

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 031082

This is to certify that Portland Housing Authority/ Heating and Ventilating
has permission to Install Kitchen Ventillation, Exhaust and
AT 33 Boyd St 022 1001001

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 of inspection must be given and work on permit on procedure before this building or part thereof is altered or otherwise disposed-in. HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. THM. J
Health Dept. _____
Appeal Board _____
Other _____

Department Name

[Signature] 10/2/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 03-1082	Issue Date:	CBL: 022 I001001
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Location of Construction: 33 Boyd St	Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd	Phone: 761-2721
Business Name:	Contractor Name: Aero Heating and Ventilating	Contractor Address: 378 Presumpscot Portland	Phone: 2077612092
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: R6

Past Use: Daycare Center/Commercial	Proposed Use: Daycare Center/Commercial	Permit Fee: \$111.00	Cost of Work: \$9,453.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: NA Type:	

Proposed Project Description: Install Kitchen Ventillation, Exhaust and Fire Systems	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 10/2/03
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: gad	Date Applied For: 09/04/2003	Zoning Approval	
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1. This permit application does not 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK 9/10/03</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>
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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 _____

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1082	Date Applied For: 09/04/2003	CBL: .
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Location of Construction: 33 Boyd St	Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd	Phone: () 761-2721
Business Name:	Contractor Name: Aero Heating and Ventilating	Contractor Address: 378 Presumpscot Portland	Phone: (207) 761-2092
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	

Proposed Use: Daycare Center/Commercial	Proposed Project Description: Install Kitchen Ventillation, Exhaust and Fire Systems
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/10/2003
Note: **Ok to Issue:**

Dept: Building **Status:** Pending **Reviewer:** Mike Nugent **Approval Date:** **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 09/24/2003
Note: **Ok to Issue:**
1) the fire suppression system shall be installed in accordance with NFPA 96 standards

Comments:
09/25/2003-mjn: Need Structural info for framing system that will be holding the hood, left meassage w/ contractor

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1082	Date Applied For: 09/04/2003	CBL: 022 I001001
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Business Name:	Contractor Name: Aero Heating and Ventilating	Contractor Address: 378 Presumpscot Portland	Phone: (207) 761-2092
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	

Proposed Use: Daycare Center/Commercial	Proposed Project Description: Install Kitchen Ventillation, Exhaust and Fire Systems
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/10/2003
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 10/02/2003
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 09/24/2003
Note: **Ok to Issue:**

1) the fire suppression system shall be installed in accordance with NFPA 96 standards

Comments:

9/25/2003-mjn: Need Structural info for framing system that will be holding the hood, left meassage w/ contractor

03-1082



Commercial Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: Kennedy Park/58 Boyd Street, Portland, ME		
Total Square Footage of Proposed Structure Existing	Square Footage of Lot Existing	
Tax Assessor's Chart, Block & Lot Chart# <u>22</u> Block# <u>I</u> Lot# <u>001</u>	Owner: Portland Housing Authority	Telephone: Prop Contact: Ava Hardman 761-2721
Lessee/Buyer's Name (If Applicable) Prop Program Attn: Linda Lajoie	Applicant name, address & telephone: Aero Heating & Ventilating 378 Presumpscot Street Portland, ME 04103 (207) 761-2092	Cost Of Work: \$ <u>9,453.00</u> Fee: \$ <u>111.00</u>
Current Specific use: <u>Daycare Center</u>		
Proposed Specific use: <u>Daycare Center</u>		
Project description: Providing Kitchen ventilation and exhaust systems with fire protection system.		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Pete Collard</u> Mailing address: Aero Heating & Ventilating, Inc. 378 Presumpscot Street Portland, ME 04103 Phone: (207) 761-2092		

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. 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's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Peter T. Collard</u>	Date: <u>09/03/03</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

CAPTIVE-AIR HOODS / HOOD-HATE HAS OPTIMAL CLEARANCE RESTRICTION SYSTEM AVAILABLE AS FOLLOWS:

MATERIAL	CLEARANCE RESTRICTION SYSTEM
NON-CONDUCTIVE	NON-EMBEDDED
LAMINATED-CONDUCTIVE	3" EMBEDDED STUDY
CONDUCTIVE	3" EMBEDDED STUDY

TABLE 1

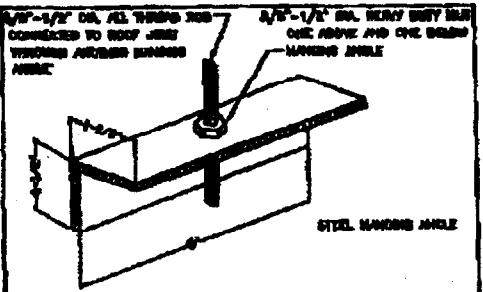
- CAPTIVE-AIR HOODS ARE BUILT IN COMPLIANCE WITH:**
- NFPA 96
 - NSF
 - ASHRAE 153-16
 - IBC 903.5.4.1
 - SICC INT. & CAN. NO. 30137
 - U.S. MODEL 30137A



BUILDING CODES

1. ALL STRUCTURAL "TIE" CONNECTIONS AND RELATED STRUCTURES SHALL BE DESIGNED BY REGISTERED ARCHITECTS.
2. ALL FRAMES "TIE" CONNECTIONS AND RELATED STRUCTURES SHALL BE DESIGNED BY REGISTERED ARCHITECTS.
3. ALL STRUCTURAL HYPOTHETICALS OF METALLIC CONNECTIONS.
4. IF LINK THEORY LOCKER AND TIEED WAREHOUSE SUBJECTS AS SPAN OF PLATE.
5. ALL CONNECTIONS FROM CAPING-ARE MUST FOR THE PLATE BY REGISTERED ARCHITECTS.
6. ALL LINKS SPAN SUPPORTED BY CAPING-ARE, ARE TYPICAL SUPPORTED FOR THE PLATE. REGISTERED ARCHITECTS SHALL PROVIDE TO SUPPORT BY REGISTERED ARCHITECTS.
7. LINKS FOR LINK SUPPORTED BY METALLIC CONNECTIONS.
8. REGISTERED ARCHITECTS SHALL PROVIDE TO SUPPORT BY REGISTERED ARCHITECTS.
9. REGISTERED ARCHITECTS SHALL PROVIDE TO SUPPORT BY REGISTERED ARCHITECTS.
10. REGISTERED ARCHITECTS SHALL PROVIDE TO SUPPORT BY REGISTERED ARCHITECTS.
11. REGISTERED ARCHITECTS SHALL PROVIDE TO SUPPORT BY REGISTERED ARCHITECTS.

GENERAL NOTES

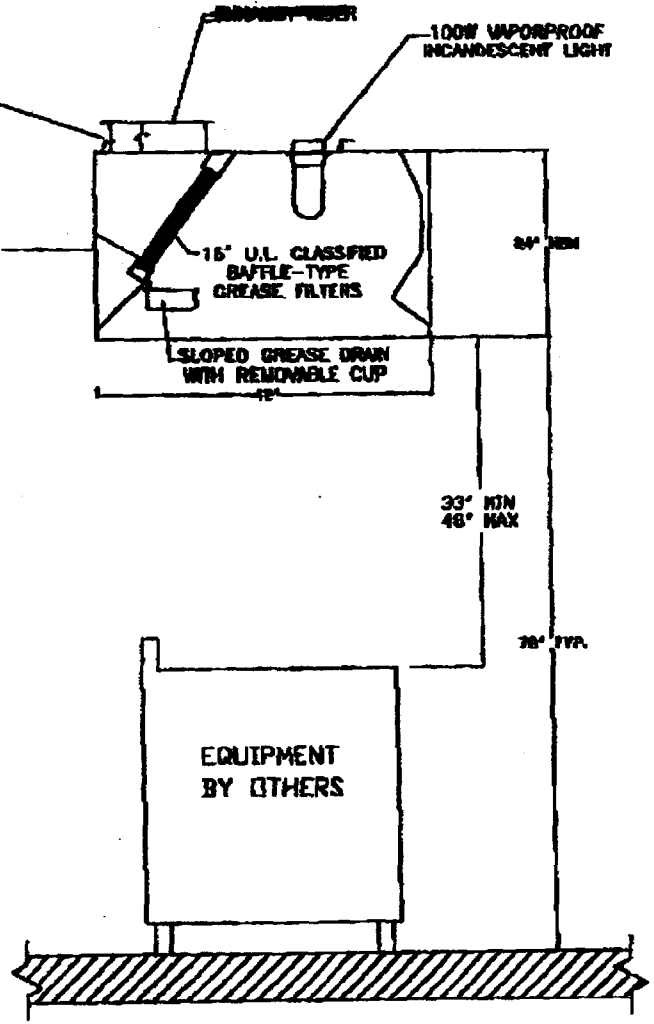


HANGING ANGLE DETAIL

CALCULATIONS UTILIZED

EXHAUST CAPACITY OF FOOD X CAPACITY (LOAD)	
SUPPLY CAPACITY OF X PERIODICAL REQUIRED	
TOTAL CAPACITY 1000-144 X	CFM
	PROP)
NET LENGTH-	TOTAL CAPACITY
	NET DEPTH

*CAPTIVE-AIR VENTILATION RATE SHALL BE CALCULATED BASED ON TYPICAL VELOCITY OF 1000-144 FPM AND A SUPPLY VELOCITY OF 1000 FPM. PLEASE CONSULT FACTORY FOR VARIATIONS RELATIVE TO THIS.



SECTION VIEW - MODEL 4224-ND

CUSTOMER APPROVAL TO MANUFACTURE

Approved as Noted

Approved with NO Exception Taken

Revise and Resubmit

SIGNATURE *[Signature]*

Your Title _____ Date *8/20/03*



JOB Prop	
LOCATION	
DATE 08/20/2003	JOB # 0
DWG # Prop	DRAWN BY SAC
REV. 1.00	SCALE 8.5" x 11"

BRIDGTON

HOOD INFORMATION

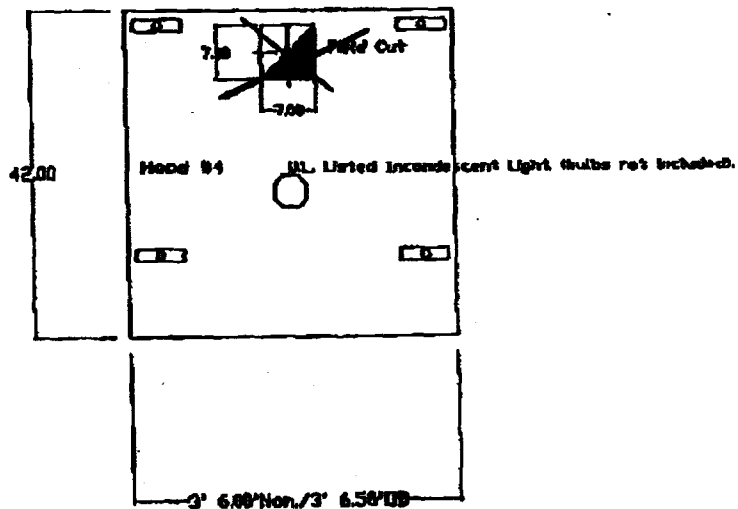
HOOD NO.	MODEL	LENGTH	MAX COOKING TEMP.	EXHAUST FLENUM RISERS					SUPPLY FLENUM RISERS					HOOD CONSTRUCTION	HOOD CONFIG.			
				TOTAL ERFL CFM	WIDTH	LENG.	DIA.	CFM	S.P.	TOTAL SLP. CFM	WIDTH	LENG.	DIA.		CFM	S.P.	END TO END	ROW
4	4224 HB	3' 6.00' Non. 3' 6.50' DB	450 Deg.	613	7"	7"		613	-6.226		D					304 SS 1000'		

HOOD INFORMATION

HOOD NO.	FILTER(S)				LIGHT(S)				UTILITY CABINET(S)				FIRE SYSTEM PIPING	HOOD WEIGHT	
	TYPE	QTY	HEIGHT	LENGTH	QTY	TYPE	WIRE GUARD	LOCATION	TYPE	FIRE SYSTEM SIZE	ELECTRICAL MODEL #	SWITCHES QUANTITY			LOCATION
4	Alum. Baffle w/ Handles	2	16"	20"		Incandescent Light Bulbs not included.								NO	282 LBS.

HOOD OPTIONS

HOOD NO.	OPTION
4	FURNISHED BACK 42.00' Long



PLAN VIEW - 3' 6.00' LONG 4224ND

CUSTOMER APPROVAL TO MANUFACTURE:

Approved as Noted

Approved with NO Exception Taken

Revise and Resubmit

SIGNATURE _____

Your Title _____ Date _____

CAPTIVE AIR

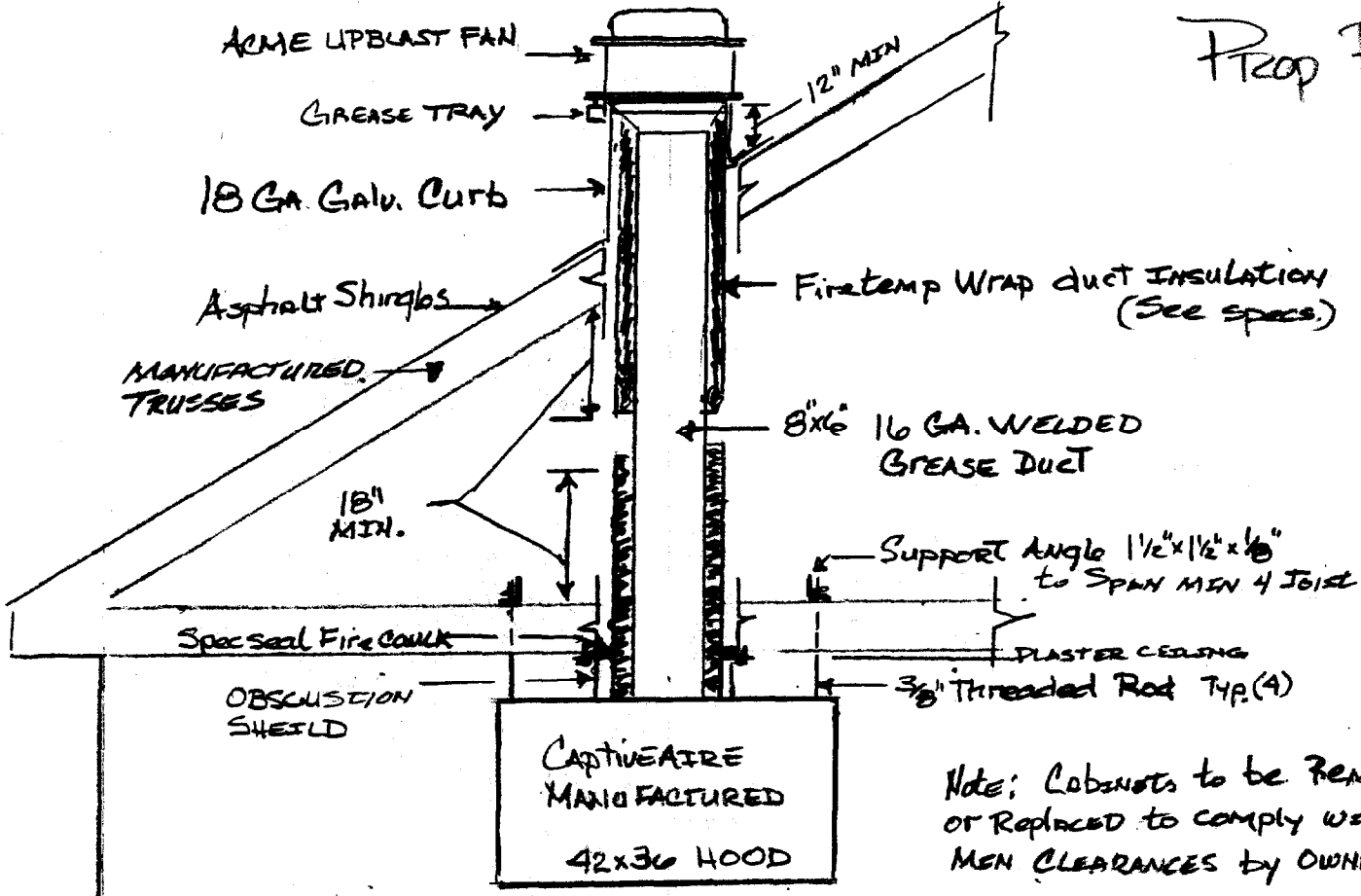
JOB	Prop	
LOCATION		
DATE	08/20/2003	JOB # 0
DWG #	Prop	DRAWN BY SAC
REV.	1.00	SCALE 8.5' x 11'

207 725 1413 P.02

RODGERS AEROTECH

AUG-21-2003 12:27

Prep Prep



Note: Cabinets to be REMOVED or REPLACED to comply with MEN CLEARANCES by OWNER

