



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 1145 Brighton Ave.

Issued to C.L. of Portland - Barron Center II Date of Issue 3/2/92

This is to certify that the building premises, or part thereof, at the above location, built — altered — changed as to use under Building PL. 1/2376 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as hereinafter set forth below.

PORTION OF BUILDING OR PREMISES

TEMPORARY

APPROVED OCCUPANCY

West wing

Nursing home

East wing

Adult day care

### Limiting Conditions:

1. Knox box to be installed by 4/1/92.
2. All site plan requirements must be completed by 5/1/92.
3. Retainers as per BOCA Code requirements will be installed along east retaining walls and grades by 6/1/92.

This certificate supersedes certificate issued

1. State fire marshal's punch list to be completed by 8/1/92

Approved: 3/2/92  
(Date)

Inspector

Inspector of Buildings

Note: This certificate is a limited use of building of premises, and ceases to be in effect from owner to owner when property changes hands. Copy will be furnished to owner or lessee's use if desired.

312376

1/17/00 = fees waived; per Mark Green

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

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

Owner: City of Portland Barron Center Phone # 774-2623-0710  
 Address: 1145 Brighton Ave., Portland, ME 04102  
 LOCATION OF CONSTRUCTION: 1145 Brighton Avenue  
 Contractor \_\_\_\_\_ Sub: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost \_\_\_\_\_ Proposed Use: Nursing Home  
 Past Use: SAME  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions: L 247' W 135' Total Sq Ft: 55' x 35' 2nd. fl. dr.  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion: Major Site Plan Review to construct 21,000 S. F. & construct 1,000 S. F. Building, as per plans.

**For Official Use Only PERMIT ISSUED**

Date: March 20, 1990 Subdivision: \_\_\_\_\_  
 Inside Fin. Limits \_\_\_\_\_ Name: MAR 5 1990  
 Bldg. Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Latins and Cost: 1,700,000

Zoning: D-1B  
 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) \_\_\_\_\_

Foundation: Also, Conditional Use Appeal to Planning Dept.

- Type of Soil: \_\_\_\_\_
- Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
- Footings Size: \_\_\_\_\_
- Foundation Size: F-2 2-B
- Other: \_\_\_\_\_

\*Floor: 1/17/00 - building permit application

- Sills Size: \_\_\_\_\_ Sills must be anchored.
- Girder Size: \_\_\_\_\_
- Lally Column Spacing: Barron Cent Size: 11 Spacing 16" O.C.
- Joists Size: \_\_\_\_\_
- Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Other Material: \_\_\_\_\_

- Alzheimer's Care Facility -

\*Exterior Walls:

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- No. windows \_\_\_\_\_
- No. Doors \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
- Corner Posts Size \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
- Masonry Materials \_\_\_\_\_
- Metal Materials \_\_\_\_\_

Interior Walls:

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

Ceiling:

- Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_
- Ceiling Strapping Size: \_\_\_\_\_ Spacing \_\_\_\_\_
- Type Ceiling: \_\_\_\_\_
- Insulation Type: \_\_\_\_\_ Size \_\_\_\_\_
- Ceiling Height: \_\_\_\_\_

\*Roof:

- Truss or Rafter Size: \_\_\_\_\_
- Sheathing Type: \_\_\_\_\_ Size \_\_\_\_\_
- Roof Covering Type: asph/flt

Chimneys: 1 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating: Type of Heat: \_\_\_\_\_

Electrical: Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:

- Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_
- No. of Tubs or Showers: \_\_\_\_\_
- No. of Fixtures: \_\_\_\_\_
- No. of Lavatories: \_\_\_\_\_
- No. of Other Fixtures: \_\_\_\_\_

Swimming Pools:

- Type: \_\_\_\_\_
- Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_
- Must conform to National Electrical Code and State Law.

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit Received By: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Date: 3-20-90  
 Signature of CEO: \_\_\_\_\_ Date: 10-17-90

Inspection Dates \_\_\_\_\_  
 White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White Tag-CEO \_\_\_\_\_  
 © Copyright GPCOG 1988  
12 MRS. LOWE

PLOT PLAN

2/28/92 - send Temporary COB



Portion of Bldgs

West Wing  
East Wing

- nursing home  
- adult Day Care

Limiting Conditions

- 1 - All site plan requirements must be completed by 6/1/92
- 2 - All site plan requirements must be completed by 6/1/92
- 3 - Retaining walls and grades by 6/1/92
- 4 - State Fire Marshal's punch list to be completed by 6/1/92
- 5 - Knox box to be installed by 4/1/92

FEES (Breakdown From Front)

Base Fee \$ waived; per Mark Green - 10.19.90

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ 350.00

Other Fees \$ 50.00 Conditional Use Appeal

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

COMMENTS: 3/2/91 - Footing Inspect OK. Rebar clean + in place properly.

5/9/91 - still pouring funds + forms - lower building capped inspected plumbing to be buried in Day care center

7/13/91 - Footings all in - cleaning started

5/23/91 - Plumbing OK - OK to pour

Signature of Applicant John Zocetti JOHN ZOCETTI, MEMBER (FOR OWNER) Date 3-20-90



*Donizocchi ARCHITECTS*

Office of State Fire Marshall  
317 State Street  
State House Station #52  
Augusta, ME 04333

Attn: Nelson Collins

May 17, 1990

re: Barron II, design development dwgs.

Dear Mr. Collins,

This letter will serve as a memorandum of our review meeting of May 16, 1990. Please inform if your recollection of our conversation differs from mine.

1. The overall layout is in general consistent with NFPA life safety recommendations and requirements.
2. The lower ( storage ) section of the facility will require a 1 hr. ceiling separation from the upper floor, and will require sprinklers.
3. The soiled linen rooms and janitor's rooms will require 1hr. separation.
4. Smoke partition penetrations by ductwork will require smoke detectors in the ductwork which activate via electro-mechanical controls, smoke dampers at the site of penetration. The smoke partition requires a 1 hr. rating. Its location will be adjusted to minimize duct penetrations and to minimize or eliminate the presence of doors and other penetrations in the partition.
5. Where posts are assembled from the normal bearing wall components ( 2x6 studs spiked together ) they will be considered part of the bearing wall, and will not require further, separate, fire-protection.
6. Fire protection of exterior bearing walls will include a layer of gyp bd under the exterior sheathing. ( per details reviewed ) this exterior gyp bd layer will extend to the top of wood joists.

124 Lisbon Street, Lewiston, Maine 04240 telephone 207-782-6427

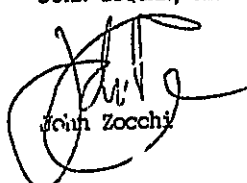
Office of State Fire Marshall/ May 17, 1990/ pg. 2

7. Fire protection of interior steel tube columns will consist of complete enclosure ( 4 sides ) by 2x wood framing lumber. In all cases, tube columns will be further encased by a finish layer of gyp bd to ceiling level.
8. Micro-lam beams assembled of 2x microlam components will require no further fire protection. Gyp bd providing 1 hr. protection to the roof joists will butt the micro-lam beams. Microlam beams will be spiked together but will also be assembled with a bead of construction adhesive top and bottom between laminations ( to avoid the possible development of air spaces between the laminations ).
9. Dining room exterior door is not a required means of egress. A screen door will be permitted.
10. Recreation area is an assembly occupancy and capacity will be figured on the basis of 15sf/ person. As currently shown, it will require a second means of egress.
11. Service wing may be considered a part of the nursing home that is off-limits to patients. Fire separation not necessary. Stairs OK as shown in corridor.
12. NFPA's alternative approach to fire safety not recognized by the state for new construction.
13. Combination locks with mechanical override will be OK.

Thank you for your time and patience in reviewing this project. Your input and cooperation have been very helpful.

Sincerely,

JOHN ZOCCHI, ARCHITECTS



John Zocchi

cc. A. Forgione/ P. Lincoln/ S. Doel

Planning & Urban Development

Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

May 29, 1991

Anthony L. Forgione  
Barron Center  
1145 Brighton Avenue

RE: Barron Center II Revisions

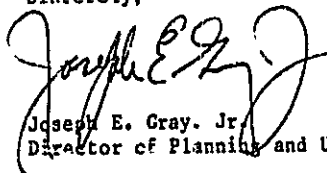
Dear Tony:

This letter is to confirm the revisions to the approved site plan for the Barron Center II project. The approved revision includes additional pavement for parking, the installation of bollards, an additional light, and the relocation and addition of trees and shrubs. The revised plan has been reviewed and approved by the project review staff including representatives of the Planning, Public Works, Building Inspections, Fire and Parks Departments.

The Loring House subdivision plan is currently being reviewed and revised by Elizabeth Boynton of the Corporation Counsel office and William Boothby, Deputy City Engineer. You will be notified once the review of the plat is complete.

If you have any questions regarding the revision please contact the planning staff at 874-8300, extension 8720.

Sincerely,



Joseph E. Gray, Jr.  
Director of Planning and Urban Development

cc: Alexander Jaegerman, Chief Planner  
Sarah Greene, Senior Planner  
Bill Boothby, Deputy City Engineer  
P. Samuel Hoffses, Chief Building Inspector  
Jeff Tarling, City Arborist  
Paul Niehoff, Materials Engineer  
Lt. Wallace Garroway, Fire Prevention  
Elizabeth Boynton, Associate Corporation Counsel  
Approval Letter File

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

February 27, 1991

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION  
PERMIT**

No. \_\_\_\_\_

This is to certify that City of Portland - Barron Center  
has permission to Construct foundation ONLY for Addition 55'x35'  
AT 1145 Brighton Ave.

provided that the person or persons, firm or corporation accepting this permit shall  
comply with all of the provisions of the Statutes of Maine and of the Ordinances of  
the City of Portland regulating the construction, maintenance and use of buildings  
and structures, and of the application on file in this department.

Apply to Public Works for street  
line and grade if nature of work  
requires such information.

Notification for inspection must be  
given and written permission pro-  
cured before this building or part  
thereof is lathed or otherwise  
closed-in.

A certificate of occupancy must  
be procured by owner before this  
building or part thereof is occu-  
pled.

**OTHER REQUIRED APPROVALS**  
Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

*[Signature]*  
Director, Building Inspection Services  
*[Signature]* MRS Looe

**PENALTY FOR REMOVING THIS CARD**

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

2/27/91

City of Portland - Barron Center  
1145 Brighton Ave.  
Portland, ME 04102

re: 1145 Brighton Ave (Alzheimer's Care Facility)

Dear Sir:

Your application to construct a foundation only for the proposed 55'x35' addition has been reviewed and a foundation permit is herewith issued subject to the following requirements:

**Site Plan Review Requirements**

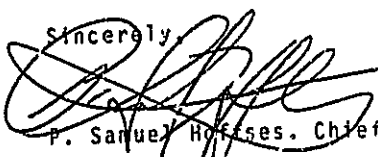
Inspection Services - Approved - Wm. Giroux  
Planning Div. - Approved - S. Greene  
Fire Dept. - Approved - Lt. Garroway  
Public Works - Conditional Approval - "Access for construction expected to be off Holm Ave. Any damage to city right-of-way to be repaired at constructor's expense. Prior to sewer and storm sewer work, contact Paul Niehoff to coordinate connections." - Please see attached sheet labeled Site Plan Review; Public Works' conditions of approval.

**Building Code Requirements**

1. Before concrete for foundation is placed, approval from Public Works and Inspection Services must be obtained.
2. Precautions must be taken to prevent concrete from freezing.

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: Paul Niehoff - PWD  
Steve Harris  
Lt Garroway - PFD

Sarah Greene - Planning  
Wm Giroux - Zoning

tec



CITY OF PORTLAND, MAINE  
SITE PLAN REVIEW (ADDENDUM)  
PUBLIC WORKS CONDITIONS OF APPROVAL

APPLICANT: Barron Lester

ADDRESS: Brighton Ave.

SITE ADDRESS/LOCATION: Same

DATE: 2-20-91

Review by Parks and Public Works is for General Conformance with ordinances and standards only and does not relieve the applicant, his contractors or agents from the responsibility to provide a completely finished site, including but not limited to increasing or concentrating of all surface runoff onto adjacent or downstream properties, issues regarding vehicle site distance, location of public utilities and foundation elevations.

CONDITIONS CHECKED OFF BELOW ARE IN FORCE FOR YOUR SITE PLAN

- All damage to sidewalk, curb, street, or public utilities shall be repaired ~~prior to issuance of a Certificate of Occupancy~~ *by the contractor responsible (ie. Holm Ave.)*
- Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
- Your new street address is new \_\_\_\_\_ the number must be displayed on the street frontage of your house prior to issuance of a Certificate of Occupancy.
- The Engineering Division of Parks and Public Works (874 8300 Ext. 8838) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by Parks and Public Works prior to issuance of a Certificate of Occupancy. Please schedule any property closings with these requirements in mind.
- The Sewer Division of Parks and Public Works (Jackie Wurslin at 797-5302) must be notified five (5) working days prior to sewer connection to schedule an inspector for your site.
- As-built record information for sewer and storm service connections must be submitted to Parks & Public Work- Engineering Division (55 Portland St.) and approved prior to issuance of a Certificate of Occupancy.
- A street opening permit(s) is required for your site. Please contact Carol Poliskey at 874-8300, ext. 8822. (Only excavators licensed by the City of Portland are eligible).

**CITY OF PORTLAND, MAINE  
SITE PLAN REVIEW**

**Processing Form**

City of Portland Barron Center - 774-2623 - Anthony Forgione  
 Applicant Brighton Date March 20, 1990  
1145 Brighton Ave., Portland, ME 04102 1145 Brighton Avenue  
 Mailing Address 269-R 41  
 Address of Proposed Site  
Nursing Facility Site Identifier(s) from Assessors Maps  
 Proposed Use of Site  
127,000 S.F. / 23,000.00 S.F. R-5  
 Acreage of Site / Ground Floor Coverage Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors 1 fl. each  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 23,000.00 S.F.  
 Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

*Major Site Plan Review*

**BUILDING DEPARTMENT SITE PLAN REVIEW**  
(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
  - Requires Board of Appeals Action
  - Requires Planning Board/City Council Action

Explanation \_\_\_\_\_

Use complies with Zoning Ordinance — Staff Review Below

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 11)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	REASONS SPECIFIED BELOW

REASONS: *OK WPA 2-21-91*

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT — ORIGINAL



# PLUMBING APPLICATION

Department of Civil Services  
Division of Health Engineering  
(207) 389 3826

PROPERTY ADDRESS & CITY

Town Or Plantation

Street Subdivision Lot # **1041 Brighton A**

PROPERTY OWNERS NAME

Last First

Applicant Name

Mailing Address of Owner/Applicant (if Different)

PCRT LAND 45°6 70th COPY  
 10/12/92  
 Chief Plumbing Inspector

Owner/Applicant Statement

I certify that the information provided is correct to the best of my knowledge and understanding and that any falsification is a violation of the Local Plumbing Inspector to deny a Permit

Signature of Owner/Applicant Date

Caution: Inspection Required

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

**Kevin Carroll**  
Local Plumbing Inspector Signature

**P5H**  
**10-1-92**  
Date Approved

## PERMIT INFORMATION

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

Hook-Up & Piping Relocation Maximum of 1 Hook Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> HOOK UP to an existing subsurface wastewater disposal system		Hose/Silk / Sillcock		Bathroom (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION or sanitary lines, drains, and piping without new fixtures		Urinal	<input checked="" type="checkbox"/>	Sink
		Drinking Fountain	<input checked="" type="checkbox"/>	Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub	
	Other: _____		Water Heater	
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
Hook-Up & Relocation Fee				
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Hook-Up & Relocation Fee
				<b>\$ 9.00</b>

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED  
TO BE ERECTED ON A BUILDING AT 1041 Brighton Ave.  
IN PORTLAND, MAINE Reall Management being the owner of the premises  
at 1041 Brighton Ave., Portland, Maine hereby gives consent to the  
erection of a certain sign owned by Ellie Connell (dba Pizza Ops) over the  
sidewalk or on the building from said premises as described in application  
to the Division of Inspection Services of Portland, Maine for a permit to  
cover the erection of said sign:

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

In Witness whereof, the owner of said premises has signed this consent and  
agreement this 22nd day of June 19 90

Ellie Connell  
Owner's signature <sup>(For Lessee)</sup>  
For Owner

Ellie Connell  
Lessee's signature



1285 Walt Whitman Road  
Melville, New York 11747-3081  
(516) 271-6200  
FAX No. (516) 271-8259/8260  
MCI Mail No 255-3315  
Telex No 6852015

**MEL**

File E143239

Vol 1

Issued: 3-5-92

FOLLOW-UP SERVICE PROCEDURE

(TYPE L)

SIGNS  
(UXYT)

Manufacturer: Rockwell Burr Sign & Design Inc.  
(753390-001) 184 Read Street  
Portland, ME 04103

Subscriber  
#E143239

Applicant: Same as Manufacturer

Listee: Same as Manufacturer

This Procedure authorizes the above Manufacturer to use the Listing Mark of Underwriters Laboratories Inc. only on Listed products covered by this Procedure, in accordance with the Listing and Follow-Up Service Agreement.

The Prescribed Mark or Marking shall be used only at the above manufacturing location on such products which comply with this Procedure and any other applicable requirements.

The Procedure contains information for the use of the above named manufacturer and the representatives of Underwriters Laboratories Inc. and is not to be used for any other purpose. It is lent to the Manufacturer with the understanding that it is not to be copied, either wholly or in part, and that it will be returned to Underwriters Laboratories Inc. upon request.

This PROCEDURE, and any subsequent revisions, is the property of UNDERWRITERS LABORATORIES INC., and is not transferable.

UNDERWRITERS LABORATORIES INC.

*Robert H. Levine*

Robert H. Levine  
Vice President, Follow-Up Services

Lib\E143239-PC

A not for profit organization  
dedicated to public safety and  
committed to quality service

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

Location of Construction: 1041 Brighton Ave		Owner: Soley, Joseph		Phone:	Permit No. <b>961187</b>
Owner Address:		Leasee/Buyer's Name: Turner Shoes 1041 Brighton Ave Portland, ME 04102		Phone:	<b>PERMIT ISSUED</b> Permit Issued: DEC - 5 1996 <b>CITY OF PORTLAND</b>
Contractor Name:		Address:		Phone: 774-3977 - Galen	
Past Use: Restaurant	Proposed Use: Retail	COST OF WORK: \$ 500.00	PERMIT FEE: \$ 30.00	FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>see certificate sheet</i> INSPECTION: Use Group: Type: Signature: Signature:	
Proposed Project Description: Change Use - Make Interior Renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		Zoning: <b>B-2</b> CBL: 27 - -001 Zoning Approval: <i>OK 12/4/96</i> Special Zoning or Reviews: <input type="checkbox"/> Shoreland <i>with condition</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 22 November 1996			

- 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..

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: 11/25/96

*D. Andrews*

CEO DISTRICT **4**  
*A. Power*

**PERMIT ISSUED WITH REQUIREMENT**

**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

*Galen Turner*  
 SIGNATURE OF APPLICANT: Galen Turner ADDRESS: DATE: 22 November 1996 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