

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

BAILEY LLOYD H JR /Firesafe Equipment

Located at

145 CUMBERLAND AVE (147)

PERMIT ID: 2012-65695

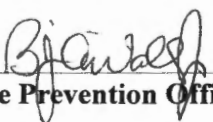
CBL: 022 L017001

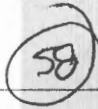
has permission to **install a hood suppression system.**

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

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise cloed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.


Fire Prevention Officer



Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Final - Fire

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

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

Permit No: 201265695	Date Applied For: 12/28/2012	CBL: 022 L017001
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Location of Construction: 145 CUMBERLAND AVE (147)	Owner Name: BAILEY LLOYD H JR	Owner Address: 429 SLIGO RD	Phone:
Business Name: Katie Made	Contractor Name: Firesafe Equipment	Contractor Address: P.O. Box 1355 Auburn	Phone (207) 784-7525
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression Non-Water Based	

Proposed Use: Same	Proposed Project Description: install a non water based, wet chemical fire suppression system in kitchen of retail establishment at 147 Cumberland Ave.
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 01/03/2013
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Dept: Fire	Status: Approved w/Conditions	Reviewer: Ben Wallace Jr	Approval Date: 01/03/2013
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) A separate hood permit is required for new installations or modification of an existing installation. 2) Hood suppression system shall comply with NFPA 17A, 96, and UL 300. Activation of the suppression system shall activate the fire alarm system if available. A letter of compliance will be required at the time of final inspection stating: the date the system was tested for operation, fuel gas shut off, and fire alarm connection if applicable. The Class K fire extinguisher and proper signage should be located at the suppression system pull station.			

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2012-65695	Issue Date:	CBL: 022 L017001
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Location of Construction: 145 CUMBERLAND AVE (147)	Owner Name: BAILEY LLOYD H JR	Owner Address: 429 SLIGO RD YARMOUTH, ME 04096	Phone:
Business Name: Katie Made	Contractor Name: Firesafe Equipment	Contractor Address: P.O. Box 1355 Auburn ME 04211	Phone (207) 784-7525
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression Non-Water Based	Zone: R6
Past Use: 145 Cumberland Ave - 4 dwelling units & 147 Cumberland Ave - legally nonconforming retail establishment	Proposed Use: Same	Permit Fee: \$40.00	Cost of Work: \$2,000.00
Proposed Project Description: install a non water based, wet chemical fire suppression system in kitchen of retail establishment at 147 Cumberland Ave.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A 1/3/13	INSPECTION: Use Group: Type:
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
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: Idobson	Date Applied For: 12/28/2012	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>OK</i> 1/3/13 <i>ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>ABM</i></p>
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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

PL

2012-65695



Non-Water-Based Fire Suppression System Permit

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

(#145 Cumberland)

Installation address: 447 Cumberland Ave, CBL: D-L-17

Exact location: (within structure) _____

Type of occupancy(s) (NFPA & ICC): Restaurant

Building owner: Rafi Madani - lease

Managing Supervisor: Blu Cold cut License No: _____

Supervisor phone: 800-698-3580 E-mail: _____

Installing contractor: Fireage Equipment License No: _____

Contractor phone: 207-784-7535 E-mail: dchapman@fire-safe.com

The suppression work to be done will be: New: Renovation: Addition to existing system:

This is an amendment to an existing permit: Yes: NO Permit no: _____

System Type: Wet Chemical

NFPA Standard: _____ Edition: _____

*Non-NFPA systems are not approved for use within the City of Portland.

Download a new copy of this document from www.portlandmaine.gov/fire for every submittal. Attach all working documents as required on electronic PDF's in addition to full sized plans.

RECEIVED

DEC 28 2012

COST OF WORK:	<u>\$1600⁰⁰</u>
PERMIT FEE:	<u>\$40⁰⁰</u>
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)	

Dept. of Building Inspections

Submit all information to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire protection system, a complete commissioning and acceptance test must be coordinated with all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with NFPA and the Fire Department Technical Standard(s).

Applicant signature: *C. L. ...* Date: _____

Comments:



PROJECT:

PREPARED BY:

DATE / TIME:

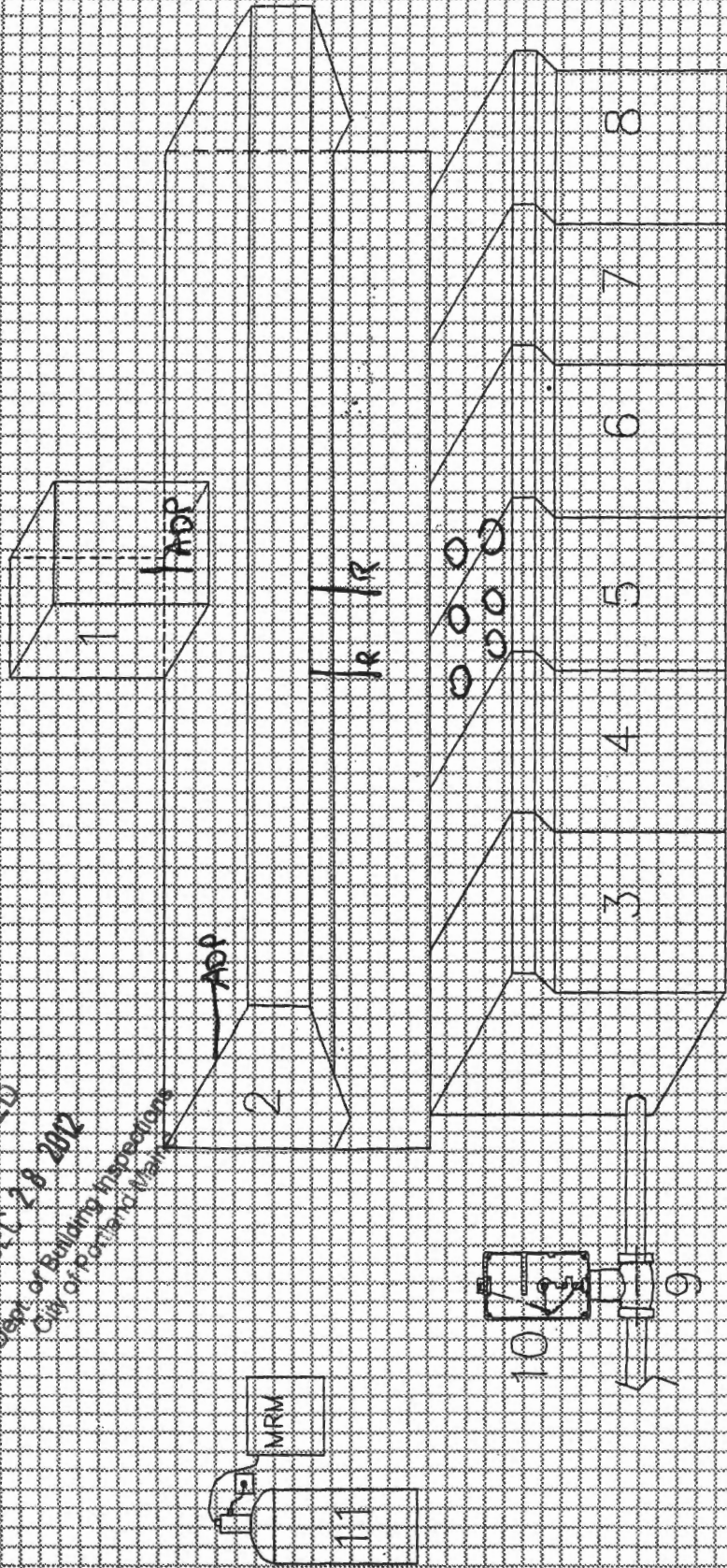
QUOTE NO.:

JOB NO.:

RECEIVED

DEC 28 2012

Dept. of Building Inspections
City of Richmond, Virginia



System Description "as appropriate"

- | | qty. | size | x | size | qty. | size | x | size |
|-------------------|------|--------------|---|------|------|------|---|------|
| 1. Duct: | 12 | x12 | | | | | | |
| 2. Plenum: | 4 | FOOT | | | | | | |
| 3. Appliance: | 6 | Burner Stove | | | | | | |
| 4. Appliance: | | | | | | | | |
| 5. Appliance: | | | | | | | | |
| 6. Appliance: | | | | | | | | |
| 7. Appliance: | | | | | | | | |
| 8. Appliance: | | | | | | | | |
| 9. Gas Valve: | | | | | | | | |
| 10. Retrofit Kit: | | | | | | | | |
| 11. Agent Cyl.: | | | | | | | | |
| 12. Misc.: | | | | | | | | |