

934498

Permit # 934498 City of Portland BUILDING PERMIT APPLICATION Fee \$45 Zone _____ Map # _____ Lot# _____

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

Owner: Sturbridge Yankee Workshop Phone # 774-9045
 Address: 90 Blueberry Rd- Ptld, ME 04102
 LOCATION OF CONSTRUCTION 90 Blueberry Rd-
 Contractor: Owner Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: \$5000 Proposed Use: retail w/int renov
 Past Use: retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations

For Official Use Only

Date 1/14/93 Subdivision _____
 Name JAN 25 1993
 Inside Fire Limits _____ Lot _____
 Bldg Code _____ Ownership: Private
 Time Limit _____
 Estimated Cost: \$5000

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WDA-19-93

Foundations:
 1. Type of Soil: _____
 2. Snt 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 _____ Spacing(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 _____ Spacing(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Kevin Carr White - Tax Assessor

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

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with conditions
 3. Roof Covering Type _____
 Chimneys: Type: _____ Number of Fire Places _____
 Heating: Type of Heat: _____

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

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

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

Permit Received By Louise E Chase
 Signature of Applicant Randy Bobo Date 1/14/93
 CEO's District _____

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 2, 1993, 19
 Receipt and Permit number 3077

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: 90 Blueberry Rd
 OWNER'S NAME: Sturbridge Yankee ADDRESS: _____

OUTLETS:	Receptacles <u>24</u>	Switches _____	Plugmold _____	ft. TOTAL _____	FEE
					<u>4.80</u>
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	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 _____	Dispcals _____			
	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) DCUBLE FEE DUE:
 TOTAL AMOUNT DUE: 15.00

INSPECTION:
 Will be ready on 2/2/93, 19; or Will Call _____
 CONTRACTOR'S NAME: J.T. Hayman
 ADDRESS: P.O. Box 232 No. Windham, ME 04062
 TEL.: 892-3319
 MASTER LICENSE NO.: 3077 SIGNATURE OF CONTRACTOR: J. T. Hayman
 LIMITED LICENSE NO.: _____

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

930422

Permit # 930422 City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Wankae Sturbridge Phone 774-9045
Address: 90 Blueberry Rd. Portland 04102
LOCATION OF CONSTRUCTION 90 Blueberry Rd.
Contractor: _____ Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: _____ Proposed Use: Warehouse sale
Past Use: _____
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion floor plan submitted Indoor warehouse sale
June 11, 1993 and June 12, 1993

For Official Use Only
Date May 24, 1993 Subdivision _____
Name MAY 25 1993
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost _____
Ownership CITY OF PORTLAND

Zoning: Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other (Explain) WDA - 25-25-93

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

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

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

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

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

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

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

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

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

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

Permit Received By Latin
Signature of Applicant [Signature] Date 5/24/93
CEO's District Randy Robb

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO
[Signature] MR. CARROLL

White - Tax Assessor

934498

Permit # 934498 City of Portland BUILDING PERMIT APPLICATION Fee \$545 Zone _____ May # _____ Lot# _____

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

PERMIT ISSUED

Owner: Sturbridge Yankee Rocksh Phone # 774-9045
 Address: 90 Blueberry Rd- Ptld, ME 04102
 LOCATION OF CONSTRUCTION 90 Blueberry Rd-
 Contractor: Owner Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: \$5000 Proposed Use: retail wint renov
 Past Use: retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion interior renovations

For Official Use Only

Date 1/14/93 Subdivision _____
 Inside Fire Limits _____ Name JAN 25 1993
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership CITY OF PORTLAND
 Estimated Cost \$5000 Private _____

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WDA - 21-19-93 HISTORIC PRESERVATION

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

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

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

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

Heating:
 Type of Heat: _____

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

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

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

Permit Received By Louise F Chase
 Signature of Applicant Randy Bobo Date 1/14/93
 CEO's District _____

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

Kevin Carroll White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ <u>45 -</u>			/ /
Subdivision Fee \$ _____			/ /
Site Plan Review Fee \$ _____			/ /
Other Fees \$ _____			/ /
(Explain) _____			/ /
Late Fee \$ _____			/ /

COMMENTS

4/1/93 Work Completed

CERTIFICATION

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

RK 28 BK

SIGNATURE OF APPLICANT

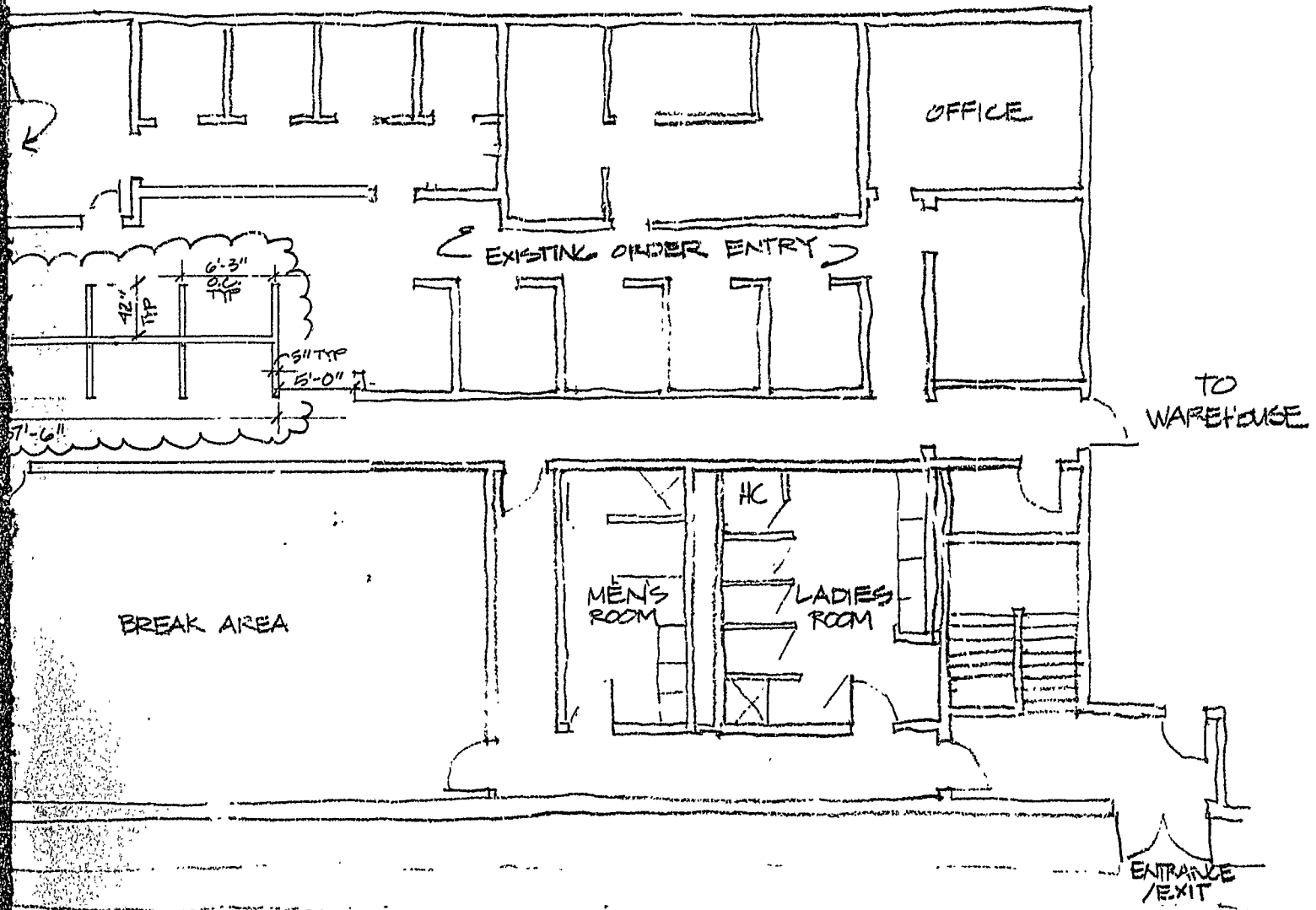
ADDRESS

774-9045

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

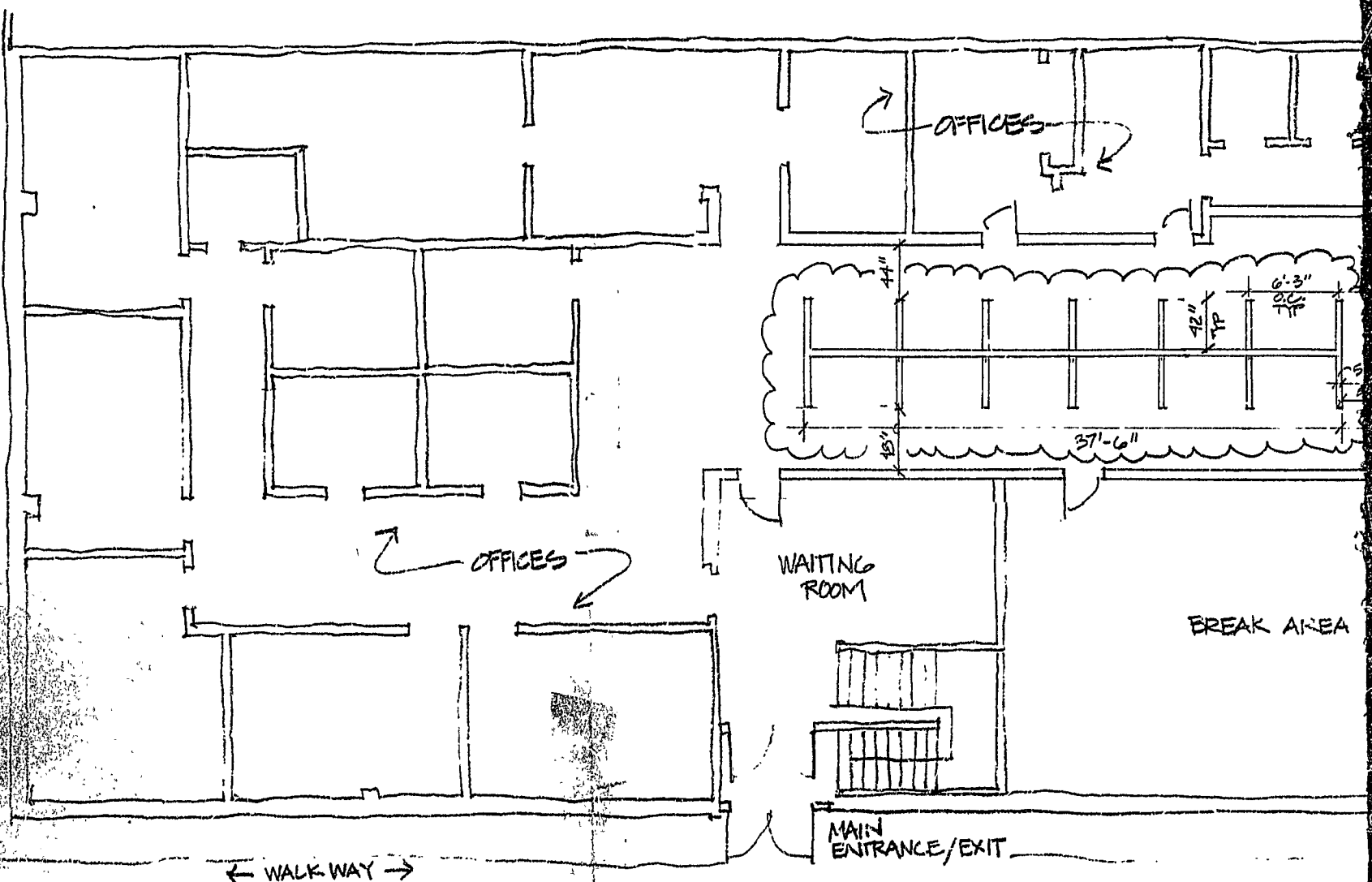
PHONE NO.



NOTE: Δ RENOVATIONS
 ALL SCOPE OF WORK
 IS ENCLOSED WITHIN
 BUBBLED AREA

CONSTRUCTION PLAN
 2x4 16" OC, SHEET ROCK COVERING
 TOPPED WITH 1x6 PINE AND MOLDING

WORKSHOP
 3" = 1'-0"
 1/4/93



PROPOSED INTERIOR RENOVATIONS FOR
 STURBRIDGE YANKEE WORKSHOP

scale: 1/8" = 1'-0"
 date: 1/14/93



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 5/19/93, 19
 Receipt and Permit number 4224

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: XXXXXXXXXXXXXXXXXXXX 90 Blueberry Rd.

OWNER'S NAME: Yankee Sturbridge ADDRESS: _____

Works hop FEES

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

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

Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground Temporary _____ TOTAL amperes 200 .. 15.00

METERS: (number of) 1 .. 1.00

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 _____

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: 16.00

INSPECTION: Will be ready on _____, 19___; or Will Call

CONTRACTOR'S NAME: R J Talbot Inc

ADDRESS: 52 Binloch Dr - Ptd

TEL.: 797-8639

MASTER LICENSE NO.: John Austin #04224 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

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

080422

Permit # 080422 City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____

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

Owner: Yankee Sturbridge Phone # 74-9045
 Address: 90 Blueberry Rd. Portland 04102
 LOCATION OF CONSTRUCTION 90 Blueberry Rd.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Warehouse sale
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion floor plan submitted Indoor warehouse sale
June 11, 1993 and June 12, 1993

PERMIT ISSUED
For Official Use Only
 Date May 24, 1993
 Inside Fire Limits _____
 Biog Code _____
 Time Limit _____
 Estimated Cost _____
 Subdivision: _____
 Name MAY 25 1993
 Lot _____
 Ownership: _____
CITY OF PORTLAND

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) INDIA - 25-25-93

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

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

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

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

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: INDIA Office

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

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

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

Permit Received By Latini
 Signature of Applicant Randy Bubbe Date 5/24/93
 CEO's District _____

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO MR. CARROLL

White - Tax Assessor

PLOT PLAN



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

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

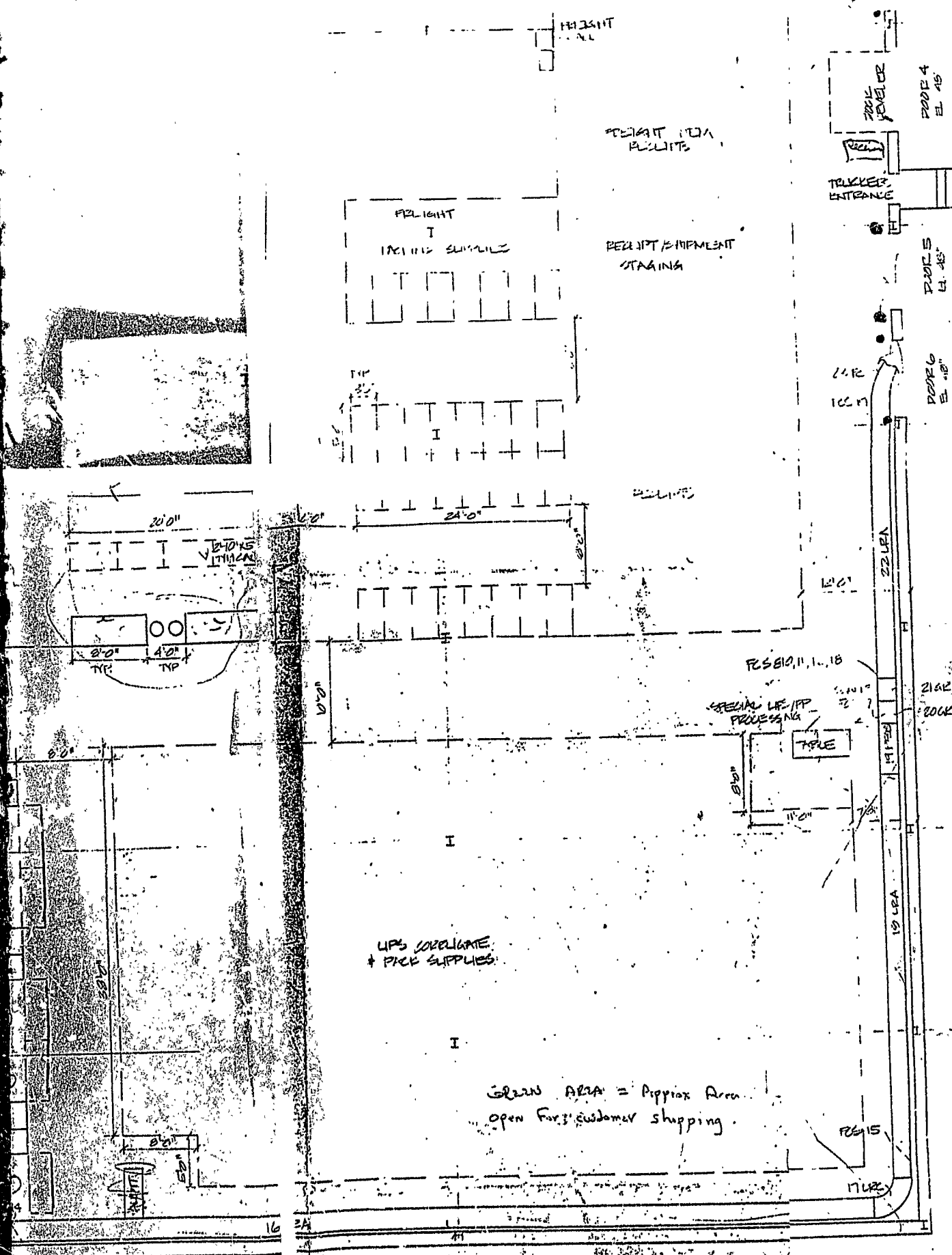
COMMENTS

CERTIFICATION

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

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.



3 BAYS AT 20'0" = 160'0"

CLEAR AREA = Picking Area open for customer shipping

UPS COORDINATE + PICK SUPPLIES

RECEIPT SHIPMENT STAGING

RECEIPT AREA RECEIPT

TRUCKER ENTRANCE

SPECIAL LIFE JPP PROCESSING

DOOR 4 EL. 45

DOOR 5 EL. 45

DOOR 6 EL. 45

DOOR 7 EL. 45

DOOR 8 EL. 45

DOOR 9 EL. 45

FCS 15

NURSE

