

775-5451

(207) 998-4213

Department of Human Services
Division of Health Engineering
(207) 289-3826

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: Culbun St

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: Shaw's Market - Northgate Plaza

Applicant Name: E. Walker

Mailing Address of Owner/Applicant (If Different): Palmd Spring Me - 04274

PORTLAND 9-286 PERMIT # 1,926 TOWN COPY

Local Plumbing Inspector Signature: [Signature]

DATE: 8-29-86

DOUBLE FEE CHARGED: 1318

PERMIT FEE: 1213

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature]

Date: 8-29-86

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____

Date Approved: _____

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY: Super Market

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D. HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 729

| Number | Hook-Ups And Piping Relocation | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
|--------|---|--------|--|--------|------------------------------|
| | HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | | Hot/Cold / Sillcock | | Bathtub (and Shower) |
| | | 1 | Floor Drain | | Shower (Separate) |
| | | | Urinal | 1 | Sink |
| | HOOK-UP: to an existing subsurface wastewater disposal system. | | Drinking Fountain | | Wash Basin |
| | | 12 | Indirect Waste <u>Relocated</u> | | Water Closet (Toilet) |
| | | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures | | Grease/Oil Separator | | Dish Washer |
| | | | Dental Cuspldor | | Garbage Disposal |
| | | | Bidet | | Laundry Tub |
| | | | Other _____ | | Water Heater |
| | Hook-Ups (Subtotal) | | Fixtures (Subtotal) Column 2 | 1 | Fixtures (Subtotal) Column 1 |
| \$ | Hook-Up Fee | | | 13 | Fixtures (Subtotal) Column 2 |
| | | | | 14 | Total Fixtures |
| | | | | | Fixture Fee |
| | | | | | Hook-Up Fee |
| | | | | | \$38.00 |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Oct. 7 19 86
 Receipt and Permit number D 25187

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Auburn St. - Shaw's Supermarket
 OWNER'S NAME: Shaw's Realty ADDRESS: same

| | FEES |
|--|--------------------------------|
| OUTLETS: | |
| Receptacles <u>18</u> Switches <u>7</u> Plugmold _____ ft. TOTAL <u>25</u> | 3.00 |
| FIXTURES: (number of) | |
| Incandescent <u>400</u> Flourescent _____ (not strip) TOTAL <u>400</u> | 42.00 |
| Strip Flourescent <u>400</u> ft. | 7.40 |
| SERVICES: | |
| Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ .. | |
| METERS: (number of) | |
| MOTORS: (number of) | |
| Fractional | |
| 1 HP or over | |
| RESIDENTIAL HEATING: | |
| Oil or Gas (number of units) | |
| Electric (number of rooms) | |
| COMMERCIAL OR INDUSTRIAL HEATING: | |
| Oil or Gas (by a main boiler) | |
| Oil or Gas (by separate units) | |
| Electric Under 20 kws _____ Over 20 kws | |
| APPLIANCES: (number of) | |
| Ranges _____ Water Heaters _____ | |
| Cook Tops _____ Disposals _____ | |
| Wall Ovens _____ Dishwashers _____ | |
| Dryers _____ Compactors _____ | |
| Fans _____ Others (denote) _____ | |
| TOTAL | |
| MISCELLANEOUS: (number of) | |
| Branch Panels | |
| Transformers | |
| Air Conditioners Central Unit | |
| Separate Units (windows) | |
| Signs 20 sq. ft. and under | |
| Over 20 sq. ft. | |
| Swimming Pools Above Ground | |
| In Ground | |
| Fire/Burglar Alarms Residential | |
| Commercial | |
| Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under | |
| over 30 amps | |
| Circus, Fairs, etc. | |
| Alterations to wires | |
| Repairs after fire | |
| Emergency Lights, battery | |
| Emergency Generators | |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT | INSTALLATION FEE DUE: |
| FOR REMOVAL OF A "STOP ORDER" (304-16.b) | DOUBLE FEE DUE: |
| | TOTAL AMOUNT DUE: <u>52.40</u> |

INSPECTION:
 Will be ready on _____, 19 ____; or Will Call xx
CONTRACTOR'S NAME: Bailey & Pickrell
ADDRESS: 11 Allen Ave. Ext Falmouth
TEL.: 797-8633
MASTER LICENSE NO.: 3312 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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

FALLBROOK
MEDICAL
BUILDING

NORTHGATE
SHOPPING CENTER



REMOVE THIS SIGN.
INSTALL NEW SIGN

BOY SCOUT
BUILDING

15

← AUBURN ST. →

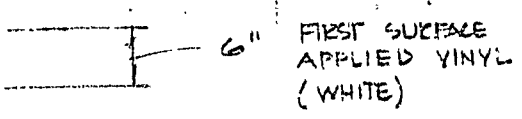
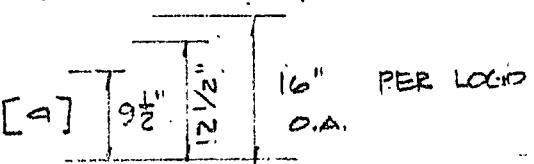
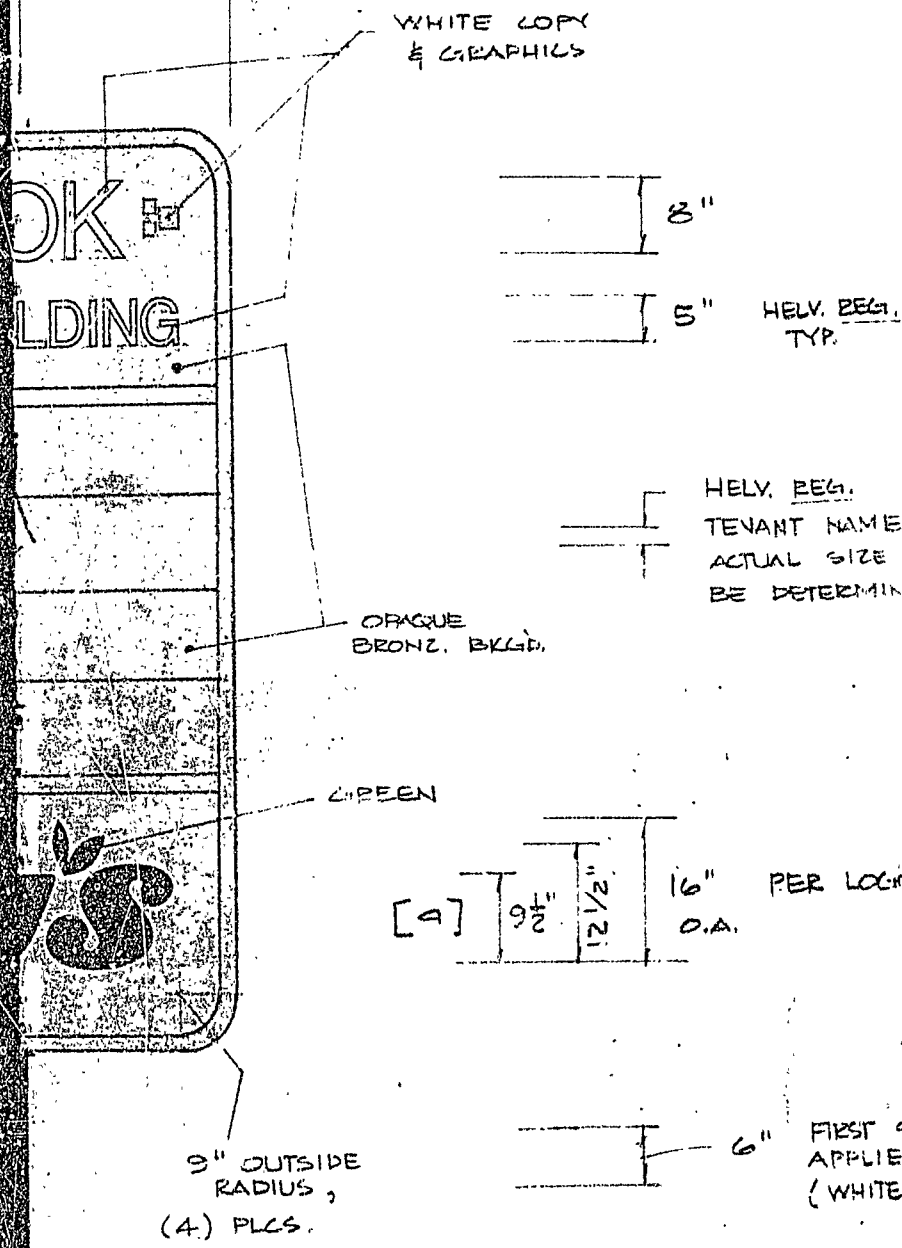
REMOVE EXISTING SHAW'S NORTHGATE
SIGN (SEE PHOTO). INSTALL NEW SIGN
IN ITS PLACE.

RECEIVED

FEB 14 1989

DEPT. OF BUILDINGS
CITY OF PORTLAND

COLORS:
AS INDICATED



BRONZE #313 E
GREEN OR ORANGE
BRONZE #313 E

HELV. REG. TENANT NAMES - ACTUAL SIZE TO BE DETERMINED.
OR (2) LINE WHAT - CENTERED. EACH "PANEL"

9" OUTSIDE RADIUS, (4) PLCS.

SCALE : 3/4" = 1 FT.

| | |
|---|---------|
| 1 | REDRAWN |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

DRAWING SPECIFICATIONS ACCEPTED BY

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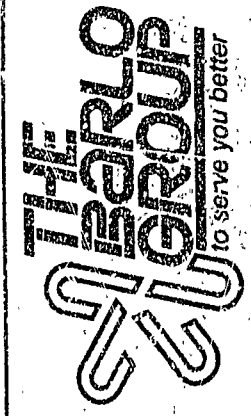


LOCATION: NORTHGATE PLAZA PORTLAND, MAINE

- BARLO SIGNS • 158 Greeley St., Hudson, NH 03051 (603) 882-2638
- BARLO SCREENGRAPHICS • 158 Greeley St., Hudson, NH 03051 (603) 882-2638
- COYNE SIGNS • 92 Industrial Park Rd., Saco, ME 04072 (207) 282-2400
- LESSARD SIGNS • 87 Willard St., Berlin, NH 03570 (603) 752-4440
- BUILD-IT-SIGNS • 159-R Main St., Bradley, ME 04411 (207) 827-2500

Electrical Sign Advertising • Screen Process Printing

DESIGNED FOR DR. HOLTHERM / SHAW'S



RECEIVED
FEB 14 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

| | |
|----------------|------------|
| DATE | 30 NOV. 88 |
| SCALE | AS NOTED |
| DRAWN BY | K. SMITH |
| CHECKED BY | |
| DRAWING NUMBER | C-88-11-13 |
| REV. 1 | SHEET 1 OF |

DEK. BRONZE.
REF # 313 E

4'-0" TYP.
(8) PLS.

8'-0" ±

3'-10" REF.

WHITE COPY
& GRAPHICS

FALL BROOK
PROFESSIONAL BUILDING

1/4" OF DIVIDER

9 1/2"

TYP. (8)
PLS.

1/4" OF DIVIDER

OPAQUE
BRONZ. BKGD.

GREEN

Shaw's

[9] 9 1/2" 12 1/2" 16" O.A.

ORANGE

WHITE

ENTER

9" OUTSIDE
RADIUS,
(4) PLS.

BRONZE # 313 E

2 1/2" REVEAL
W/ COLOR
ACCENT

GREEN OR
ORANGE

BRONZE # 313 E

(A) PYLON / DIRECTORY

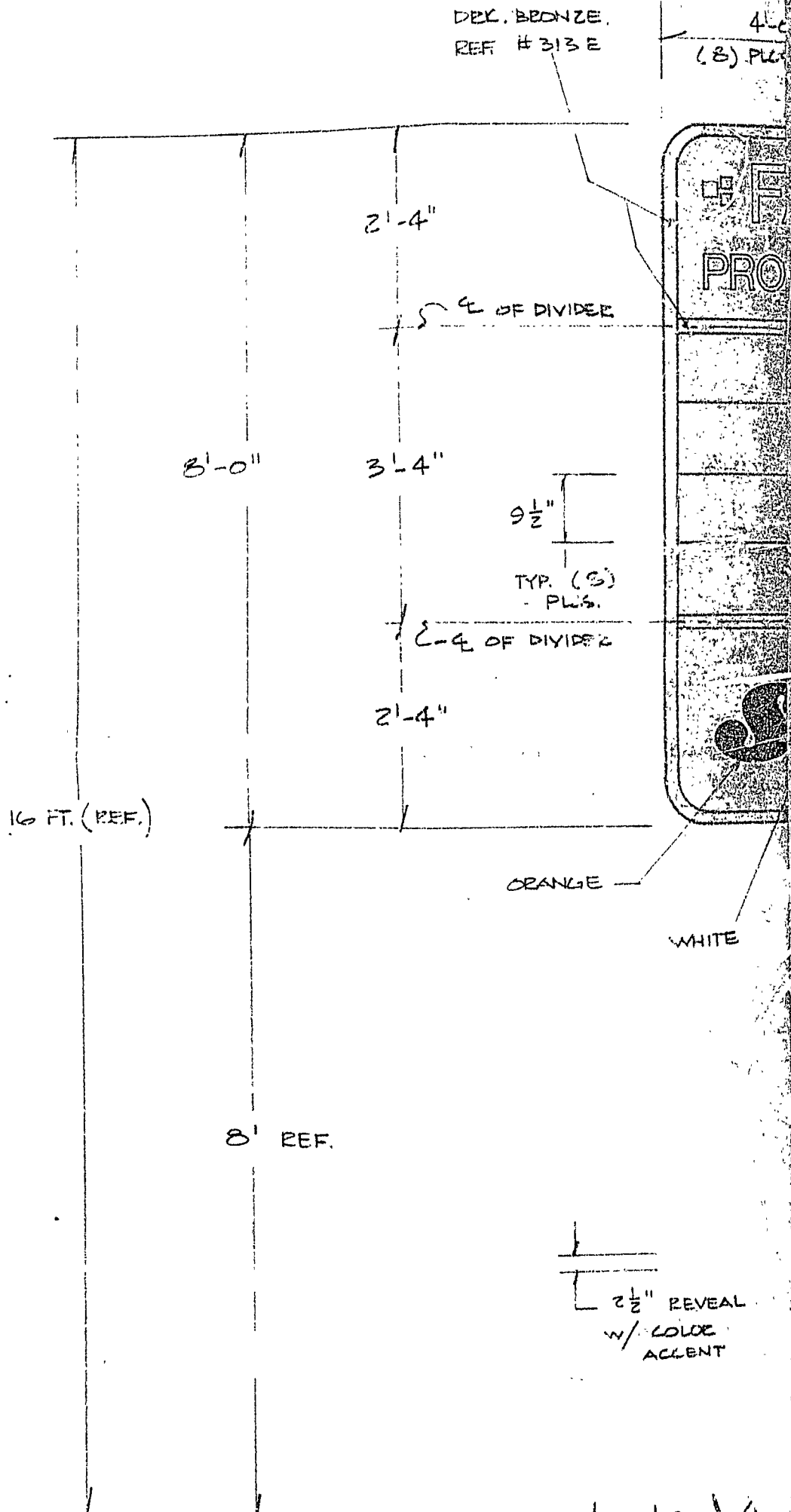
B-2

SCALE : 3/4" = 1 FT.

3/4" INTERNAL HULTD.
EXTEN'D ALUM. CABINET
EVAN' FACES W/ SPRAYED AND VINYL GRAPHICS
SOLE COVER W/ COLOR REVEAL BELOW

W.C. No

88-11-13



PROPOSAL #2 → ITEM (A) PYLON / DIRECTORY

- (1) D/F INTERNAL ILLD.
EXTD'D ALLM. CABINET
'LEVAN' FACES W/ SPRAYED AND
POLE COVER W/ COLOR-REVEAL

ELECTRICAL INSTALLATIONS -

Permit Number 96643

Location Lebanon St. 914th St. Shop, Canton

Owner Shaver Realty

Date of Permit 3-1-83

Final Inspection 3-1-83

By Inspector Rubby

Permit Application Register Page No. 142

INSPECTIONS: Service _____ by _____
Service called in _____ by _____

PROGRESS INSPECTIONS: Closing-in 3-1-83 / _____
_____/_____
_____/_____
_____/_____
_____/_____

CODE
COMPLIANCE
COMPLETED
DATE 3-1-83

REMARKS:



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date March 1, 19 83
 Receipt and Permit number A 96643

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Northgate Shopping Center - Auburn St. - Shaw's Supermarket
 OWNER'S NAME: Shaw's Realty ADDRESS: So. Portland

FEE'S

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

FIXTURES: (number of)
 Incandescent _____ Flourescent 12 (not strip) TOTAL 12 3.20
 Strip Flourescent _____ ft.

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

METERS: (number of) _____

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

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

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

APPLIANCES: (number of)

| | |
|------------------|-----------------------|
| Ranges _____ | Water Heaters _____ |
| Cook Tops _____ | Disposals _____ |
| Wall Ovens _____ | Dishwashers _____ |
| Dryers _____ | Compactors _____ |
| Fans _____ | Others (denote) _____ |

 TOTAL _____

MISCELLANEOUS: (number of)
 Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____

TOTAL AMOUNT DUE: 3.20

INSPECTION:

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

CONTRACTOR'S NAME: Bailey & Pickrell

ADDRESS: 11 Allen Ave. Ext

TEL.: 797-8633

MASTER LICENSE NO.: 3105 SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: _____ Ralph E. Bailey Jr.

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

PERMIT # 002603 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Shawis Realty

Address: New Hampshire

NATURE OF CONSTRUCTION: Auburn St. - Northgate Shop. Center

CONTRACTOR: Ralley Sign, Inc. SUBCONTRACTORS 774-2843 - Eric

ADDRESS: 9 Thomas Drive, West., ME 04094

Construction Cost: _____ Type of Use: Retail Business (14)

Use: same

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

Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain To erect 14 signs at 14 separate businesses at

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Northgate Shop. Center,

Residential Buildings Only: _____ as per plan. (1 set)

Dwelling Units _____ # Of New Dwelling Units _____ Attached to facade - flush.

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

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

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

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

For Official Use Only

Date: Sept. 13, 1989 Subdivision: Yes / No _____ Name: _____

Inside Fire Limits _____

Blgd Code _____

Time Limit _____

Estimated Cost _____

Value/Structure _____

Fee: \$159.00

PERMIT ISSUED

Permit Expiration: _____

Ownership: _____ Public _____ Private _____

SEP 20 1989

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

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

Chimneys: _____ Type: _____ Number of Fire Places _____

Heating: _____ Type of Heat: _____

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

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

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

Zoning: B-2 District: _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivisor _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other: (Explain) grandfathered old B-1 zone

Date Approved: 9-19-89

Permit Received By: Joyce M. Kinaldi

Signature of Applicant: Joyce M. Kinaldi Date: 9-13-89

Signature of CEO: _____ Date: _____

Inspection Dates: _____

White Tag-CEO
LEAH Leary

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 159.40 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Lace Fee \$ _____

Inspection Record

| Type | Inspection Record | Date |
|-------|-------------------|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

COMMENTS

Signs have been placed

Signature of Applicant *Eric A. Moquidar - Contractor - For Owner* Date *9/3/85*

PERMIT # 002374 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Shaws Realty Company
 Address: 140 Laurel St., E. Bridgewater, Mass 02333 603-772-8886
 LOCATION OF CONSTRUCTION Northgate - Washington Avenue *Huber St*
 CONTRACTOR: Allied Construction SUBCONTRACTORS: 772-2888
 ADDRESS: 208 Fore St., Portland

Est. Construction Cost: \$110,000 Type of Use: supermarket - canopy renovations
 Past Use: _____
 Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain sign/canopy renovations (exterior only)
 COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 2 complete sets of plans submitted.
 Resident Buildings Only: _____
 # Of Dwelling Units _____ # Of Non Dwelling Units _____

Foundation: 000
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

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

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

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

For Official Use Only

Date: July 24, 1989 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Block _____
 Estimated Cost: \$110,000 Permit Expiration: _____
 Value Structure _____ Ownership: _____ Public _____ Private _____
 Fee: \$510.00

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ JUL 24 1989

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

Chimney:
 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: _____ 00.000

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

Zoning:
 District R-1 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved: 7-26-89

Permit Received By: HEHEX Nancy Grossman

Signature of Applicant: Marie Dumaine Date: 7-24-89
 for Allied Construction Co. Inc.

Signature of CEO: _____ Date: _____

Inspection Dates: _____

10-24-89

PLGT PLAN

N
↑

| FEES (Breakdown From Front) | Type | Inspection Record | Date |
|-----------------------------|------|-------------------|------|
| Base Fee \$ 25.00 | | | |
| Subdivision Fee \$ | | | |
| Site Plan Review Fee \$ | | | |
| Other Fees \$ 545.00 | | | |
| (Explain) | | | |
| Late Fee \$ | | | |

COMMENTS 10-24-89 Shk w all completed

Signature of Applicant Chaise Dumasse for Allied Construction Co., Inc. Date 7-24-89

PERMIT # 002603 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Maine Savings Bank - 871-1111 Warren Swetz
 Address: One Maine Savings Plaza, Portland, ME
 LOCATION OF CONSTRUCTION Auburn St. (Northgate Shop. Center)
 CONTRACTOR: Murray Construction SUBCONTRACTORS: (Maine Savings)
 ADDRESS: P.O. Box 2530, S. P. 04106 - 799-8136
 Est. Construction Cost: XXXXXXXXXX Type of Use: Bank
 Past Use: same
 Building Dimensions L W Sq. Ft. # Stories: Lot Size:
 Is Proposed Use: Seasonal Condominium Apartment
 Conversion - Explain Interior renovations, as per plans. (1 sheet)

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

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

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

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

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

For Official Use Only

Date Sept. 13, 1989 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____
 Time Limit \$20,000.00
 Estimated Cost XXXXXXXXXX
 Value/Structure _____
 Fee \$120.00

PERMIT ISSUED
 Permit Expiration: _____
 Ownership: Public _____ Private SEP 20 1989

City Of Portland

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

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

Chimneys:
 Type: Number of Fire Places

Heating:
 Type of Heat:

Electrical:
 Service Entrance Size: Smoke Detector Required Yes No

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

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

Zoning:
 District Street Frontage Req. Provided:
 Required Setbacks: Front Back Side Side

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

Permit Received By Joyce M. Rinaldi

Signature of Applicant J.A. Murray Const. For Owner Date 9-13-89

Signature of CEO (4) Date

Inspection Dates

PERMIT # 02604 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Shaw's Realty

Address: New Hampshire

LOCATION OF CONSTRUCTION Auburn St. - Northgate Shop. Center

CONTRACTOR: Bailey Sign, Inc. SIGN CONTRACTORS 774-2843 - Eric

ADDRESS: 9 Thomas Drive, West, ME 04094

Est. Construction Cost: _____ Type of Use: Retail Business (14)

Past Use: same

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

672 Sq. Ft. of signage

Conversion - Explain To erect 14 signs at 14 separate businesses at

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Northgate Shop. Center,

Residential Buildings Only: _____ as per plan. (1 set)

Of Dwelling Units _____ # Of New Dwelling Units _____ Attached to facade-flush.

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. Sheathing Size _____ Span(s) _____

3. Sheathing Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date: Sept. 13, 1989 Sub-division: Yes / No _____

Inside Fire Limits: _____ Name: _____

Bldg Code: _____ Permit Expiration: _____

Time Limit: _____ Ownership: CON. (FOR) OWNER

Estimated Cost: _____ Value/Structure: _____

Fee: \$159.40

City of Portland

Ceiling:

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceilings: _____

4. Insulation Type _____ Size _____

5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____

2. Sheathing Type _____ Size _____

3. Roof Covering Type _____

4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____

2. No. of Tubs or Showers _____

3. No. of Flushes _____

4. No. of Lavatories _____

5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____

2. Pool Size: _____ x _____ Square Footage _____

3. Must conform to National Electrical Code and State Law.

Zoning:

District: _____ Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved _____

Permit Received By Joyce M. Rinaldi

Signature of Applicant Joyce M. Rinaldi CON. (FOR) OWNER Date 9-13-89

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor

Yellow-GPCOG

White Tag -CEO

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APPLICATION FOR PERMIT

PERMIT ISSUED

AUG 8 1986

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 1013

City Of Portland

ZONING LOCATION PORTLAND, MAINE July 21, 1986

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION HUBBORN (Shaw Northgate) Fire District #1 #2
1. Owner's name and address Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address Telephone Land 04104
Proposed use of building No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 240,000.

FIELD INSPECTOR—Mr. @ 775-5451

Interior renovations, as per plans.

Appeal Fees \$
Base Fee
Late Fee
TOTAL \$ 1,720.00

Stamp of Special Conditions

ISSUE PERMIT TO #1

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? ..yes..... Is any electrical work involved in this work? ..yes.....
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet:
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? .. n/a
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ..yes...

Signature of Applicant Phone #

Type Name of above James Langford 1 2 3 4

Other
and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

Permit # 940559 City of Portland **BUILDING PERMIT APPLICATION** Fee 360.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Shaw's Realty Phone # _____
 Address: CVS 77 Auburn St Ptd, ME 04103
 LOCATION OF CONSTRUCTION 77 Auburn St (Northgate)
 Contractor: Cascade Const. Inc. Sub: _____
39 Darling Ave So Ptd, ME 04106-2327
 Address: _____ Phone # 773-7178
 Est. Construction Cost: 67,650. Proposed Use: Retail w/int reno
 Past Use: Retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Make Interior Renovations as per plans

For Official Use Only

Date 27 May 1994 Subdivision: _____
 Inside Fire Limits _____ Name: JUN 10 1994
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: _____
 Estimated Cost _____

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

7484/30-0179 0.85/30-0178
 Foundation: 7/85
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____
 Floor:
 1. Sill's 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: _____

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 Action: Approved
 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 Use Group B1 Type 1 & 5
 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.

Exterior Walls:
 1. Studding Size _____ Spacing _____
 New windows _____

CASCADE CONSTRUCTION INC.
 GENERAL CONTRACTORS
 CONSTRUCTION MANAGERS
 JOHN S. BROCKINGTON
 GENERAL MANAGER
 39 Darling Avenue
 South Portland, Maine 04106-2320
 Tel (207) 773-7178
 Fax (207) 773-3048

Permit Received By: Mary Gress
PERMIT ISSUED WITH LETTER
 Date: May 1994
PERMIT ISSUED WITH LETTER
 Signature: John S. Brockington
 CEO's District

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO MA Jordan

Permit # 940689 City of Portland BUILDING PERMIT APPLICATION Fee 4,520. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form. 300.00

Owner: Shaw's Realty Phone # _____
 Address: P.O. Box 600 East Bridgewater, MA 02333
 LOCATION OF CONSTRUCTION 91 Auburn St
 Contractor: Allied Construct co. Sub.
 Address: P.O. box 1396 Ptld, ME 04104 Phone # 772-2888 - Peter
 Est. Construction Cost, 900,000. Proposed Use: Grocery Store
 Past Use: Grocery 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 Major Site Plan - Const 3-additions 3,730 sq ft

For Official Use Only

Date 15 June 1994 Subdivision: _____
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Ownership: _____ Public _____ Private _____
 Zoning: B-2
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Planning Board Approval: Yes _____ No _____ Date: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____

375- -015 07486 thru 07495
 Foundation: 10 - Single Axle Dump Trucks
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

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

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: _____

Roof:
 1. Truss or Rafter Size _____ Spacing _____
 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 _____

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 _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories Use Group M Type 2
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: 7' x 7' Square Footage _____
 3. Must conform to National Electrical Code and State Law.
 Permit Received By Mary Green
 Signature of Applicant Peter Pelletier Date 14 June 1994

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

White - Tax Assessor Ivory Tag - CEO

PERMIT ISSUED WITH LETTER

ISSUED
 [Signature] dan

CONTINUED TO REVERSE SIDE

Permit # **940689** City of **Portland** BUILDING PERMIT APPLICATION Fee **4,520.** Zone **300.00** Map # **_____** Lot# **_____**
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: **Shaw's Realty** Phone # **_____**
 Address: **P.O. Box 600 East Bridgewater, MA 02333**
 LOCATION OF CONSTRUCTION **91 Auburn St**
 Contractor: **Allied Construct co.** Sub: **_____**
 Address: **P.O. box 1396 Ptd, ME 04104** Phone # **772-2388 - Peter**
 Est. Construction Cost: **900,000.** Proposed Use: **Grocery Store**
 Past Use: **Grocery 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 **Major Site Plan - Const 3-additions 3,730 sq ft**

For Official Use Only

Date **15 June 1994** Subdivision **_____**
 Inside Fire Limits **_____**
 Bldg Code **_____** Ownership: **Public**
 Time Limit **_____** Estimated Cost **_____**
 Zoning: **B-2**
 Street Frontage Provided: **_____**
 Provided Setbacks: Front **_____** Back **_____** Side **_____**
 Review Required:
 Zoning Board Approval: Yes **_____** No **_____** Date: **_____**
 Planning Board Approval: Yes **_____** No **_____** Date: **_____**
 Conditional Use: **_____** Variance **_____** Site Plan **_____** Subdivision **_____**
 Shoreland Zoning: Yes **_____** No **_____** Floodplain Yes **_____** No **_____**
 Special Exception: **_____**
 Other (Explain) **_____**

375- -015 07486 thru 07495
 Foundation: **10 - Single Axle Dump Trucks**
 1. Type of Soil: **_____**
 2. Set Backs - Front **_____** Rear **_____** Side(s) **_____**
 3. Footings Size: **_____**
 4. Foundation Size: **_____**
 5. Other **_____**

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

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: **_____**

Roof:
 1. Truss or Rafter Size **_____** Span Action: **Approved**
 2. Sheathing Type **_____** Size **_____**
 3. Roof Covering Type **_____**
 Chimneys:
 Type: **_____** Number of Fire Places **_____** Date: **7/14/94**
 Heating:
 Type of Heat: **_____** Signature: **_____**

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 **_____**

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 **Use Group M Type 2**
 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.

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

Permit Received By **Mark G. [Signature]**
 Signature of Applicant **Peter Pelletier** Date **14 June 1994**
 City District **_____**

PERMIT ISSUED WITH LETTER

ISSUED WITH LETTER

White - Tax Assessor

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

7 **ISSUED WITH LETTER** **gordan**

991226

Permit # 991226 City of Portland BUILDING PERMIT APPLICATION Fee \$53.80 Zone _____ Map # _____ Lot# _____

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

Owner: Shaw's Supermarkets Phone # 773-0211
 Address: Mall Plaza- South Ptld, ME 04106
 LOCATION OF CONSTRUCTION 91 Auburn St.
 Contractor: Ne&Kraft Signs Sub.: 772-1544
 Address: 686 Main St- Lewiston Phone # ME 04240
 Est. Construction Cost: _____ Proposed Use: retail w signs
 Past Use: retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect two signs - 16'x5' & 8'x8'

For Official Use Only
 Subdivision Name JAN 4 1994
 Date 12/29/93
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Ownership: Public _____ Private _____
 CITY OF PORTLAND

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WDP-7-1-3-94

Foundation: (same structure)
375-C-15
 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: _____ Size _____
 4. Insulation Type _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Span: _____
 2. Sheathing Type _____
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places: _____
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
 Signature of Applicant Peter W. Murphy Date 12-29-93
 CEO's District 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

White - Tax Assessor

PLOT PLAN

N
↑

FEES (Breakdown From Front)
 Base Fee \$ 53.40
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

| Inspection Record | | Date |
|-----------------------|--|---------|
| Type | | |
| Started installation | | 4-18-94 |
| Installation complete | | 4-12-94 |
| | | 1-1- |
| | | 1-1- |
| Close X | | 1-1- |

COMMENTS 1-10-94 N.W. Started (2-15-94 N.W.S) (3-16-94 sign on Auburn isn't started, but sign by Allen Ave. Exit looks new?)

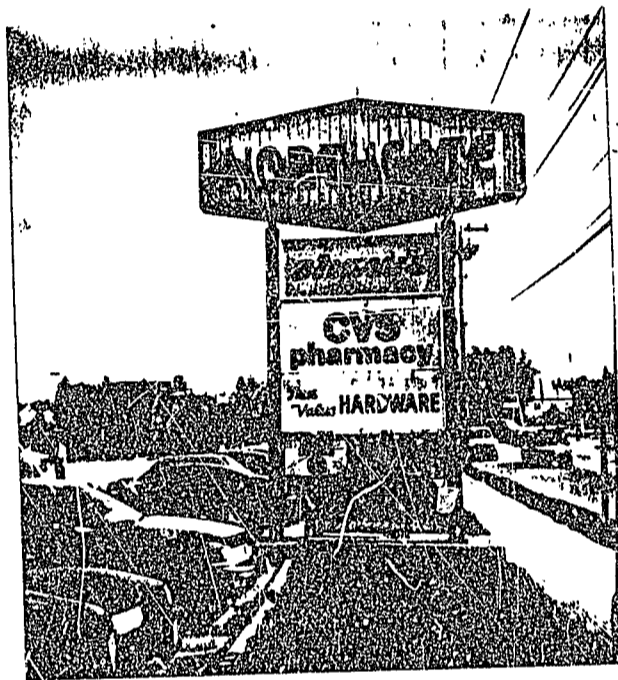
CERTIFICATION

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.

DeWitt Murray (AGENT FOR OWNER)
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

EXISTING SIGN

16'



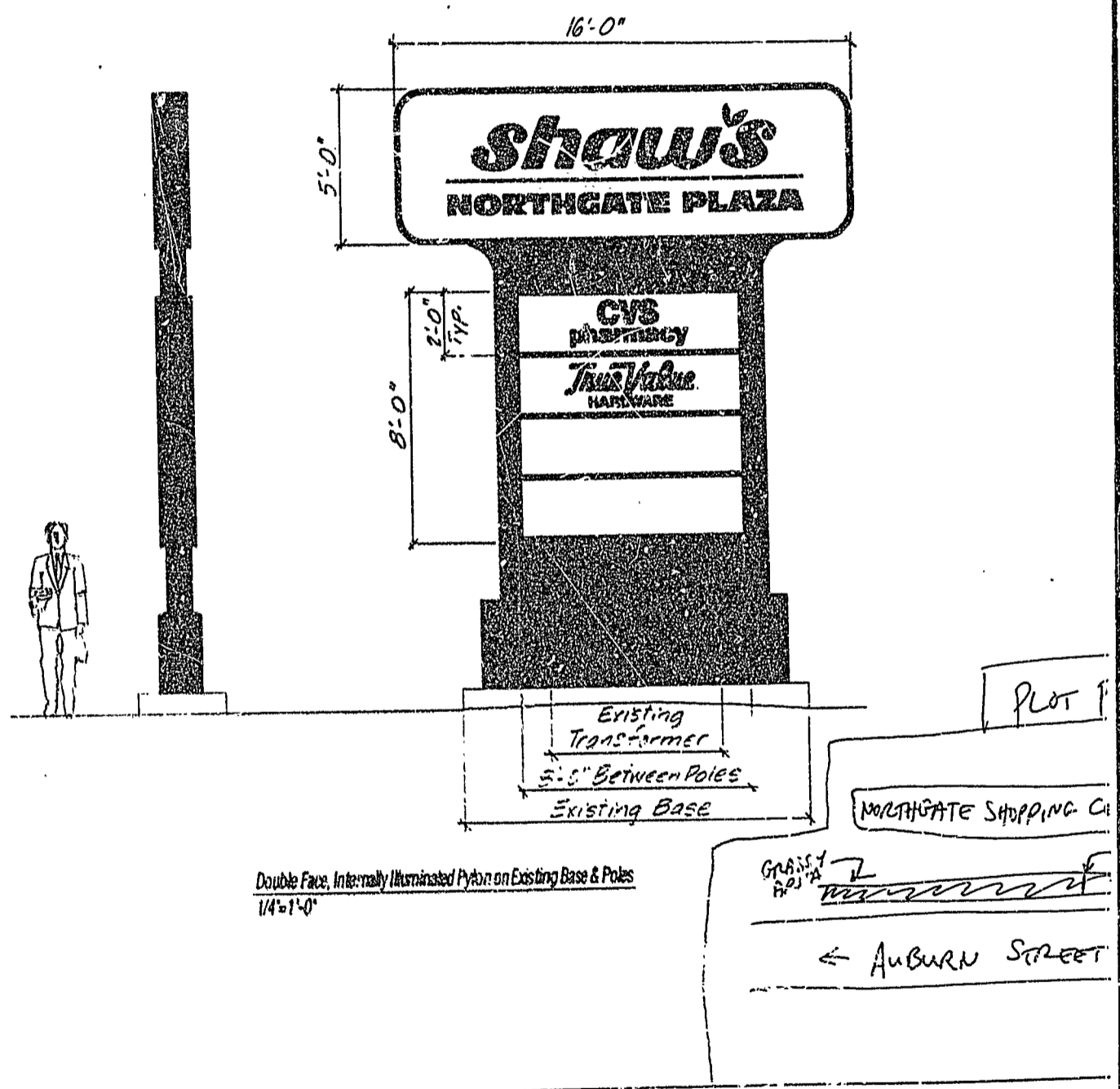
TRANSFORMER
MEASURES 20" H X 72" L X 7" DEEP

PIPES: 8"
CASINETS MEASURE 16" DEEP

EXISTING SIGNAGE
TO BE RENOVATED AS
PER ATTACHED DRAWING

F 61AA

NEW SIGNAGE



Double Face, Internally Illuminated Pylon on Existing Base & Poles
1/4" = 1'-0"



395-C-1

APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 3/8/94, 19
Receipt and Permit number 6521

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the law of
Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 91 Auburn St.
OWNER'S NAME: Shaw's - Northgate ADDRESS:

FEES
OUTLETS: Receptacles, Switches, Plugmold, ft. TOTAL
FIXTURES: (number of) Incandescent, Fluorescent, Strip Fluorescent, ft.
SERVICES: Overhead, Underground, Temporary, TOTAL amperes
METERS: (number of)
MOTORS: (number of) Fractional, 1 HP or over
RESIDENTIAL HEATING: Oil or Gas, Electric
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas, Electric
APPLIANCES: (number of) Ranges, Cook Tops, Wall Ovens, Dryers, Fans, Water Heaters, Disposals, Dishwashers, Compactors, Others
MISCELLANEOUS: (number of) Branch Panels, Transformers, Air Conditioners, Signs, Swimming Pools, Fire/Burglar Alarms, Heavy Duty Outlets, Circus, Fairs, etc., Alterations to wires, Repairs after fire, Emergency Lights, battery, Emergency Generators

INSTALLATION FEE DUE:
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b)
TOTAL AMOUNT DUE: \$ 15
minimum fee

INSPECTION: Will be ready on, 19; or Will Call X
CONTRACTOR'S NAME: Conservation Lighting Inc
ADDRESS: 470 Riverside St- Ptl'd
TEL: 797-6195
MASTER LICENSE NO.: John Quirk: 46521 SIGNATURE OF CONTRACTOR:
LIMITED LICENSE NO.: John D. Smith

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

