Cit	y of Portland, Maine	- Building or Use	Permit	t Application	n Per	rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703				207) 874-871	6	10-0490			013 E0	10001
Location of Construction: Owner Name:				Owner Address:			Phone:			
50 WASHINGTON AVE BSULLAK NIC			COLE L & SCOTT 52		52 W	2 WASHINGTON AVE				
		Contractor Name	me:		Contractor Address:			Phone		
		Simplex / Grin	Simplex / Grinnell		20 Thomas Drive Westbrook			2078426440		
		Phone:	Phone:		Permit Type:				Zone:	
					Fire Suppression System					
Past	Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:	1		
Cor	nmercial - Restaurant - "Ch	niang Commercial -	Commercial - Restaurant - "Chiang Mai Two" - install a non water based fire suppression systmen in kitchen hood			\$40.00	\$1,50	00.00	1	
Ma	i Two"				FIRE	DEPT:	Approved	INSPE	CTION:	
								Use Gr	e Group: Type:	
		kitchen hood								
Prop	osed Project Description:	•			1					
ins	tall a non water based fire s	suppression systmen in			Signature:		Signatu	Signature:		
					PEDESTRIAN ACTIVITIES DISTRICT (P.			P.A.D.)		
			А		Action: Approved Approved w/Conditions De				Denied	
				Signature:			Date:			
Pern	it Taken By:	Date Applied For:				Zoning	Approva	l		
ldo	bson	05/07/2010								
1. This permit application does not preclude		bes not preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		She	Shoreland		U Variance			Not in District or Landmark	
2.	2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneous			Does Not Require Review	
 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 			Flood Zone			Conditional Use			Requires Review	
			Subdivision			Interpretation			Approved	
			Site Plan		Approved			Approved w/Conditions		
			Maj [Minor MM		Denied			Denied	
			Date:			Date:		D	ate:	

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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:		Owner Name:		Owner Address:	Р	hone:	
50 WASHINGTON AVE		BSULLAK NICOLE L & SCOTT		52 WASHINGTON AV	Έ		
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Simplex / Grinnell		20 Thomas Drive Westh	prook 2	20784264	40
Lessee/Buyer's Name		Phone:		Permit Type:	1		Zone:
				Fire Suppression System	m		
Dept: Zoning	Status: A	Approved	Reviewer:	Marge Schmuckal	Approval Date	: 05/1	0/2010
Note:					0	k to Issu	: ✓
Dept: Building	Status: A	Approved	Reviewer:	Tammy Munson	Approval Date	: 05/2	24/2010
Note:					0	k to Issu	: ✓
Dept: Fire	Status: A	Approved with Conditions	Reviewer:	Capt Keith Gautreau	Approval Date	: 05/1	9/2010
Note:					0	k to Issue	: ⊻
1) Install shall comply wi A compliance letter is		96.					
	ailable. A	omply with NFPA 17A, 90 puff test is required. The			•		

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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE