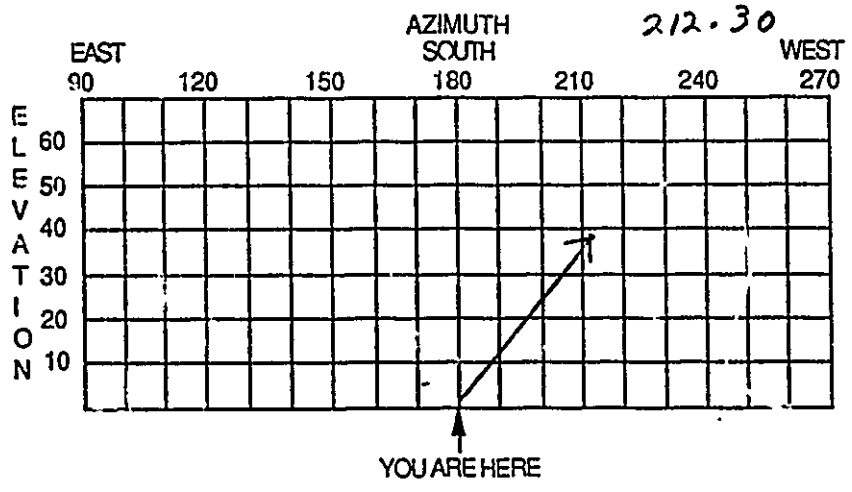
SECTION 9: ANTENNA MOUNTING INFORMATION (cont.) OPTION #____

GROUND/POLE MOUNT ONLY: LENGTH OF PIPE ____FT ABOVE GRND. ___FT BELOW GRND. ___FT
NOMINAL DIAMETER OF PIPE ____IN SCHEDULE _____
CONCRETE PIER SIZE-- DEPTH _____FT DIAMETER _____FT

POLE MOUNT ONLY: NUMBER OF BRACKETS REQUIRED _____

SERVICEABILITY: HEIGHT OF MAST PIPE ABOVE WORKING SURFACE _____FT.
WILL SPECIAL EQUIP. BE REQUIRED TO SERVICE ANTENNA (Front or Back): YES ___ NO ___
IF YES, PLEASE SPECIFY: LADDER* ____ BUCKET TRUCK ____ OTHER ____
* IF LADDER, PLEASE SPECIFY HEIGHT _____FT
COMMENTS: _____

LINE OF SIGHT (ENTIRE ARC): NOTE ANY OBSTACLES ABOVE 15 DEGREES FROM DUE EAST (90 DEGREES) AND DUE WEST (270 DEGREES).



COMMENTS: No Obstacles

SECTION 9-A: ANTENNA GROUNDING

OPTION #_____

(refer to AT&T-Tridom grounding policy for requirements.)

WHAT TYPE OF GROUNDING ELECTRODE SYSTEM IS TO BE USED?

BUILDING STEEL ___

UNDERGROUND PIPE SYSTEM ___

GROUND ROD ___

OTHER (explain) ✓

COMMENTS: GRD CLAMP TO LIN EMT COND ON ROOF FOR AIR HANDLING UNIT. GOOD A.C. GRD

SIZE, TYPE AND LENGTH OF GROUNDING CONDUCTOR TO BE USED TO CONNECT THE GROUND HARNESS TO THE GROUNDING ELECTRODE SYSTEM.

SIZE 4 gauge LENGTH 25 feet

SOLID ALM STRANDED ✓

HOW IS THE GROUNDING CONDUCTOR TO BE BONDED TO THE GROUNDING ELECTRODE SYSTEM.

EXOTHERMICALLY WELDED ___

CLAMPED ✓

BOLTED ___

OTHER (explain) ___

COMMENTS: _____

IS THERE AN EXISTING LIGHTNING PROTECTION SYSTEM WITHIN 6 FEET OF THE PROPOSED ANTENNA LOCATION? YES ___ NO ✓

IF YES, THEN THE ANTENNA BASE SHOULD ALSO BE BONDED TO THE LIGHTNING PROTECTION SYSTEM.

COMMENTS: _____

SECTION 10: CABLE RUN: OPTION # 1

TOTAL LENGTH OF CABLE: 117 FT

CABLE POINT OF ENTRY (P.O.E.) EXISTING ____ NEED TO CONSTRUCT ✓ TYPE _____
COMMENTS: CUSTOMER WILL MAKE P.O.E.

IS CONDUIT REQUIRED? YES ✓ NO ____ IF YES, FOOTAGE 80 FT TYPE 1½ P.V.C.
COMMENTS: FROM MOUNT TO P.O.E. NEED WEATHER HEAD, 3 LB, 1 90° SWEEP 1½ COND

IS TRENCHING REQUIRED? YES ____ NO ✓ IF YES, FOOTAGE _____FT
COMMENTS: _____

PENETRATIONS REQUIRED (Excluding P.O.E.): WALL (qty.) ✓ FLOOR (qty.) ____ OTHER (qty) ____
COMMENTS: CUSTOMER WILL MAKE PENETRATIONS.

CABLE PATH (Describe in detail): O.D.U. OVER ROOF TO P.O.E. P.O.E ALONG NORTHEAST WALL TO TELLER LINE

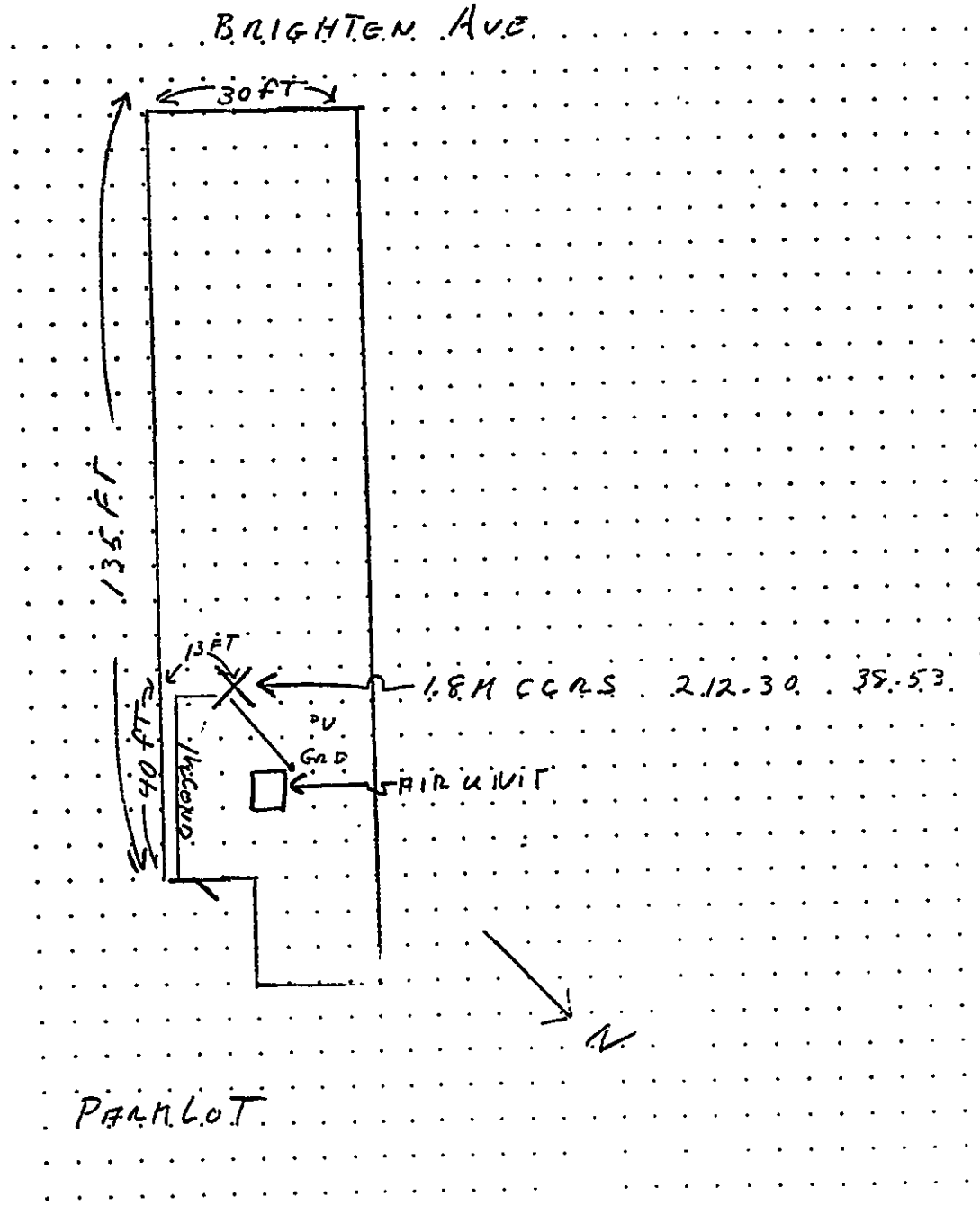
LINE AMPLIFIER(S): QUANTITY REQUIRED ____ DISTANCE FROM ODU #1 ____FT FT
COMMENTS (Describe locations): NO

EXTERNAL POWER SUPPLY: YES ____ NO ____ DISTANCE FROM ANTENNA _____FT
IS AC AVAILABLE? YES ____ NO ____
COMMENTS (Describe location and AC availability). NO

REVISION 11-29-90

SECTION 11: DRAWINGS ANTENNA LOCATION OPTION #1

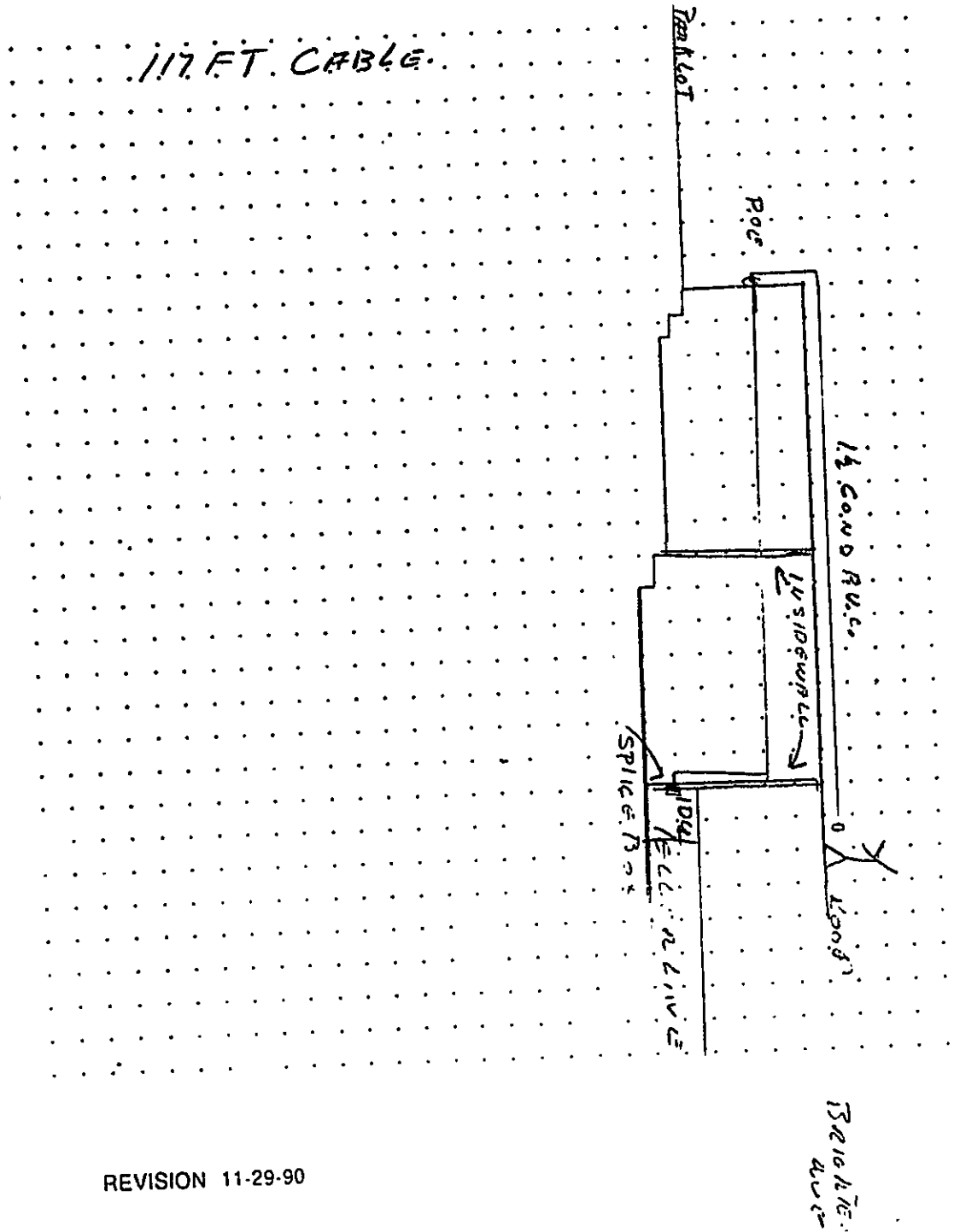
ANTENNA LOCATION: (Include antenna location(s), cable run, surrounding structures, measurements, line-of-sight, magnetic north, etc. If more than one option, please note option #.)



REVISION 11-29-90

SECTION 11: DRAWINGS (CONT.) CA LE RUN OPTION #_1_

CABLE RUN: (Show cable run from ODU to IDU noting Point-of-Entry, measurements, locations of line amps and ext. pwr. supply. Identify all options with the option number.)

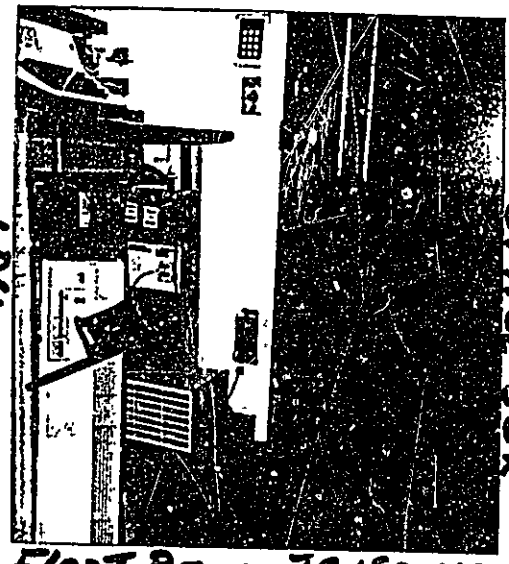


REVISION 11-29-90

SECTION 11: DRAWINGS (CONT.) INDOOR EQUIPMENT OPTION # 1

INDOOR EQUIPMENT: (Show room layout noting location of IDU, Splice Box, distances and other equipment in the room, etc.)

SEE PHOTO



FIRST BANK TR 1835NG
1058 BRIGHTON AVE
PORTLAND ME

SECTION 12: PHOTOS

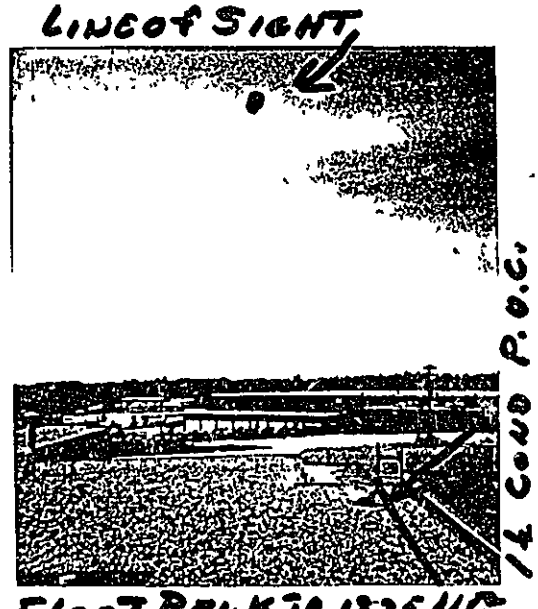
ANTENNA LOCATION-OPTION #____ (Show line-of-sight)

COMMENTS _____

FLEET BANK TR 1835 NC
1058 BRIGHTON AVE
PORTLAND ME 04102

LINE OF SIGHT-OPTION #____

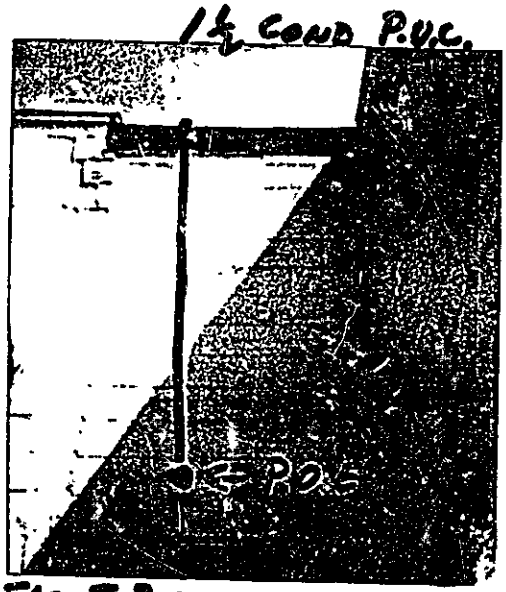
COMMENTS _____



FLEET BANK TR 1835 NC
1058 BRIGHTON AVE
PORTLAND ME 04102

SECTION 12: PHOTOS (CONT.)

CABLE POINT OF ENTRY (P.O.E.)-OPTION #_____



FLEET BANK TR 1835 NO
1058 BRIGHTON AVE
PORTLAND ME 04102

COMMENTS_____

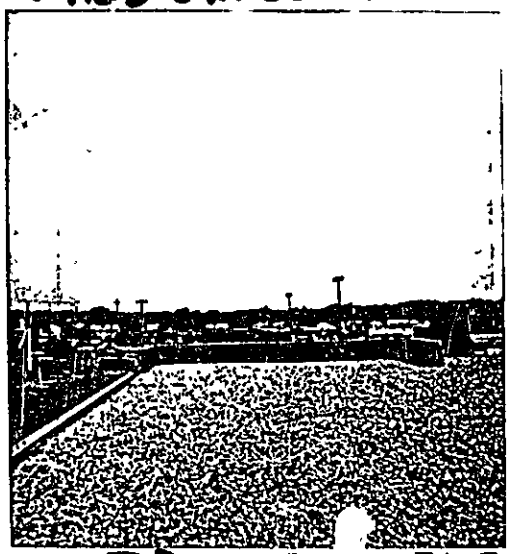
ANTENNA AS SEEN BY PUBLIC-OPTION #_____
(PHOTO OF ENTIRE BLDG. FROM DISTANCE)

COMMENTS_____

SECTION 12: PHOTOS (CONT.)

PHOTO SHOWING GREATEST WIND EXPOSURE-OPTION #____ COMMENTS_____

WIND EXPOSURE



FIRST DRUK TR 1836 NO
1058 BRIGHTEN AVE
PORTLAND ME 04102

BACK WALL BRACING LOCATION:
(USE ONLY IF WALL OR POLE MOUNT BEING USED)

COMMENTS_____

shaw's realty co.

P.O. Box 600, East Bridgewater, MA 02333

July 23, 1991

Ms. Denise M. Bonneau
Telecommunications Officer
35 Ash Street
Lewiston, Maine 04240-0310

RE: Shaw's Pinetree Plaza
1058 Brighton Ave.
Portland, Maine

Dear Ms. Bonneau:

Permission is granted to install the satellite dish at the above referenced property, providing it is the non-penetrating roof mount dish as shown in your letter dated July 5, 1991.

It is also agreed, that Fleet Bank will assume all liability for any and all construction or damage to the roof.

Very truly yours,

SHAW'S REALTY CO.

James Baranowski
Property Manager

km

913146

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee 35. Zone _____ Map # _____ Lot # _____

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

Owner: Fleet Bank Phone # 775-2411

Address: One City Center; Ptld, ME 04101

LOCATION OF CONSTRUCTION 1060 Brighton Ave-(Pine Tree Shopping

Contractor: Owner Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: $1,000. Proposed Use: Same

Past Use: branch bank

# 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

Mail Prat: Fleet Bank - ATTN Raymond Annan

35 Ash St; Lewiston, ME 04204

For Official Use Only

Date 10/11/91

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost $1,000.

Subdividing _____

Name _____

Lot _____

Ownership _____ Public _____ Private

PERMIT ISSUED
OCT 15 1991
CITY OF PORTLAND

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____ 10-15-91

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

Action: Approved.

Approved with Conditions.

Denied

Date: 10-15-91

Signature: _____

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 Louise

Signature of Applicant _____ Date 10-11-91

PERMIT ISSUED WITH LETTER

CEO's Dis: _____

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

4 MA. Carroll

PLOT PLAN

Home w/out Drop

FEES (Breakdown From Front)

Base Fee $ 325 —
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	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.

Raymond M Bernier Flat Rock 795 2674

SIGNATURE OF APPLICANT ADDRESS PHONE NO

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

October 15, 1991

Fleet Bank
35 Ash Street
Lewiston, ME 04240
c/o Raymond Bernier

RE: Brighton Avenue (Pine Tree Shopping Center)

Dear Sir:

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

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

1. Stairway shall be a 1 hr. construction enclosure.
2. All exit lighting and signage shall be in accordance with the Article 8 of the City building code.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

913120

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee 50. Zone _____ Map # _____ Lot _____

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

PERMIT ISSUED
OCT - 8 1991
CITY OF PORTLAND

Owner: Radio Shack Inc Phone # 773-7071
Address: 1060 Brighton Ave; Ptld, ME 04102
LOCATION OF CONSTRUCTION 1060 Brighton Ave.
Contractor: Bailey Sign Co Sub.: 774-2943
Address: 9 Thomas Dr; Westbrook Phone # ME 04092
Construction Cost: _____ Proposed Use: retail store / sign
Past Use: retail 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 replace existing sign - 20'x3'11" 82

For Official Use Only

Date 10/3/91 Subdivision _____
Inside Fire Limits _____ Name _____
Bldg Code _____ Lot # _____
Time Limit _____ Ownership: _____
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) _____ 10-8-91

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

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

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

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

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

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

HISTORIC PRESERVATIO
Not in District nor Landmark
Does not require review.
Requires Review.
Action: Approved.
Approved with Conditi
Denied
Date: 10/8/91
Signature: _____

Permit Received By Louise S. Chase

Signature of Applicant _____ Date 10/3/91

CEO's District _____

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

FEES (Breakdown From Front)

Base Fee $ 41 —
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	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.

Eric A. Mgl 774-2843

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF W[illegible]K, TITLE PHONE NO

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE ERECTED ON A BUILDING AT Pine tree Shopping ctr

IN PORTLAND, MAINE NET Realty Holding Trust being the owner of the premises at Pine Tree Shopp. Ctr in Portland, Maine hereby gives consent to the erection of a certain sign owned by RADio Shack - Tandy 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 _____, 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.

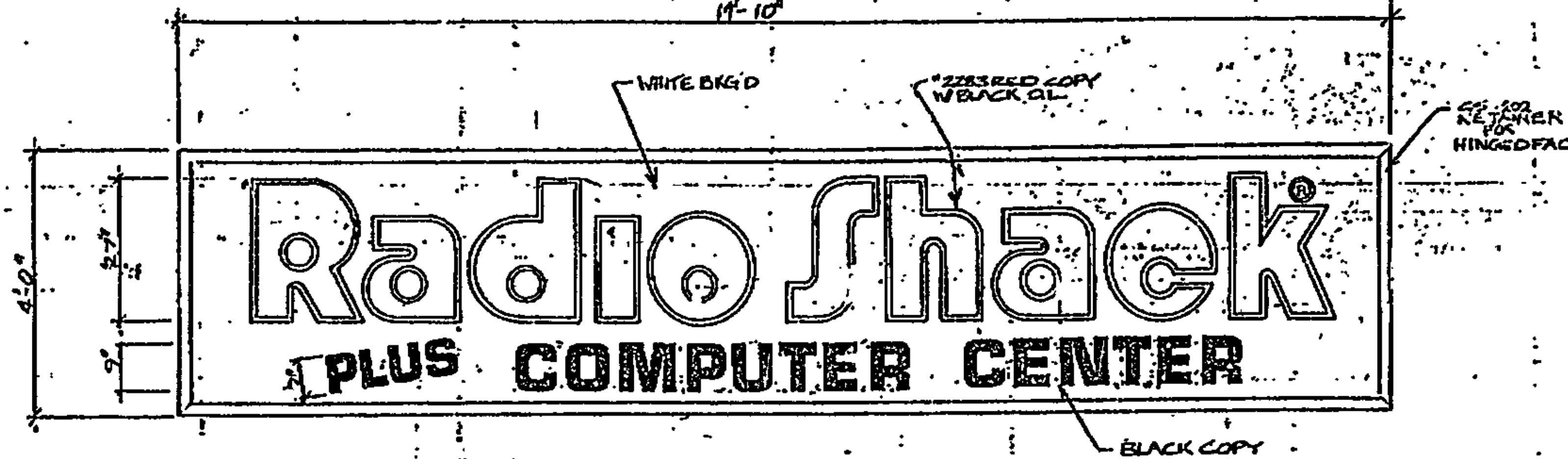
In Witness whereof, the owner of said premises has signed this consent and agreement this 15 day of October 1971.

X _____

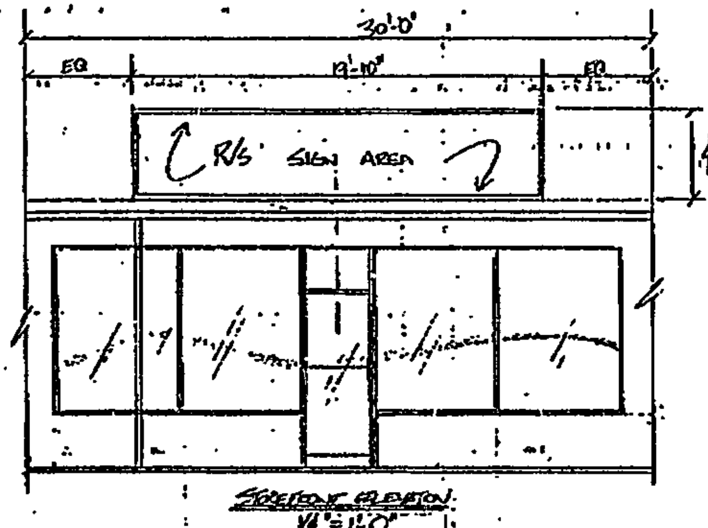
_____

03/25/81

RS01-1106



R/F SIGN ELEVATION (PANAFLEX)
3/4" = 1'-0"



STOREFRONT ELEVATION
1/4" = 1'-0"

SIGN SPECIFICATIONS
(1) S/F TS 1000 EXTRUDED ALUM. SIGN CABINET (MILL FINISH) W/ FLEXIBLE SIGN FACE (COLORS NOTED) INT. ILLUM. W/ T12-800 MA H/O LAMP.

RECEIVED
OCT 0 2 1991
DEPT OF BUILDING INSP.
CITY OF PORTLAND

DRAWING PROPERTY OF TANDY SIGN CO.

CLIENT: RADIO SHACK #01-1106 DATE: 7-23-91
CLIENT ADDRESS: PINE TREE SHOP. CTR. CITY: PORTLAND STATE: ME
TYPE SIGN: S/F FLEX QUANTITY: SEE NO. / AS SHOWN
SALESMAN: LEHIA DESIGN #: 29939
SCALE: AS SHOWN SHEET 1 OF 1

Tandy Sign Co.
ARLINGTON, TEXAS

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY): 10-3-91

PRODUCER

BILL JOHNSON INS AGCY INC
BOX 3028
160 LISBON ST
LEWISTON ME 04240

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.

INSURED

BAILEY SIGN INC
9 THOMAS DRIVE
WESTBROOK ME 04092

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	HANOVER INSURANCE CO
COMPANY LETTER B	HANOVER INSURANCE CO
COMPANY LETTER C	
COMPANY LETTER D	U.S.F. & G. Ins. Co.
COMPANY LETTER E	

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	ZDP377520500	3/01/91	3/01/92	GENERAL AGGREGATE	2,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OPS AGGREGATE	2,000
	CLAIMS MADE [X] OCCUR.				PERSONAL & ADVERTISING INJURY	1,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	1,000
					FIRE DAMAGE (Any one fire)	50
					MED. EXPENSE (Any one person)	5
B	AUTOMOBILE LIABILITY	ADP387409100	3/01/91	3/01/92	COMBINED SINGLE LIMIT	1,000
	X ANY AUTO				BODILY INJURY (Per person)	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	SCHEDULED AUTOS				PROPERTY DAMAGE	
	X HIRED AUTOS					
	X NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	AGGREGATE
	OTHER THAN UMBRELLA FORM					
D	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	6209556906	1/01/91	1/01/92	STATUTORY	
					100	(EACH ACCIDENT)
					500	(DISEASE — POLICY LIMIT)
					100	(DISEASE — EACH EMPLOYEE)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RECEIVED
OCT 0 2 1991
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

CERTIFICATE HOLDER

City of Portland
Attn: Sam Hoffses
389 Congress St., Room 315
Portland, ME 04101

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
JANE BELANGER Jane Belanger

ACORD® 25S V 3 (4/89)

924435

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee 30.00 Zone _____ Map # _____ Lot# _____

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

PERMIT ISSUED
DEC 18 1992
CITY OF PORTLAND

Owner: Department Store Phone # 774-6336
Address: 1064 Brighton Ave Ptld, ME 0410
LOCATION OF CONSTRUCTION 1064 Brighton Ave
Contractor: Erro Developm Corp Sub:
Address: P.O. Box 1183 Burlington CT 06013 Phone # 203-9726
Est. Construction Cost: 111600 Proposed Use: Retail Sales w/int Reno
Past Use: Retail Sales
# of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion Make Interior Renouations as per plans

For Official Use Only
Date December 15, 1992 Subdivision:
Inside Fire Limits Name
Bldg Code Lot
Time Limit Ownership Block
Estimated Cost Page

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

WDA-p 12-17-92

HISTORIC PRESERVATION:
Not in District or Landmark
Does not require review.
Requires Review.
Approved.
Approved with Conditions
Denied.
Date 12-16-92
Signature: PLMeyer

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

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

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

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

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

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

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

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

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

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

PERMIT ISSUED WITH LETTER

Permit Issued By: Mary Cresik
Signature of Applicant: Robert hazen Date Dec 15,
School District _____

PERMIT ISSUED WITH LETTER

CONTINUED TO REVERSE SIDE

M.A. Carroll

White - Tax Assessor Ivory Tag - CEO

PLOT PLAN

N

Done Without Prop.

FEES (Breakdown From Front)

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

Inspection Record

Type	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.

Robert J Hayes — PO Box 1183 Burlington CT 06013 — 2036759726

SIGNATURE OF APPLICANT — ADDRESS — PHONE NO.

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

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 17, 1992

Erro Development Corp.
P.O. Box 1183
Burlington, CT 06013

Re: 1064 Brighton Ave (Ames)

Dear Sir,

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

1. Interior finishes shall be of Class A or B - Section 24-3.3.1 of the 101 Life Safety Code.
2. Electrical permits must be obtained by a Master Electrician.
3. All exit signs and lighting shall be done in accordance with the City's Building Code, BOCA 1990, Article 8, Sections 822 and 823.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: LT G. McDougall, Fire Prevention Bureau

923339

Permit # _____ City of _____ **BUILDING PERMIT APPLICATION** Fee_____ Zone_____ Map #_____ Lot#_____

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

PERMIT ISSUED
JAN - 3 1992
CITY OF PORTLAND

Owner: SET Prop. Mgt. Inc. (CVS) Phone # 207-772-3601

Address: Boston, MA (617-247-2200)

LOCATION OF CONSTRUCTION 1094 Brighton Ave. (CVS)

Contractor: LSI Sattalite, Inc. Sub.:

Address: 0 Brigham St. Marlboro, MA 01752 Phone # 508-485-9169

Est. Construction Cost: $1200.00 Proposed Use: Pharmacy

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 to install wall mounted sattalite antenna

For Official Use Only

Date December 31, 1991

Inside Fire Limits_____

Bldg Code_____

Time Limit_____

Estimated Cost $25.00

Subdivision:_____

Name_____

Lot_____

Ownership:_____

Zoning:

Street Frontage Provided_____

Provided Setbacks: Front_____ Back_____ Side_____ Side_____

Review Required:

Zoning Board Approval: Yes____ No____ Date:_____

Planning Board Approval: Yes____ No____ Date:_____

Conditional Use:_____ Variance_____ Site Plan_____ Subdivision____

Shoreland Zoning Yes____ No____ Floodplain Yes____ No____

Special Exception_____

Other_____ (Explain)_____

1-2-92

HISTORIC PRESERVATION

~~Is/in District or Landmark~~

Does not require review.

Requires Review

Action: ___Approved.

___Approved with Conditions

___Denied.

Date: 1-2-92

Signature:

Foundations:

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 Latini

Signature of Applicant Mike Sacgesser Date 12/31/91

Mike Sacgesser

CEO's District 4

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ 25.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS submitted wind load study plot plan site survey photo construction plan

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.

Wilhelm Solgesen

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

Section 4
ANTENNA BEAM POINTING ACCURACY AND DESIGN WIND LOADING

In order to remain operational, the Personal Earth Station antenna must remain within its beam pointing budget; that is, its elevation and azimuth settings cannot vary excessively. For Personal Earth Station antennas, the maximum allowable deflections at the Elevation/Azimuth Mounting and Operational and Survival Design Wind Loads are provided in table 4-3 for the 0.75-meter, 1.0-meter, 1.2-meter, 1.8-meter and 2.44-meter antennas, respectively.

4.1 ANTENNA BEAM POINTING ERROR

For the purpose of this application, the beam pointing error can be defined as that angle subtended by the antenna's target (i.e., satellite) and the antenna's boresight axis. From this definition, it can be stated that the antenna has zero pointing error when its boresight axis is perfectly aligned with the satellite. In order to remain operational, the Personal Earth Station antenna must remain within its beam pointing budget, that is, its elevation and azimuth settings cannot vary excessively. Deflection can be caused by high wind or gusting wind conditions, settlement of the mounting assembly, flexing of a supporting structure, and so on. In general, the amount of allowable deflection varies inversely with the size of the antenna reflector; e.g., the larger the reflector, the smaller the allowable deflection.

4.2 ANTENNA BEAM POINTING ERROR DETERMINATION

The information necessary for determination of antenna beam pointing error requirements is provided in the remainder of this section for the appropriate antenna size.

4.3 OPERATION AND SURVIVAL DESIGN WIND LOAD DATA

The Operational and Survival Design Wind Load Data for the Personal Earth Station antennas are provided in the remainder of this section. It is essential that mountings (i.e., masts, poles, pedestals, foundations, etc.) comply with the requirements provided in the remainder of this section. The data in the remainder of this section provide maximum wind loads with respect to any antenna elevation angle or wind direction. More detailed information is available from Hughes Network Systems, Inc. upon request.

4.4 FOUNDATION DESIGN - GENERAL

The design of the antenna interface support system presents significant design challenges to meet operational beam pointing error allowance and to ensure structural integrity under survival conditions. The data in this report provides the necessary information to design a suitable foundation system for both operational and survival design wind loading criteria for the 0.75, 1.0, 1.2, 1.8, and 2.44 meter Personal Earth Station antenna systems.

4.5 DESIGN WIND LOAD DATA

All possible antenna orientations with respect to the wind loading direction should be considered to ensure that maximum wind-force reactions are calculated for operational and survival criteria. Prodelin has developed a computer program (WIND) that calculates the forces and moments acting on the reflector. The loads can be calculated referenced to any point at the antenna support structure for any wind speed and all possible reflector and wind angles. These forces and moments are calculated based on the Jet Propulsion Laboratory Publication 78-16 entitled "Compilation of Wind Tunnel Coefficients for Parabolic Reflectors." Axial and lateral force and moment coefficients present this data in graphical form

in figures 4-1 and 4-2, respectively. These coefficients were determined from actual wind tunnel test data conducted on parabolic reflectors. The basic equation necessary to use this data are as follows:

Axial Force, $F_A = C_A qA$

Lateral Force, $F_L = C_L qA$

Moment, $M = C_M qA D$

Where:

D = Reflector Diameter, Feet
A = Reflector Projected Area, sq.-ft.
q = Wind Dynamic Pressure, lbs./sq.-ft.

The forces F_A and F_L will be in pounds and the moment M will be in foot-pounds.

The maximum operational and survival wind load data for the Personal Earth Station antenna system are provided in paragraphs 4.5.1 and 4.5.2, respectively. The values presented represent the maximum absolute loadings expected for the given wind velocity. These loadings occur at different elevation and azimuth orientations with respect to wind direction. The wind loadings must be combined so as to produce the worst case deflections for operational criteria and stresses for survival criteria conditions. The wind loadings are referenced to the elevation axis point of the antenna system (see figures 1-3 thru 1-8 for antenna geometry). This will ease the application of the loads to the interface support system. The sign convention to be used for the wind loading data is illustrated in figure 4-3. While this report summarizes the operational and survival design wind loading, additional information which considers elevation and azimuth antenna orientations with respect to wind loading direction can be provided upon request.

4.5.1 OPERATIONAL DESIGN WIND LOADS

Maximum absolute operational design wind loads are provided for 45 and 60 MPH for each PES antenna system in table 4-1. In use of this data, consideration must be given to the orientation between the antenna and the interface support system so that maximum deflections are obtained. In order to remain operational, the PES antenna system must stay within its beam pointing budget, that is, its elevation and azimuth settings cannot vary excessively. The definition and determination of antenna beam pointing error is provided in paragraph 4.6.

4.5.2 SURVIVAL DESIGN WIND LOADS

Maximum absolute survival design wind loads are provided for 70, 85, 100, and 125 MPH in tables 4-2 for the 0.75, 1.0, 1.2, 1.8, and 2.44 meter Personal Earth Station antenna systems. As with the operation design wind loads, consideration must be given to the orientation between the antenna and the interface support system to ensure that maximum stresses are found. Engineering judgment must be used to select cases that produce maximum stresses.

It should be noted that wind loads and moments can be adjusted to any new velocity "V" by using a multiplication factor of $(V^2/125^2)$ times the values in table 4-2 while wind velocity is in MPH.

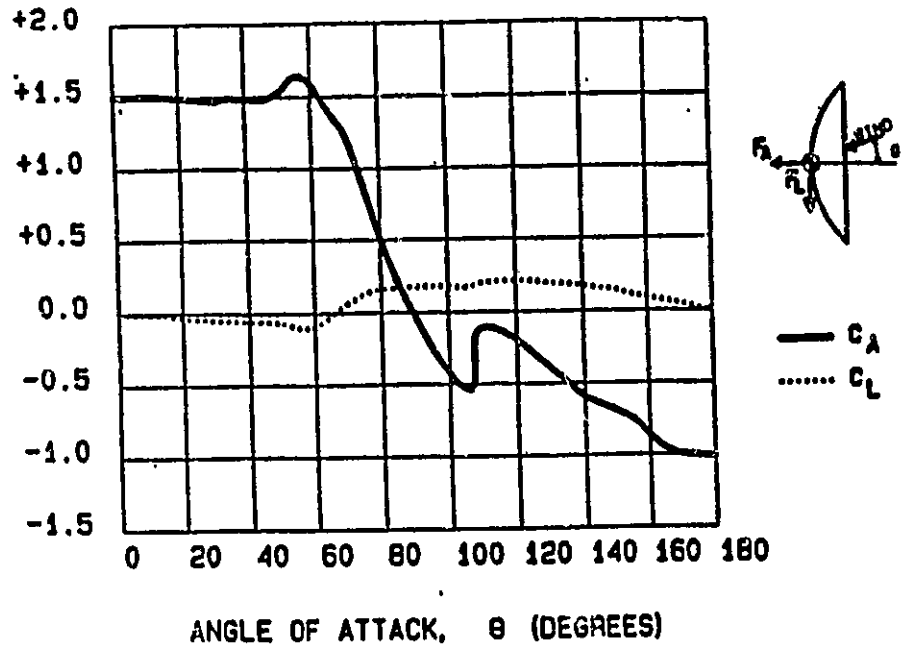


Figure 4-1. Axial and Lateral Force Coefficients

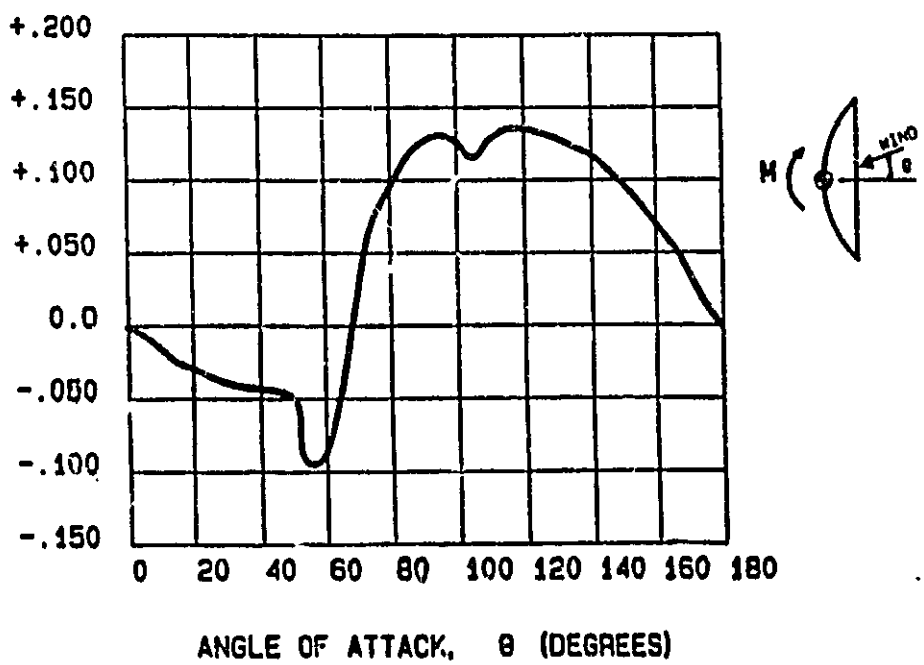


Figure 4-2. Moment Coefficients, C_m

FORCES AND MOMENTS ACTING THROUGH ELEVATION AXIS

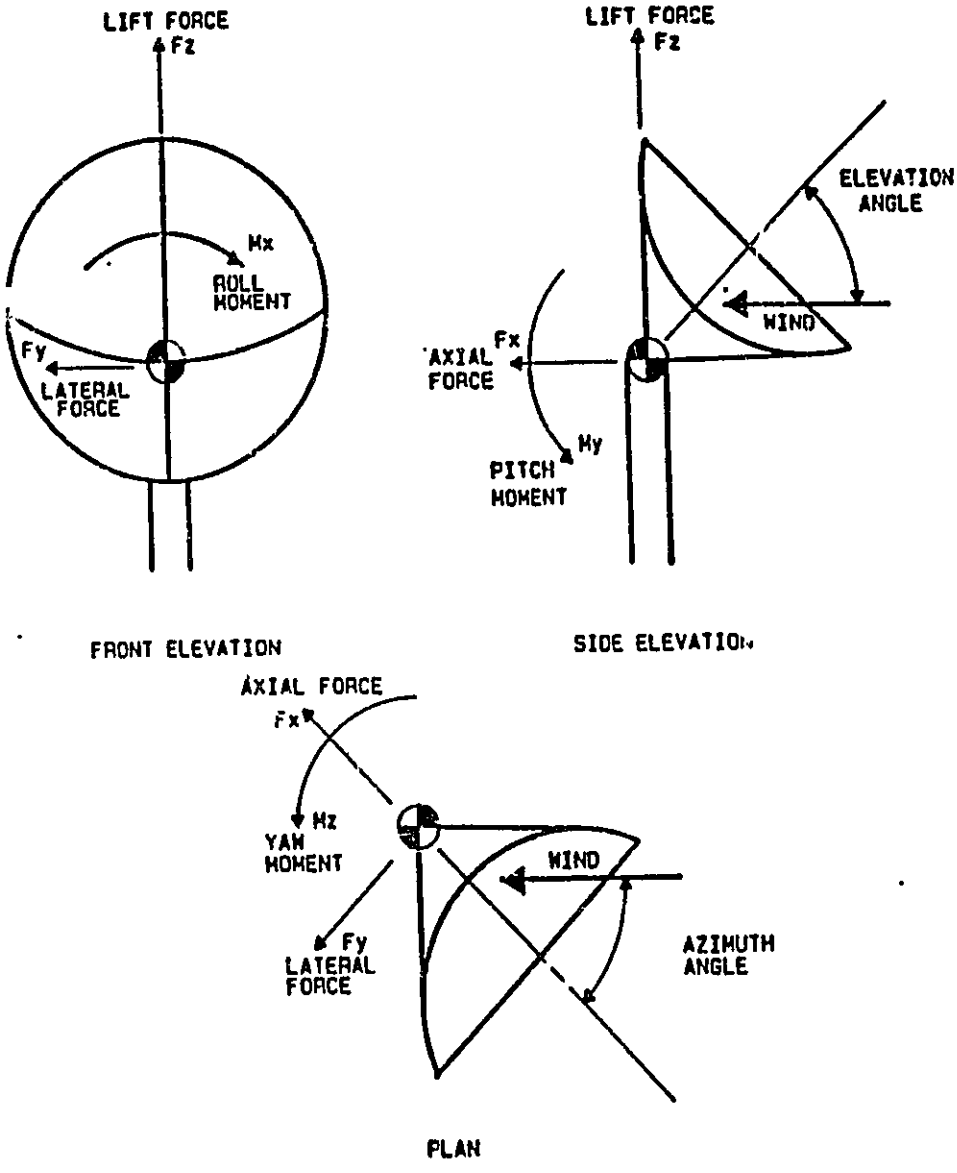


Figure 4-3. Positive Sign Conventions for Wind Load Data

Table 4-1. PES Maximum Absolute Operational Design Wind Loading Data at Top of Mast

Antenna System Size	Wind Velocity MPH	Force (lbs) Fx Axial	Force (lbs) Fy Lateral	Force (lbs) Fz Lift	Moment (ft-lbs) Mx Roll	Moment (ft-lbs) My Pitch	Moment (ft-lbs) Mz Yaw
0.75M	45	38	20	18	16	10	38
	60	68	35	32	26	19	69
1.0M	50	84	29	45	49	30	87
	60	121	40	64	68	41	125
1.2M	45	102	13	92	41	47	47
	60	182	24	164	74	84	84
1.8M	45	237	32	213	141	227	153
	60	422	56	378	252	404	272
2.44M	45	411	55	369	316	555	345
	60	731	98	656	561	986	614

Table 4-2. PES Maximum Absolute Survival Design Wind Loading Data at Top of Mast

Antenna System Size	Wind Velocity MPH	Force (lbs) Fx Axial	Force (lbs) Fy Lateral	Force (lbs) Fz Lift	Moment (ft-lbs) Mx Roll	Moment (ft-lbs) My Pitch	Moment (ft-lbs) Mz Yaw
0.75M	70	93	48	45	39	25	93
	85	136	71	66	57	37	137
	100	189	98	91	79	51	190
	125	294	153	142	124	80	297
1.0M	70	165	57	88	95	59	170
	80	197	74	115	125	74	222
	100	336	116	179	195	121	347
	125	525	181	226	304	189	542
1.2M	70	248	33	223	100	115	115
	85	367	49	329	149	170	170
	100	508	68	455	184	236	235
	125	793	107	711	322	368	369
1.8M	70	575	77	515	304	551	371
	85	848	114	760	448	812	547
	100	1173	158	1052	701	1124	758
	125	1834	247	1644	1096	1757	1184
2.44M	70	995	134	892	765	1341	836
	85	1468	197	1316	1128	1978	1232
	100	2032	273	1822	1562	2738	1706
	125	3175	428	2847	2441	4280	2668

4.6 ANTENNA BEAM POINTING ERROR DETERMINATION

For the purpose of this application, the beam pointing error can be defined as that angle subtended by the antenna's target (i.e., satellite) and the antenna's boresight axis. From this definition, it can be stated that the antenna has zero pointing error when its boresight axis is perfectly aligned with the satellite. Deflection can be caused by high wind or gusting wind conditions, settlement of the mounting assembly, flexing of a supporting structure, and so on. In general, the amount of allowable deflection varies inversely with the size of the antenna reflector.

The antenna beam pointing error is a function of the interface support system rotations and the elevation angle of the reflector. The interface support system is defined as the pedestal (i.e., mast pipe, etc.) and foundation structure (i.e., concrete pad, building wall or roof) combined. The determination of the beam pointing error contribution of the interface support system requires several steps which follow. Figure 4-4 provides an illustration of the axes system for beam pointing error determination.

STEP 1. The rotations about the x, y, and z axes can be determined for the interface support system due to the application of the operational design wind forces and moments provided in paragraph 4.4.

STEP 2. The rotations that are necessary to determine the beam pointing error contribution are about the axes perpendicular to the RF Axis. Therefore, axes rotation must be performed to find the rotations about the Elevation, Cross Elevation, and RF axes.

$\theta_{EL} = \theta_Y$ = Elevation Axis Rotation

$\theta_{X\text{-}EL} = \theta_Z \cos\alpha + \theta_X \sin\alpha$ = Cross Elevation Axis Rotation

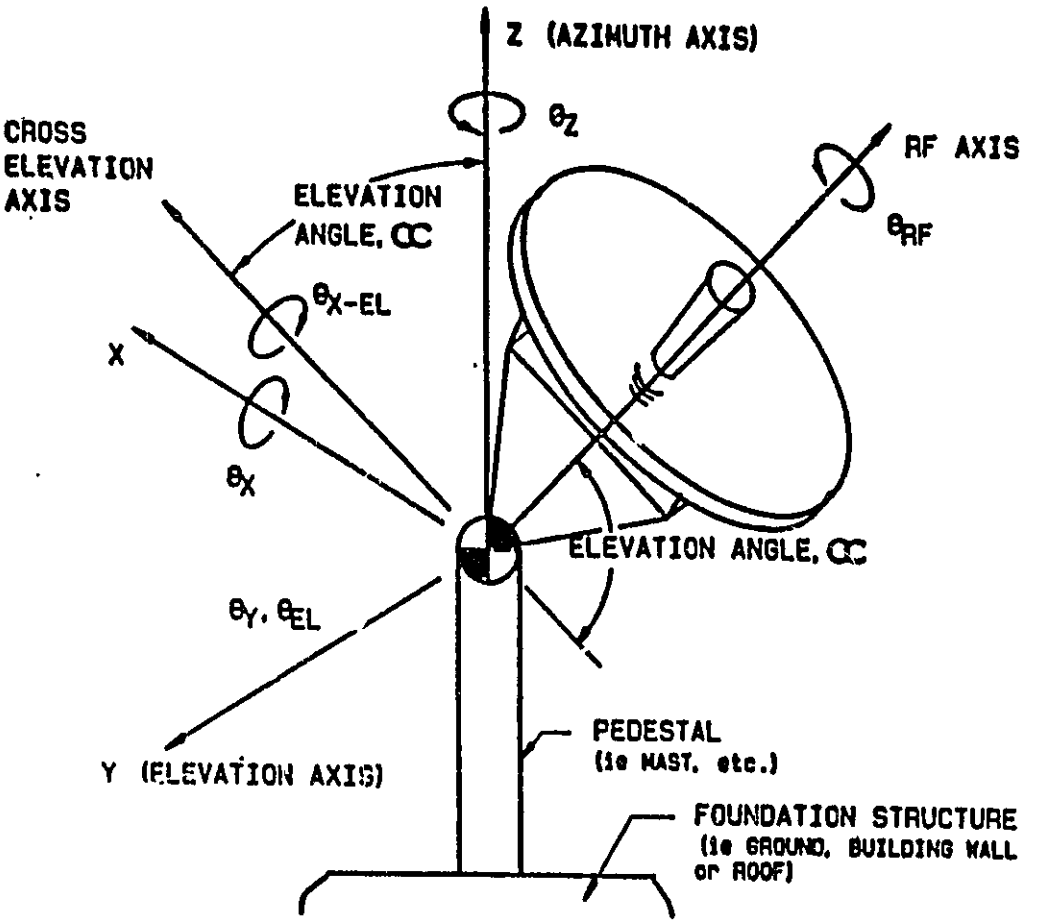
$\theta_{RF} = \theta_X \cos\alpha + \theta_Z \sin\alpha$ = RF (boresight) Axis Rotation

STEP 3. The rotation about θ_{RF} has no effect on beam pointing error.[1] Therefore, the total beam pointing error contribution of the interface support system is then the vector sum of the elevation and the cross-elevation axis rotations.

$$\theta_{PE} = (\theta_{EL}^2 + \theta_{X\text{-}EL}^2)^{1/2}$$

In order for the Personal Earth Station antenna systems to remain within their associated beam pointing budget, the maximum allowable total rotational deflection (θ_{PE}) contribution of the interface support system must be equal to or less than that provided in table 4-3.

[1]NOTE: Rotation about θ_{RF} may affect polarization in certain cases.



NOTE: The X-Z plane contains both the RF and CROSS ELEVATION axes.

Figure 4-4. Illustration of Axes System for Beam Pointing Error Determination

Table 4-3. Maximum Allowable Rotational Deflections

Antenna System Size	Maximum Allowable Rotational Deflections θ_{PE} (degrees)
0.75M	0.60
1.0M	0.40
1.2M	0.30
1.8M	0.20
2.44M	0.15

4.7 ANTENNA SYSTEM GEOMETRY

The antenna system geometry provides the dimensional relationship between the reflector center and mount elevation axis point, as well as, the overall clearance and space requirements to appropriately size the antenna interface support system. Figures 1-3 thru 1-8 provide the Personal Earth Station antenna geometry for the 0.75, 1.0, 1.2, 1.8, and 2.44 meter systems, respectively.

HUGHES NETWORK SYSTEMS

PERSONAL EARTH STATION - SITE SURVEY REPORT

A. CUSTOMER DATA

CUSTOMER NAME CVS PES SITE NUMBER CVS 007608

PES SITE NAME CVS / PHARMACY

SITE ADDRESS ~~MILL CAP~~ PINE SHOPPING CTR., BRIGHTON AVE

CITY PORTLAND COUNTY _____ STATE ME ZIP _____

NAME OF CONTACT MARLIN DAVIS PHONE NUMBER (207) _____

B. BUILDING MANAGEMENT

COMPANY NAME DAVIS WOODWORKING

ADDRESS 971 BRIGHTON AVE

CITY _____ COUNTY _____ STATE _____ ZIP _____

NAME OF CONTACT GLEN DAVIS SUPERVISOR PHONE NUMBER (____) _____

C. BUILDING OWNER

COMPANY NAME NET PROP. MGMT, INC

ADDRESS _____

CITY BOSTON COUNTY _____ STATE _____ ZIP _____

NAME OF CONTACT LAWRENCE POPE PHONE NUMBER (617) 247-2200

D. BUILDING ARCHITECT/ENGINEERING FIRM

COMPANY NAME UNKNOWN TO ~~to~~ OWNER

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

NAME OF CONTACT _____ PHONE NUMBER (____) _____

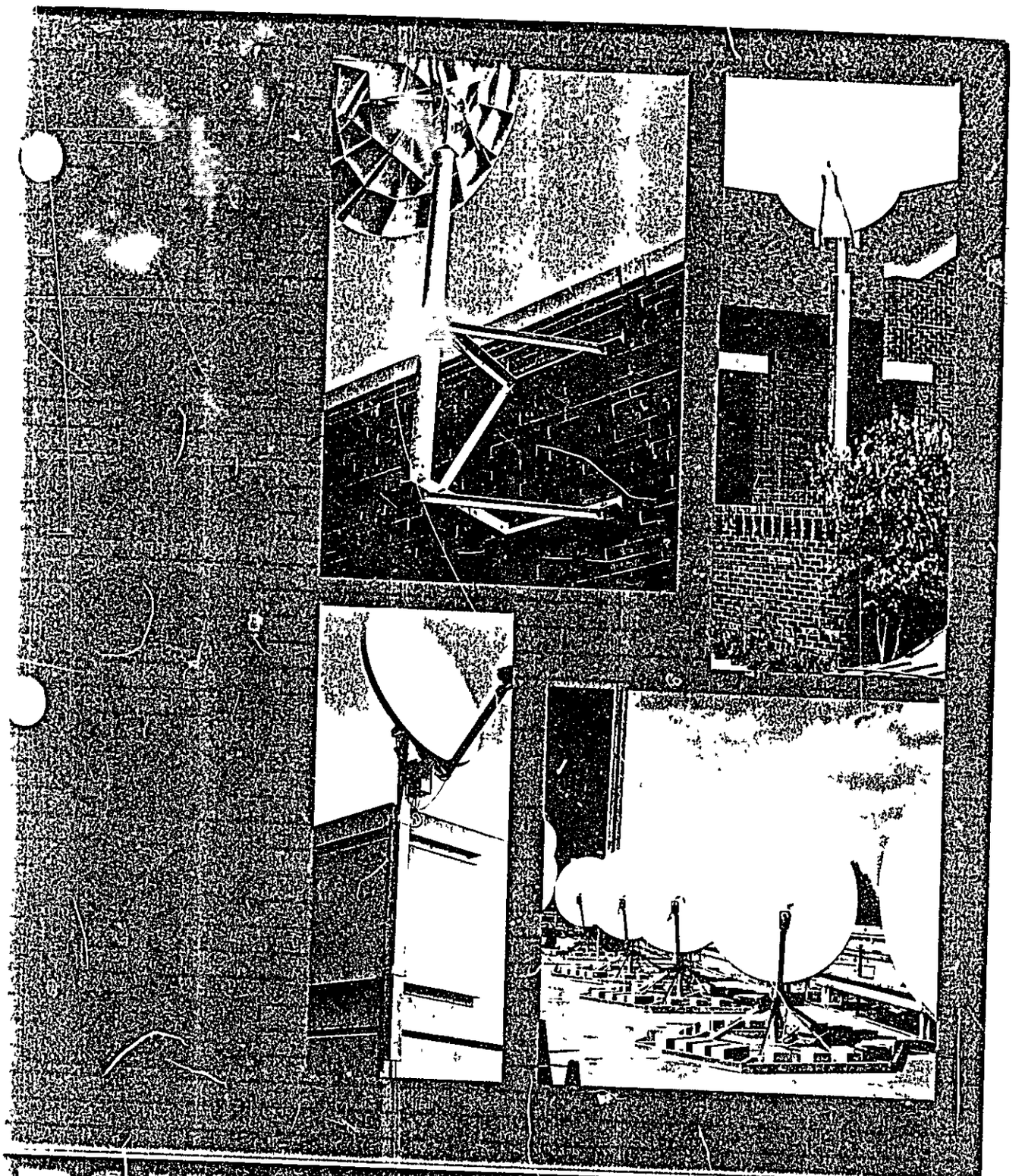
E. SITE SURVEY REPORT CERTIFICATION

I have performed the survey at this site; I certify the info in this report to be correct:

Signed Dan MacRae Date 12-11-91

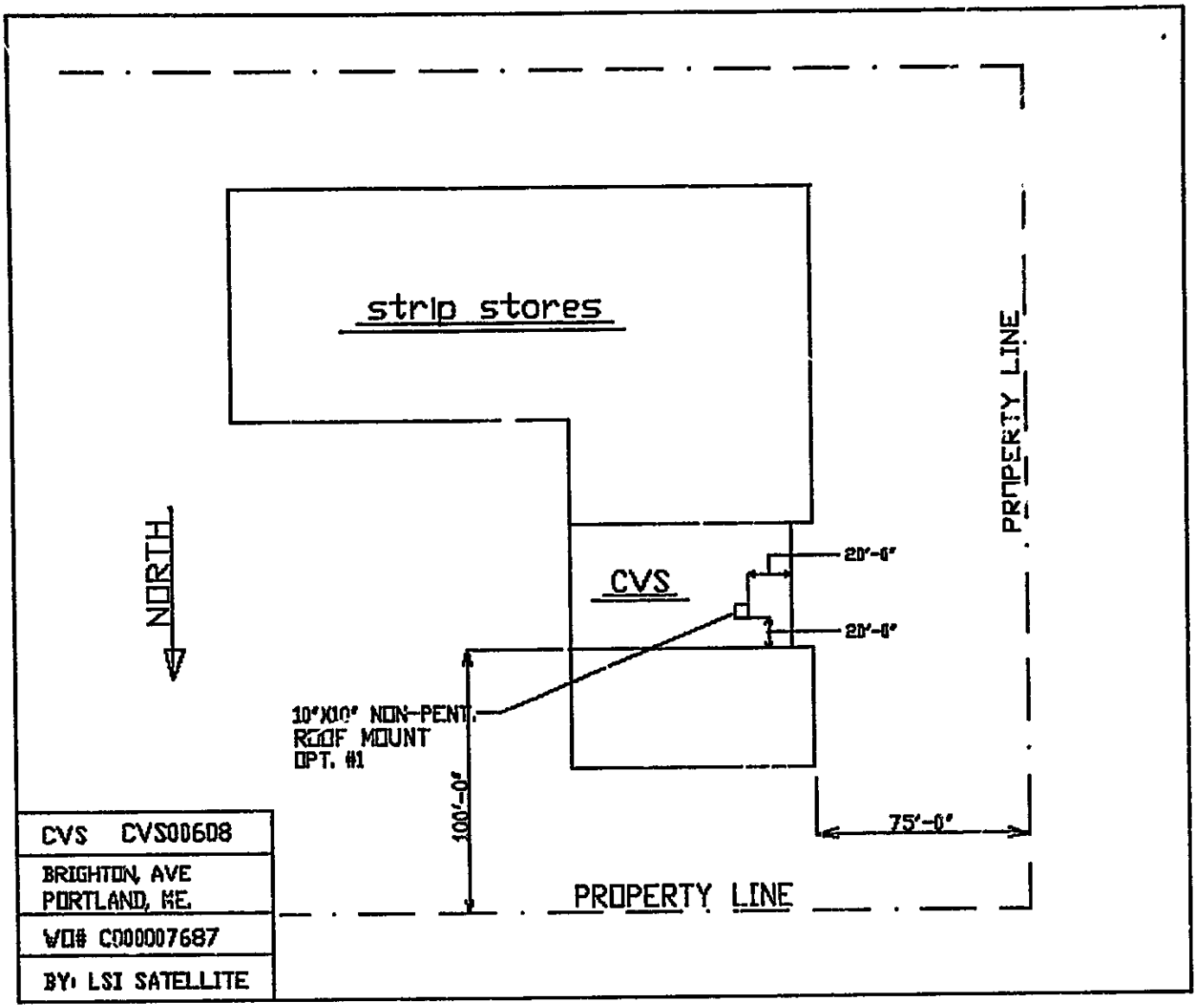
Print Name DAN MACRAE Title CHIEF ENGINEER

Company LSI Phone (508) 485-9169



ROHN ROHN ROHN

satellite antenna mounts


strip stores
CVS
NORTH
PROPERTY LINE
20'-0"
20'-0"
10'X10' NON-PENT.
ROOF MOUNT
OPT. #1
100'-0"
75'-0"
PROPERTY LINE
CVS CVS00608
BRIGHTON, AVE
PORTLAND, ME.
WO# C000007687
BY: LSI SATELLITE

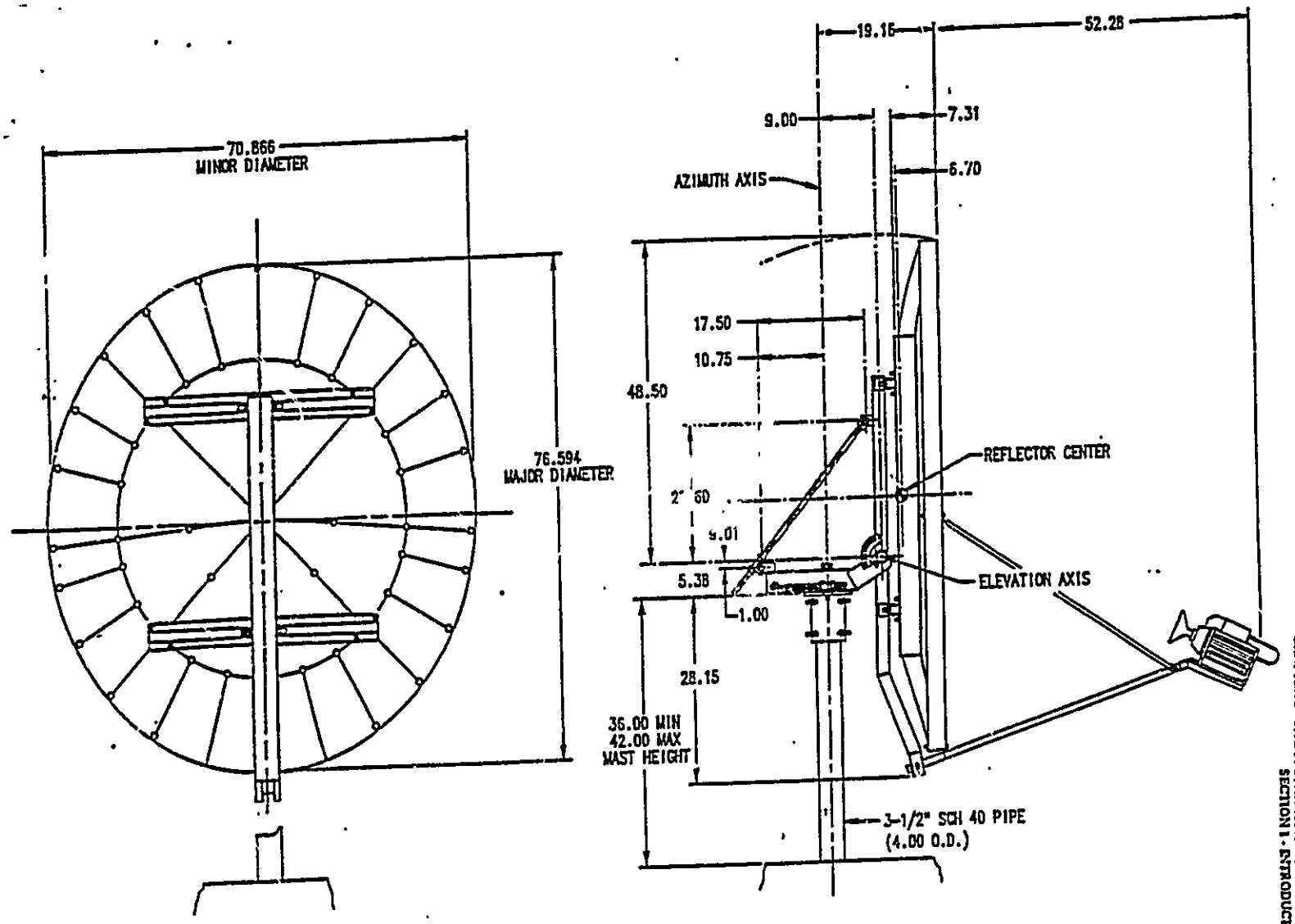
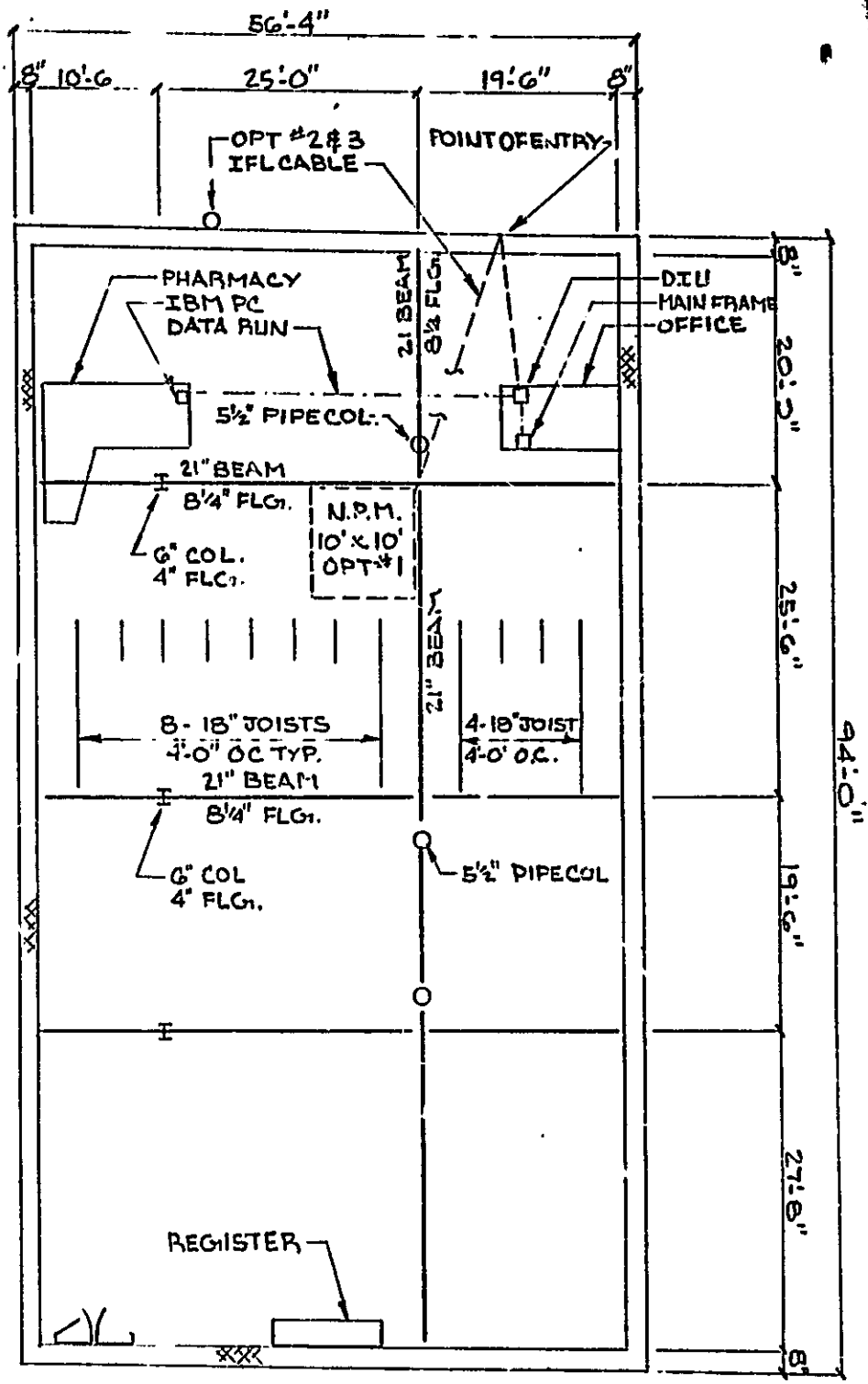


Figure 1-7. 1.8M Antenna Outline Drawing (Self-Aligning Version)



CVS	CVS00605
BRIGHTON AVE	
PORTLAND ME	
WO #	000006360
BY:	LSI SATELLITE

ity of Portland, Maine – Building or U se Permit Application, 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-87

cation of Construction: 1102 Brighton Avenue	Owner: [illegible] Properties Mgt.		Phone: 6172472200
wner Address: Massachusetts	Lessee/Buyer's Name: Ben Qi Chen	Phone: 828-3968	BusinessName: Great Wall
ntractor Name:	Address:		Phone:
st Use: [illegible] vacant	Proposed Use: commercial restaurant	COST OF WORK: $	PERMIT FEE: $ 29.00
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: A3 Type: 2B Doc 93 Signature:

oposed Project Description:
Erect a Sign

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved ☐ Approved with Conditions: ☐ Denied ☐
Signature: Date:

mit Taken By: D. Marquis | Date Applied For: 5/10/95

This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.

Building permits do not include plumbing, septic or electrical work.

Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Mail it to: Atlantic Facility

CERTIFICATION

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

SIGNATURE OF APPLICANT | ADDRESS: | DATE: | PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | PHONE:

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

Permit No: 950455
PERMIT ISSUED
Permit Issued: MAY 16 1995
CITY OF PORTLAND

Zone: B-2 | CBL:

Zoning Approval:
Special Zone or Review
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ minor ☐

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

Historic Preservation
☐ Not in District or Landm
☐ Does Not Require Revie
☐ Requires Review

Action:
☐ Approved
☐ Approved with Conditio
☐ Denied
Date:

CEO DISTRICT 4
K Carr

SIGNAGE APPLICATION

ADDRESS: 1102, Brighton Ave, Portland Maine

OWNER: ~~Great Wall~~ NET PROPERTIES MGMT SNC

APPLICANT: Great Wall

B-2 Zone

ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: _____ NO: ✓

MULTI-TENANT LOT? YES: ✓ NO: _____

FREESTANDING SIGN? YES: _____ NO: ✓ DIMENSIONS: 17 X 3 = 51 sf

MORE THAN ONE SIGN? DIMENSIONS: —

BLDG. WALL SIGN? YES: ✓ NO: ✓ DIMENSIONS: —

MORE THAN ONE SIGN? DIMENSIONS: —

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: OK

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): Needs at least 34' - per Becky MAS 5/15/95 38.5' frontage x 1.5 = 57.75

AWNING? YES: _____ NO: _____ IS AWNING BACKLIT? YES: _____ NO: _____

HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

APPROVED

LL# AW-977793

874-8703

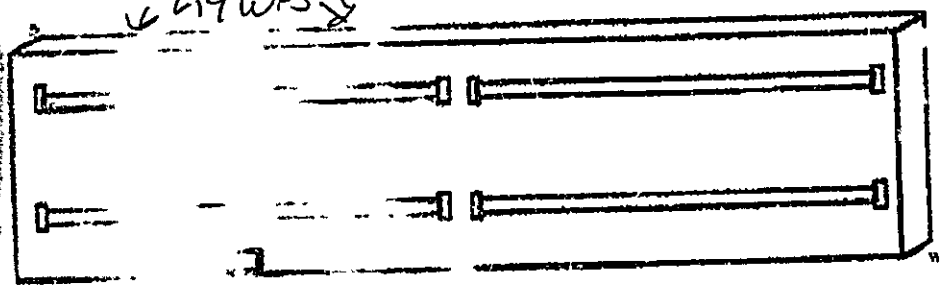
LIGHT BOX SIGN:

* YELLOW ACRYLIC BACKGROUND
* "CHINESE & GREAT WALL IN RED & GOLD TRIM
* LETTERS IN LIGHT BLUE & GREEN
* U/L APPROVED LABEL

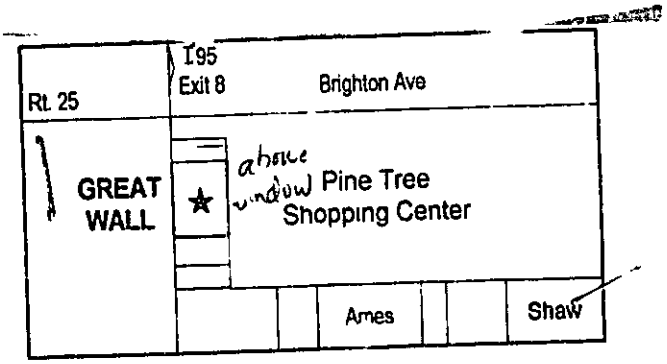
204"

GREAT WALL
長城 CHINESE RESTAURANT
TEL: 000-0000

ALUMINIUM LIGHT BOX — LISTED OUTDOOR LAMP HOLDER



OOR BALLAST — LISTED OUTDOOR LAMP



05/01/95 14:1[illegible] 1000000000 002

THE STATE INSURANCE FUND

199 CHURCH STREET NEW YORK, N.Y. 10007

(212) [illegible] 7616

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SHU MENG CONSTRUCTION INC
197 CHRYSTIE STREET
NEW YORK NY 10002

POLICY NUMBER
1102 442-9
DATE
4/27/95
CERTIFICATE NUMBER
[illegible]0

PERIOD COVERED BY THIS CERTIFICATE
1/06/95 TO 1/06/96

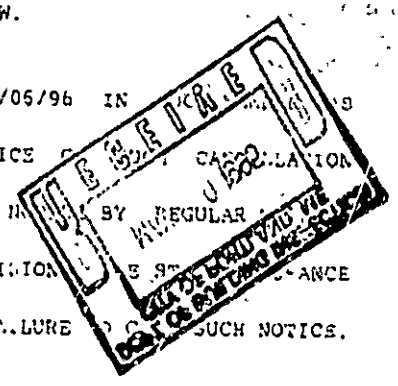
POLICYHOLDER
SHU MENG CONSTRUCTION INC
197 CHRYSTIE STREET
NEW YORK NY 10002

CERTIFICATE HOLDER
DEPARTMENT OF URBAN DEVELOP[illegible]
389 CONGRESS STREET
PORTLAND ME 04101

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 1102 442-9 UNTIL 1/06/96 . COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 1/06/96 IN [illegible] TO AFFECT THIS CERTIFICATE, 5 DAYS WRITTEN NOTICE [illegible] CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. [illegible] BY REGULAR ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION [illegible] THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION



THE STATE INSURANCE FUND

H. Jacobs

HERBERT JACOBS
DIRECTOR, INSURANCE FUND UNDERWRITING

U-26.3

04/21/95 15:29 FAX 000

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY) 4/18/95

PRODUCER

Morstan/LMG/Brisco Group Inc.
5 Dakota Drive
Lake Success, NY 11042

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

INSURED

Shu Neng Construction, Inc.
197 Chrystie Street
New York, NY 10002

COMPANY A: Mount Vernon Fire Insurance Co.
COMPANY B:
COMPANY C:
COMPANY D:

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				BODILY INJURY OCC $300,000
	COMMERCIAL FORM	Unassigned	3/31/95	3/31/96	BODILY INJURY AGG $300,000
	X PREMISES/OPERATIONS				PROPERTY DAMAGE OCC $
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG $
	PRODUCTS/COMPLETED OPER				B & PD COMBINED OCC $
	(ACTUAL				B & PD COMBINED AGG $
	INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG $
	[illegible] PROPERTY DAMAGE				
	[illegible] INJURY				
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) $
	ANY AUTO				
	D AUTOS (Private Pass)				BODILY INJURY (Per accident) $
	ALL OWNED AUTOS (Other than Private Passenger)				
	HIRED AUTOS				PROPERTY DAMAGE
	[illegible] OWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED $
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE $
	[illegible] FORM				AGGREGATE $
	OTHER THAN UMBRELLA FORM				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE	INCL / EXCL			EACH ACCIDENT $
					DISEASE - POLICY LIMIT $
	OTHER				DISEASE - EACH EMPLOYEE $

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL [illegible]

CERTIFICATE HOLDER

Building Department
City of portland
Portland, Maine

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL [illegible] 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

ACORD 25-S (3/93) [illegible]

OWNERS CONSENT AND AGREEMENT

I, [illegible] MAINE INC., being the owner of the premises located at:
(print property owners name)

[illegible] in Portland, Maine, hereby give consent to the
(print property address)

erection of a certain sign/awning/banner owned by NET PROPERTIES MGMT INC.
(print lessee's name)

over the sidewalk or on building from said premises as described an

[illegible]ion to the Division of Inspection Services.

And in consideration [illegible] issuance of said permit, owner of said
in event said sign sha[illegible] cease to serve the purpose for which it
[illegible] shall become dangerous and in event the owner of said sign shall
remove said sign or make it permanently safe in case the sign still s[illegible]
ne purpose for which at was erected, hereby agrees for himself or itse[illegible]
for his heirs, its successors, and his or its assigns, to completely remov
said sign.

Agent for Net Properties Mngmnt
Signature of Property Owner

4-13-95
Date

Ron Ol Chan
Signature of Lessee

4-13-95
Date

NO POPE OR BOB KEENAN.
Please sign it and fax it back as
207 761 4078. Great Wall Chinese Rest
1102 Brighton Ave Portland me

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

Location of Construction: 1102 Brighton Ave	Owner: Net Realty	Phone: 317 ...	Permit No: 950101
Owner Address:	Lessee/Buyer's Name: Great Wall Chinese Rest.	Phone:	BusinessName:
Contractor Name: owner	Address:	Phone:	
Past Use: rental business	Proposed Use: restaurant w/ int rentas	COST OF WORK: $ 7,777	PERMIT FEE: $ 55
		FIRE DEPT. ☑ Approved ☐ Denied Signature:	INSPECTION: Use Group 83 Type: 2 BOCA93 Signature:
Proposed Project Description: Change of use from retail to restaurant w interior renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: L Chase	Date Applied For: 1/27/95		

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

Mail Permit: Henry Lam tel: 516-794-3427
125 Jefferson St. bus: 917 951 3976
Garden City, New York 11530

PERMIT ISSUED WITH LETTER

CERTIFICATION

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

SIGNATURE OF APPLICANT — ADDRESS: — DATE: — PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE:

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

PERMIT ISSUED
Permit Issued: FEB – 7 1995
CITY OF PORTLAND

Zone: B-2 CBL:

Zoning Approval: 2/1/95

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

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

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

Action:
☐ Appoved
☐ Approved with Conditions
☐ Denied
Date: 1/30/95

CEO DISTRICT 4

M. Carroll

COMMENTS

2/23 Called for Plumbing Rough in – Wanted [illegible] in Same Trench – [illegible]
[illegible] w/ plumber – Supply will go overhead – [illegible]

3/10 – Framing – Non Bearing – ok – S[illegible] did Close in
on elec – ok to Close plumbing –

3/10 – ? on placement of Hot H2O tank – advised – ok – [illegible]

4/7 Lic Insp – refrig not right temp – Hot H2O not up no screen
on rear door – [illegible]

4/13 – Lic Insp – ok – Issue C of O – [illegible] lic –
no restriction [illegible]

Inspection Record

Type		Date
Foundation:		
Framing:		
Plumbing:		
Final:		
Other:		

Inspection Services
P. Samuel Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 7, 1995

RE: 1102 Brighton Ave. (Great Wall of China, Rest.)

Met Realty
1102 Brighton Ave.
Portland, Maine 04102

Dear Sir:

Your application to change the use from retail to restaurant with interior renovations has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met

1. Any sprinkler system renovations over the installation of six new heads or modification at 20 existing heads requires State Fire Marshal's approval.
2. All devices use in connection with the preparation of food shall be of the approved type and shall be installed in an approved manner.
3. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024.0 of the City's building code. (The BOCA National Building Code/1993)
4. A separate permit is required for signs.

If you have any questio. regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. G. McDougall, Fire Prevention Officer

Form # P01

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 21 June 1996

Permit # 11711

LOCATION: 1104 Brighton Ave

OWNER John Lane c/o Net Properties **ADDRESS**

Hair Excitement.

							TOTAL	EACH	FEE
OUTLETS									
	Receptacles		Switches		Smoke Detector		20	.20	4.00
FIXTURES	(number of)								
	incandescent		fluorescent				13	.20	2.60
	fluorescent strip							.20	
SERVICES									
	Overhead				TTL AMPS TO	800		15.00	
	Underground					800		15.00	
TEMPORARY SERV.									
	Overhead				AMPS OVER	800		25.00	
	Underground					800		25.00	
METERS	(number of)							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	5	Others (denote)	Tanning		2.00	10.00
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							2.00	
	Outlets								
	Circus/Carnv							25.00	
	Alterations							5.00	
	Fire Repairs							15.00	
	E Lights						4	1.00	4.00
	E Generators							20.00	
	Panels							4.00	
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
					TOTAL AMOUNT DUE				
	MINIMUM FEE/COMMERCIAL	35.00			**MINIMUM FEE**		25.00		25.00

INSPECTION: Will be ready _____ or will call XXXXX

Michael Collins

CONTRACTORS NAME John Flaherty

ADDRESS 398 High St Summersworth NH

TELEPHONE 603-692-3863

8-14-96

MASTER LICENSE No. 11711 **SIGNATURE OF CONTRACTOR** John E. Flaherty

LIMITED LICENSE No. _____

ELECTRICAL INSTALLATIONS—

Permit Number 11711

Location 1104 Brighton Ave.

Owner John Lane

Date of Permit 6/24/96

Final Inspection 7/25/96

By Inspector [illegible]

INSPECTION: Service ______ by ______

Service called in ______

Closing-in 7/3/96 by [illegible]

PROGRESS INSPECTIONS: 7/3/96 (Closing)
7/18/96 (Final)
7/25/96 (Final)
___ / ___ / ___
___ / ___ / ___
___ / ___ / ___

DATE:	REMARKS:
7/25/96	- Kitchen light needs globe
	- Finish labeling panels "B" (19-25, 38, 40)
	- Support cables in ceiling better

4128

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

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

Owner: Key Bank Phone # _____

Address: 1 Canal Plaza Ptld, ME

LOCATION OF CONSTRUCTION 1106 Brighton Avenue

Contractor: Pochebit Co. Inc. Sub: _____

Address: 844 Stevens Ave Ptld, me 04103 Phone # 79. 3 ..

Est. Construction Cost: 21,000.00 Proposed Use: ATM bldg renovated

ATM Past Use: _____

# of Existing Res. Units _____ # of Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Take down and rebuilt Enlarged Automatic Teller Machine Building

For Official Use Only

Date September 16, 1992 Subdivision: _____

Inside Fire Limits _____ Lot _____

Bldg Code _____ Ownership: _____ Public

Time Limit _____

Estimated Cost _____

PERMIT ISSUED

SEP 17 1992

CITY OF PORTLAND

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____

Special Exception _____

Other _____ (Explain) _____

WDA 9-17-92

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires review.

Action: Approved

Approved with Conditions

Denied

Date: 9/17/92

Signature: [signature]

Foundations:

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 Mary Cusick

Signature of Applicant [signature] Date Sept 16, 1992

Scott Klemer

CEO's District 1

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO