	y of Portland, Mai		_				10-0489	Issue Date	:	026 P00	04001	
	Congress Street, 041	01 Tel: (.		, Fax: (207) 874-8710						J4001	
	ition of Construction: WILMOT ST	Owner Name:				Owner Address:				Phone:		
	ness Name:	Contractor Name	ORTLAND HOUSING AUTHOR			14 BAXTER BLVD Contractor Address:						
Dusi	ness ivame.		Simplex / Grinnell			20 Thomas Drive Westbrook					Phone 2078426440	
Lessee/Buyer's Name Phone:						Permit Type:				Zone:		
Ecosor Buyer 5 France Frome:						Fire Suppression System						
Past	Use:		Proposed Use:		<u>I</u>		nit Fee:	Cost of Wor	k·	CEO District:	1	
	tland Housing - Frankli	n	_	ing - Franklin		\$40.00			66.00 1			
				floor- new common		EIDE DEDE		Approved		NSPECTION:		
area kitchen ar			area kitchen install a non-water					Use G	e Group: Type:			
			based fire suppression system		system for] Defiled				
			kitchen hood									
Prop	osed Project Description:											
inst	tall a non-water based fi	re suppres	sion system for	kitchen	hood	Signa			Signatu			
						PEDESTRIAN ACTIVITIES DISTRICT				(P.A.D.)		
						Action: Approved Approved w/O				/Conditions	Conditions Denied	
						Sign	ature:			Date:		
Pern	nit Taken By:		oplied For:			Zoning Approval						
ldobson 05/0°		7/2010						1				
1.	This permit application	•	Spe	cial Zone or Revie	ws	Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable Federal Rules.		cable State and	Shoreland			☐ Variance			Not in District or Landmark		
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			Does Not Require Review		
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone			Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work			a building	Subdivision			☐ Interpretation			Approved		
			Sit	te Plan	Approved Denied				☐ Approved w/Conditions ☐ Denied			
				Maj [Minor MM				
				Date:		Date:			D	Date:		
that this repr	reby certify that I am th I have been authorized jurisdiction. In addition esentative shall have the e(s) applicable to such p	by the own n, if a pern e authority	ner to make this nit for work desc	amed pr applica cribed in	tion as his authon the application	he pro prizect is is	l agent and I a sued, I certify	gree to con that the co	form to de offic	all applicable ial's authorized	laws of l	
SIG	NATURE OF APPLICANT				ADDRESS	S		DATE	<u> </u>	PHO	NE	

Location of Construction:	Owner Name:		Owner Address:		Phone:
61 WILMOT ST	PORTLAND HOUSING	AUTHOR	14 BAXTER BLVD		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Simplex / Grinnell		20 Thomas Drive Westb	rook	2078426440
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:
			Fire Suppression System	n	
	· · · · · · · · · · · · · · · · · · ·				
Dept: Zoning Status: A	approved	Reviewer	: Marge Schmuckal	Approval Da	ite: 05/10/2010
Note:					Ok to Issue: 🔽
Dept: Building Status: A	approved with Conditions	Reviewer	: Tammy Munson	Approval Da	ite: 05/24/2010
Note:	11		•		Ok to Issue:
					OK to Issue.
1) Installation shall comply with 200	33 International Mechanical	Code.			
Danti Eiro Status A	managed with Conditions	Daniaman	Cont Vaith Coutroou	A	ite: 05/19/2010
•	approved with Conditions	Keviewer	: Capt Keith Gautreau	Approval Da	_
Note:					Ok to Issue: 🗹
1) Install shall comply with NFPA 9	6.				
A compliance letter is required					
2) Hood suppression system shall co	omply with NFPA 17A, 96,	and UL 300	. Activation of the suppr	ession system sl	hall activate the
fire alarm system if available. A					
suppression system pull station.	1			5 6	
	CER	TIFICATION	ON		
I haraby cartify that I am the owner of	_	_		orized by the ev	anar of record and
I hereby certify that I am the owner of					
that I have been authorized by the own					
this jurisdiction. In addition, if a perm					
representative shall have the authority code(s) applicable to such permit.	to enter an areas covered b	y such perm	n at any reasonable nour	to emorce the	brovision of the
code(s) applicable to such permit.					
SIGNATURE OF APPLICANT		ADDRESS	1	DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE