURE, PERMIT EXPIRATION

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

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) DATE

XVII. FEES: base fee, subdivision fee, site plan review fee, other fees, late fee, TOTAL 31.40

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS: O.K. M.G.T. Feb 24, 1987

Table with columns: 1 WATER SUPPLY, 2 SEWER, 3 HEAT, 4 FOUNDATION, 5 ROOF, 6 PLUMBING, 7 ELECTRICAL, 8 CHIMNEY, 9 FRAMING, 10 If 1-story building w/ masonry walls, 11. BEDROOM WINDOWS, PLO PLAN/DETAILS OF WORK ON REVERSE

9 M.A. Williams

PORTLAND BUILDING PERMIT APPLICATION DATE 7/8/81 PERMIT ISSUED

GENERAL INFORMATION:
 1. Owner's name: Jaydas Karam Tel: (503) 234 5171
 Address: 1124 Forest Avenue
 2. Lessee's name: _____ Tel: _____
 Address: _____
 3. Contractor's name: owner Tel: _____
 Address: _____
 4. Is this a legally recorded lot? yes no

II DESCRIPTION OF WORK:
to demolish 20 x 20 garage
send permit to 04092

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ # stories _____
IV ZONE: _____ Street frontage _____ Zoning board approval no yes date _____
 Subareas: front _____ back _____ side _____ side _____ Planning board approval no yes date _____
V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces:
 site plan _____ subdivision _____ here _____ floodplain mgmt _____ enclosed _____ outdoors _____
VI FEES:
 base fee _____ other fees _____
 subdivision fee _____ late fee _____
 site plan review fee _____ TOTAL \$125.00

VII. DETAILS OF WORK

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

VIII. OFFICE USE:
 TAX MAP # _____
 LOT # _____
 VALUE/STRUCTURE _____
 PERMIT EXPIRATION _____

IX. NEW OR PHASED SUBDIVISION REFERENCE:
 Name _____
 Lot _____
 Block _____

CODE _____ If other explain: 436 - demolition of garage Seasonal Condominium Apartment
XI. PAST USE: 436 - garage
XII. OWNERSHIP: PUBLIC PRIVATE
XIII. EST. CONSTRUCTION COST: 400,000 **XIV. GR. SQ. FT. OF LOT BUILDING:** _____

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

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

APPROVALS BY DATE BUILDING INSPECTION - PLAN EXAMINER _____ ZONING _____ CITY _____ DISTRICT _____	MISCELLANEOUS Will work require disturbing of any tree on a public street? Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
---	---

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

District No <u>9</u>	XVII. SIGNATURE OF APPLICANT: <u>[Signature]</u> PHONE # <u>503-234-5171</u> TYPE NAME OF ABOVE: <u>Perm Mgr for City/State/County</u>
----------------------	---

White - GPC DG Greer - Applicant Yellow - Assessor Pink - Office file Gold - Field Inspector

SOUND
WAVES
AUTO ELECTRONICS

READER
BOARD

1109 FOREST AVE.

2 FACED LIGHTED
METAL W/LEXAN
PANELS

RECEIVED

OCT. 0 4 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

BUILDING
FRONT

8' SIDEWALK

$\frac{1}{2}'' = 1'$

FOREST AVE

PARKING
LOT

DEPT. OF BUILDING INSPECTORS
CITY OF PORTLAND

OCT 0 4 1990

RECEIVED

FRONT 0.02

SIGN

GRASS

DREWEWAY

SIDEWALK

FOREST AVE

1109 FOREST AVE

1/4" = 1'

RECEIVED

OCT 0 4 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

TOM P.

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 1109 FOREST AVE
IN PORTLAND, MAINE TOM DELOST being the owner of the premises
at 1109 FOREST AVE in Portland, Maine hereby gives consent to the
erection of a certain sign owned by SOUND WAVES over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

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

In Witness whereof, the owner of said premises has signed this consent and
agreement this 2 day of OCTOBER 1990

Thomas DeLost

Robert J. [Signature]
Pres. Sound Waves

03/25/88



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date March 1, 1989, 19
 Receipt and Permit number 00086

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: 1111 Forest Ave.

OWNER'S NAME: Greg Smith ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>10</u> Switches <u>5</u> Plugmold _____ ft. TOTAL <u>15</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>5</u> (not strip) TOTAL <u>5</u>	3.00
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposal _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: _____	<u>6.00</u>

INSPECTION:

Will be ready on March 1, 1989; or Will Call _____

CONTRACTOR'S NAME: Richard Romano

ADDRESS: 18 Meadow Way Cape Eliz.

TEL: 767-3866

MASTER LICENSE NO.: 4615 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ Richard P. Romano

ELECTRICAL INSTALLATIONS —

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 3/6/89 by *R...*

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

Permit Number 00086
 Location 1111 Spruit St
 Owner Regis Corp
 Date of Permit 03/11/89
 Final Inspection _____
 By Inspector *[Signature]*
 Permit Application Register Page No. 57

DATE:	REMARKS:

[Faint, illegible text and stamps at the bottom of the page, possibly including a date stamp "APR 1989"]



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 28 1989
 Receipt and Permit number 0009

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: 1111 Forest Avenue
 OWNER'S NAME: Tom Peloso ADDRESS: Massachusetts Avenue

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	3.00
	.50
METERS: (number of) <u>1</u> ..	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>5.00</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call
CONTRACTOR'S NAME: Tim Napolitano
ADDRESS: PO Box 2301, S. Portland, Me
TEL: 799-0538
MASTER LICENSE NO.: 07765 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

902008

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$34.20 Zone _____ Map# _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Sound Waves Inc. Phone # 797.2644
 Address: 1109 Forest Ave; P.O. Box 04103
 LOCATION OF CONSTRUCTION 1109 Forest Ave.
 Contractor: owner Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Retail electronics store Zoning: _____
 Past Use: retail electronics store Review: _____
 # 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 a sign; 90" x 40" - approx

PERMIT ISSUED
 For Official Use Only
 Date 10/4/90 Subdivision _____
 Inside Fire Limits _____ Name OCT 9 1990
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership City Of Portland
 Estimated Cost _____

Foundation:

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

Floors:

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

Exterior Walls:

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

Street Frontage Provided: 11.00
 Provided Setbacks: Front _____ Back _____ Side _____
 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 WAH - P 10-5-90

Ceiling:

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

Roof:

1. Truss or Rafter Size 06 11.5 Span _____ Action: Approved.
2. Sheathing Type _____ Size _____ Approved with conditions.
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: 10/4/90
 Signature: [Signature]

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fix't res _____

Swimming Pools:

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

Permit Received By Louise E Chase
 Signature of Applicant [Signature] 10-4-90
 Signature of CEO Robert Lavjpa Date _____

Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 34.20

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS

1/11/91 OK AC

Signature of Applicant

[Handwritten Signature]

Date 10490

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
 10/03/90

PRODUCER
 DESMOND & PAYNE, INC.
 376 U.S. ROUTE #1
 FALMOUTH, ME 04105

LEB

CODE **SUB-CODE**

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** **PEERLESS INSURANCE COMPANY**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
 Sound Waves & Robert and
 Rosemarie LaVopa ATIMA
 695 US Rt. 1
 Scarborough, ME 04074

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 CTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					GENERAL, AGGREGATE	PER OCCURRENCE
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	BOP4102619	12/19/89	12/19/90	GENERAL, AGGREGATE	\$ 1000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPLIANCE AGGREGATE	\$ 1000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADVERTISING INJURY	\$ 1000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE	\$ 1000
					FIRE DAMAGE (Any one fire)	\$ 50
					NET SOCIAL EXPENSE (Any one person)	\$ 1
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				PERSONAL INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	DEPT OF BUILDING INSPECT DIV CITY OF PORTLAND			STATUTORY	\$
					(EACH ACCIDENT)	\$
					(DISEASE-POLICY LIMIT)	\$
					(DISEASE- EACH EMPLOYER)	\$
	OTHER					

RECEIVED
 OCT 04 1990

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL TITLES

CERTIFICATE HOLDER
 City of Portland
 Building Inspections

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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
Betty DiBiasi