

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-1809	Issue Date: 1007 7	City of Portland 028 P021001
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Location of Construction: 47 Middle St	Owner Name: Malone Joseph M &	Owner Address: 30 Highland St	Phone:
Business Name: n/a	Contractor Name: Superior Fire Systems	Contractor Address: Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Commercial / Restaurant	Proposed Use: Commercial / Restaurant; Upgrade vent, hood, and fire suppression system.	Permit Fee: \$78.00	Cost of Work: \$9,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B/A Type: N/A	

Proposed Project Description: Upgrade vent hood, and fire suppression system.	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:

*Notes: * SEE INSPECTION RECORD ON BACK OF THIS SHEET 11/5/01*

Permit Taken By: gg	Date Applied For: 10/18/2001	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 10/25</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>[Signature]</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

All Purpose 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: 47 Middle

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Chart# <u>028</u> Block# <u>P</u> Lot# <u>021</u>	Owner: <u>JOE MALONE</u>	Telephone:
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Lessee/Buyer's Name (if Applicable) <u>NORMAN JABAR JR</u> <u>KEVIN CHARLES</u> <u>MICHAEL MAJKA</u>	Applicant name, address & telephone: <u>MICHAEL MAJKA</u> <u>546 BROOK ST WESTBROOK</u> <u>ME 04092 878 8233</u>	Cost Of Work: \$ <u>4,000</u> Fee: \$ <u>30.00</u>
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Current use: _____ Fee 30.00

If the location is currently vacant, what was prior use: RESTAURANT Late Fee 100.00

Approximately how long has it been vacant: 4 MONTHS ~~TOT OF \$3000~~

Proposed use: RESTAURANT

Project description: MOVE HOOD FAN TO LOCATION SHOWN ON SCHEMATIC

Commenc. Permit # 011309

Contractor's name, address & telephone: SUPERIOR FIRE SYSTEMS-DON BAZLEY

Who should we contact when the permit is ready: NORMAN JABAR JR 207-737-8694

Mailing address: 47 MIDDLE ST
PTLD, ME 04101

Phone: 253-1700
749-2232

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: [Signature] Date: 11/1/01

This is not a permit, you may not commence ANY work until the permit is issued

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
NOV - 1 2001

11/01/01
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All Purpose 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: 47 MIDDLE ST, PORTLAND, ME

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Chart# <u>528</u> Block# <u>P</u> Lot# <u>2A1</u>	Owner: <u>JOE MALONE</u>	Telephone:
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Lessee/Buyer's Name (If Applicable) <u>NORMAN JABAR JR.</u> <u>KEVIN CHARLES</u> <u>MICHAEL MAJKA</u>	Applicant name, address & telephone: <u>MICHAEL MAJKA</u> <u>596 BROOK ST. WESTBROOK</u> <u>ME 04092 878 9233</u>	Cost Of Work: \$ <u>9,000.00</u> Fee: \$ <u>178.00</u>
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Current use: _____

If the location is currently vacant, what was prior use: RESTAURANT

Approximately how long has it been vacant: 4 MONTHS

Proposed use: RESTAURANT

Project description: UPGRADE VENT, HOOD, AND FIRE SUPPRESSION SYSTEM

Contractor's name, address & telephone: SUPERIOR FIRE SYSTEMS - DON BATZLEY
207-737-8894

Who should we contact when the permit is ready: NORMAN JABAR JR.

Mailing address: 47 MIDDLE ST XX
PTD, ME 04001 XX Call

Phone: 253-1700

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Signature of applicant: [Signature] 10/18/01

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

OCT 18 2001

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This is not a permit, you may not commence ANY work until the permit is issued

10/18/01

MICHAEL MAJKA
NORM'S EAST END GRILL
47 MIDDLE ST
PORTLAND, ME 04101

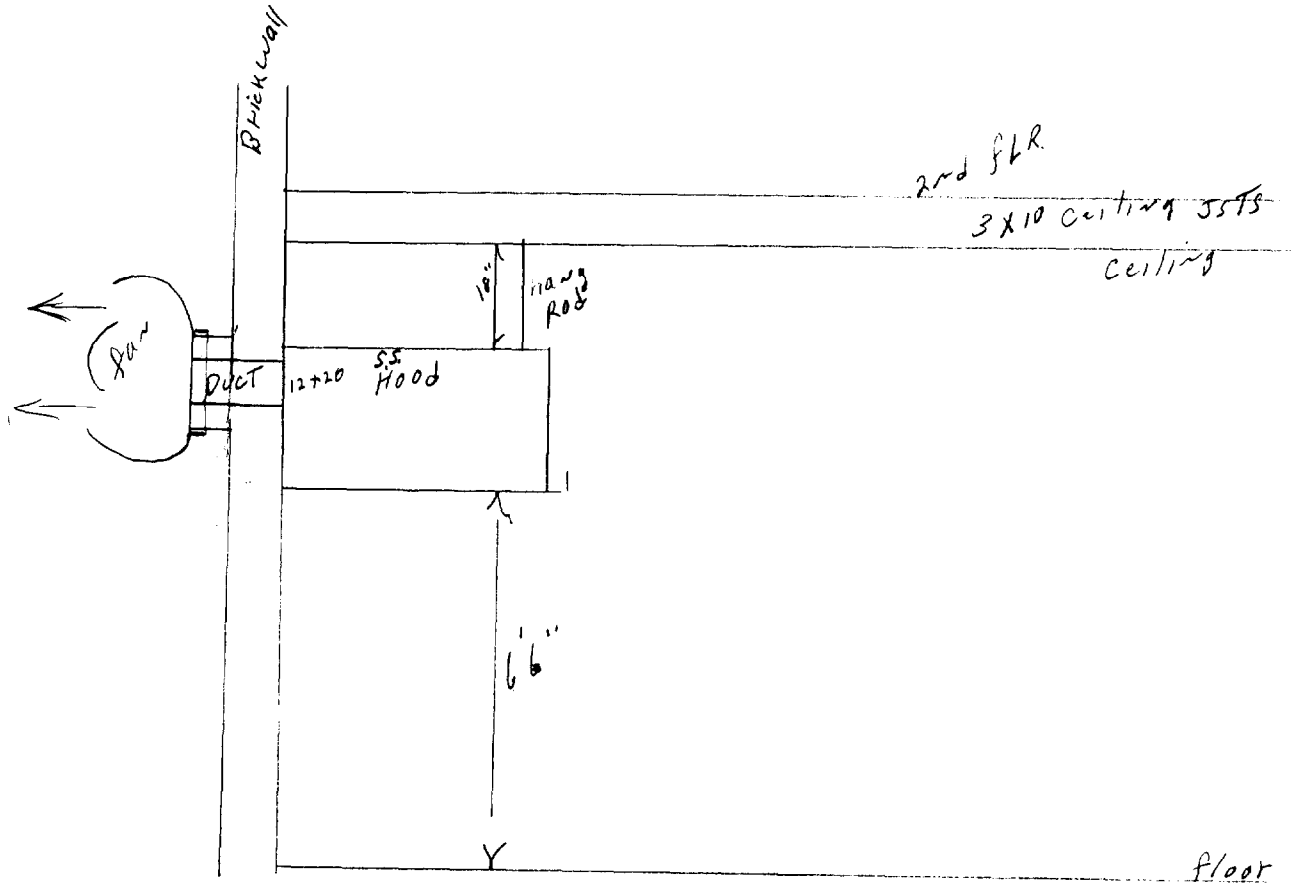
ATT: PLUD CODE ENFORCEMENT

MY PARTNERS, NORMAN JABAR JR, KEVIN CHARLES,
AND I PLAN TO OPEN A RESTAURANT AT 47
MIDDLE ST IN PORTLAND. THE KITCHEN HOOD
SYSTEM USED BY THE FORMER RESTAURANT
AT THIS LOCATION (GABRIELS) NEEDS UPGRADES
AND MODERNIZATION. WE HAVE RETAINED
SUPERIOR FIRE SYSTEMS TO DO THIS WORK.
DETAILS ON THE PROJECT ARE ON THE
ENCLOSED DOCUMENTS.

THANK YOU,



NORMAN'S BBQ 47 Middle St Port 1110.



Inspection Services
Michael J. Nugent
Manager

Housing & Neighborhood Services
Mark B Adelson
Director



CITY OF PORTLAND

November 2, 2001

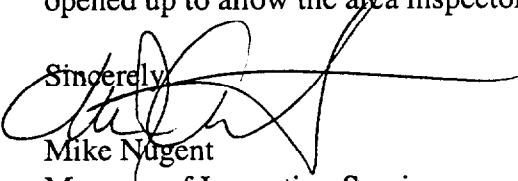
Norman Jabar
47 Middle St.,
Portland, ME 04101

RE: Permit #01-1309 (028 P021)

Dear Norm,

With regard to your request for waiver of the 10' clearance above grade for the kitchen exhaust system for the above existing structure pursuant to Section 121.1 of the Building Code, this office grants the request to be at least 8' above grade, as there is practical difficulty in complying with this standard while providing 18" of clearance from combustibles and 36" of clearance from openings. Please contact this office when the system is opened up to allow the area inspector to view the wall penetration to insure clearance from combustibles.

Sincerely,



Mike Nugent

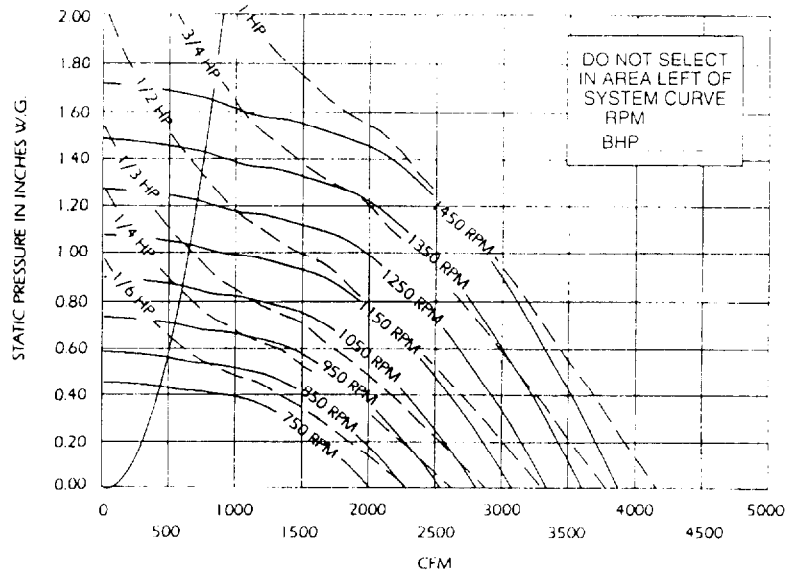
Manager of Inspection Services

NORMAN'S BBQ 47 Middle St. Port Me.

PERFORMANCE

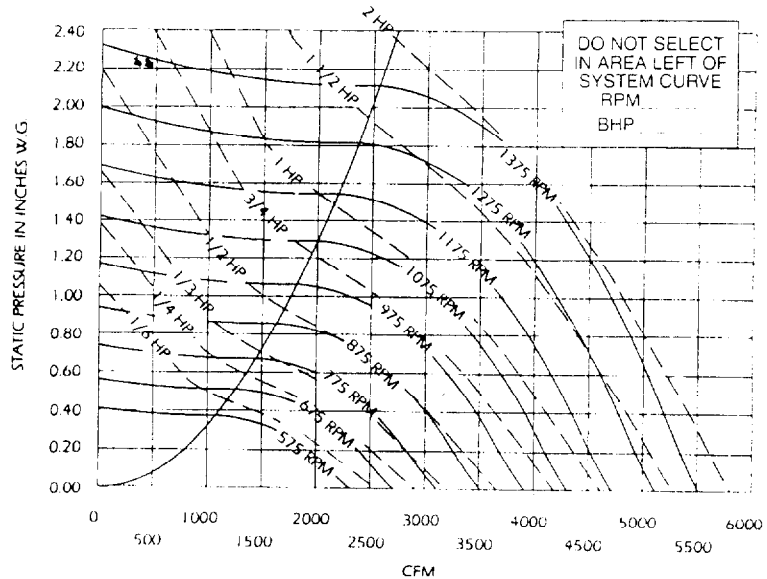
Model NCA14B

Maximum HP: 1
Maximum Motor Frame: 56
Fan Shaft Diameter: 3/4"



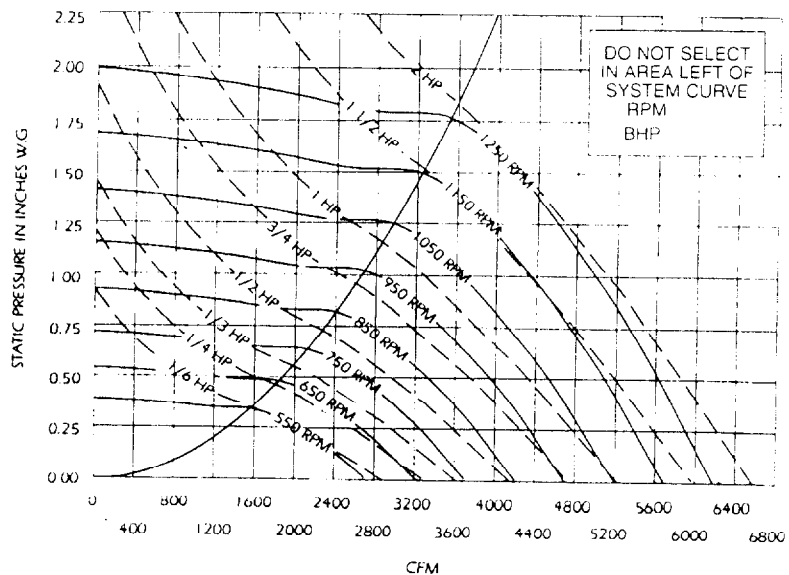
Model NCA16B

Maximum HP: 2
Maximum Motor Frame: 145T
Fan Shaft Diameter: 3/4"



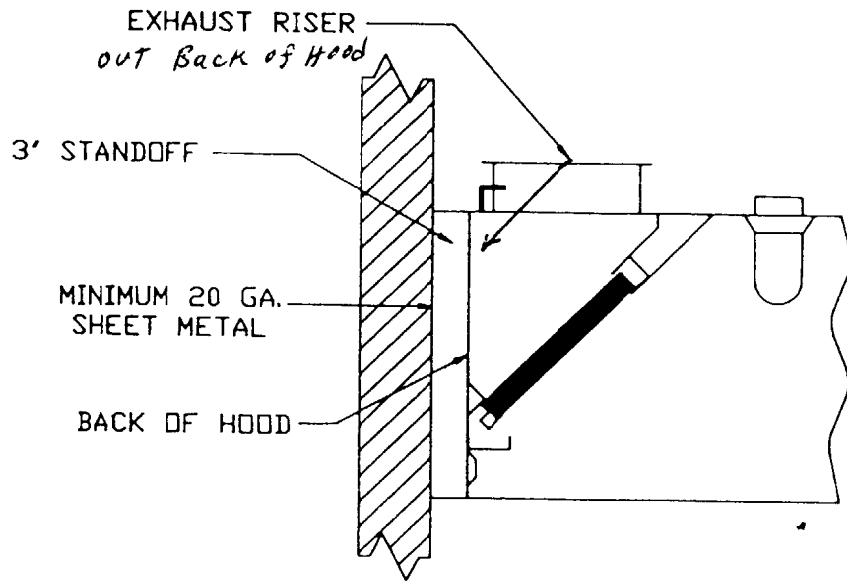
Model NCA18B

Maximum HP: 2
Maximum Motor Frame: 145T
Fan Shaft Diameter: 3/4"

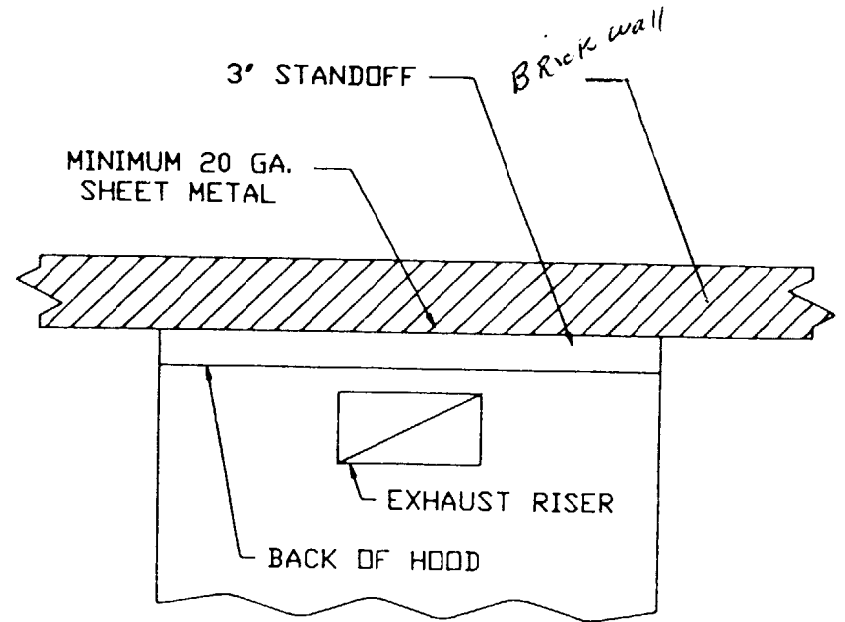


NORMAN'S BBQ 47 Middle St. Port Me

STANDOFF



CUTAWAY HOOD SECTION



PLAN VIEW

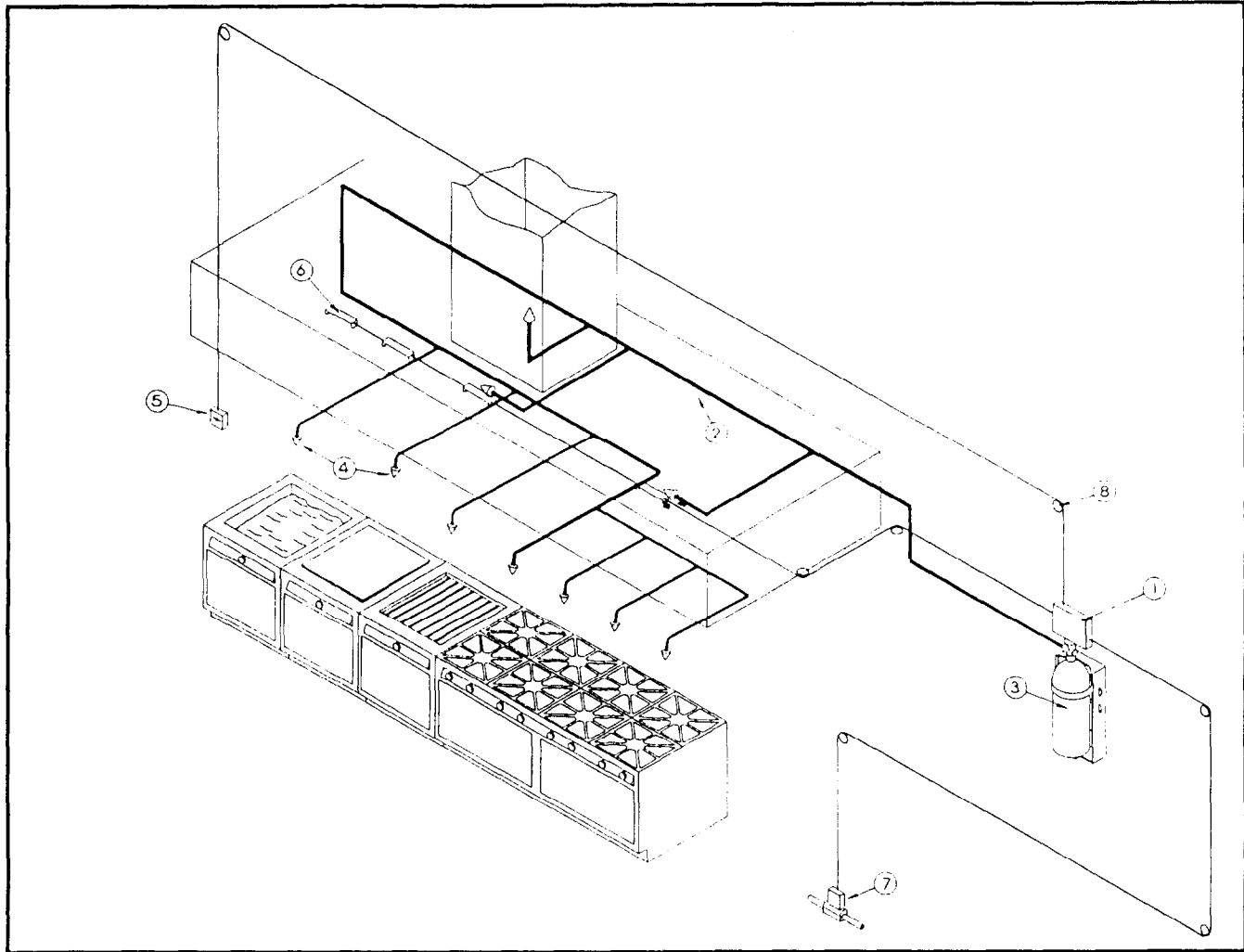
Hood is hung from 3x10 wood JSTS 16" R-R
Hood is 12' x 48" x 24" H. S.S. welded w/ filters - lights

The system shall have been tested to the UL Standard for Fire Extinguishing Systems for Protection of Restaurant Cooking Areas, UL300, and Listed by Underwriters Laboratories, Inc. It shall be installed in accordance with the National Fire Protection Association Standard No. 17A Wet Chemical Extinguisher Systems, and No. 96 Standard for the Installation of Equipment for the Removal of Smoke and Grease Laden Vapors from Commercial Cooking Equipment, and comply with all local and/or state codes and standards.

Features

- UL and ULC Approved
- Complies with NFPA Standard 17A and 96
- Meets the requirements of the Building Officials and Code Administrators
- Approved by the City of New York Material and Equipment Acceptance Division (MEA #337-91-E Vol. III)

Typical Installation



1. **CYLINDER CONTROL HEAD** - Integral design requires no separate release pressure cylinder - separate wire cable activation lines for automatic fusible link and optional remote pull station provide an added measure of safety - an easily accessible manual release mechanism which provides an option to the automatic fusible link and, depending on local codes, can be used in place of a remote manual pull station - unique fool proof technique for achieving necessary input wire cable tension.

2. **PIPING** - Unbalanced piping network simplifies application design and installation - no separate piping to connect system pressure cylinders to extinguishing agent container. Schedule 40 stainless, chrome-plated and black pipe can be used.

3. **CYLINDERS (DOT-4B-175 Rated)** - Contain Wells Fargo Pyro Technologies Potassium Carbonate Solution stored at 175 psig - pressure gage for visual maintenance checks - 2.40, 3.50, and 5.50 gallon sizes provide 8, 13, and 20 flow point coverage respectively, offering a broad range of application coverage.

4. **NOZZLES** - Fixed and Swivel head nozzles have been established to relax placement tolerances.

5. **REMOTE MANUAL PULL STATION** - Simple operating instructions with a double action release avoids careless system discharge - a 100' wire cable run with 1/16 inch cable and 17 corner pulleys maximum or 3/64 inch cable and 20 corner pulleys maximum allows mounting flexibility - a dedicated wire cable input line to the cylinder control head provides a true back-up in the event thermal links are fouled.

6. **FUSIBLE LINK KITS** - Accommodates both series and terminal placement to minimize inventory and simplify ordering - all necessary components included for efficient assembly and installation - a 350° F fusible link standard - other temperatures available - 15 fusible links on a 100' wire cable run with 20 corner pulleys maximum provides substantial hazard coverage.

7. **AUTOMATIC GAS SHUT-OFF VALVE** - Complies with requirements pertaining to the shut-off of fuel as described by NFPA 17A - after regular maintenance/service check can be reset at control head for convenience of service technician - a 50' wire cable run with 15 corner pulleys maximum provides mounting flexibility.

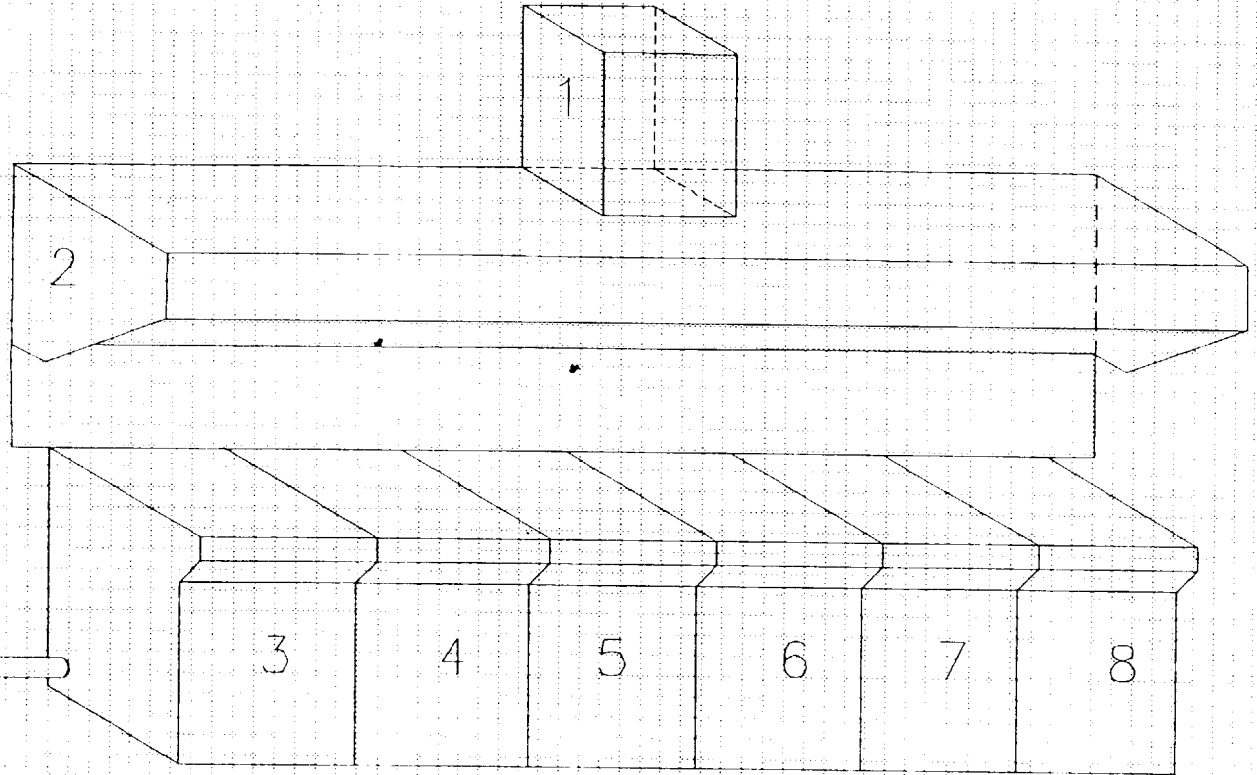
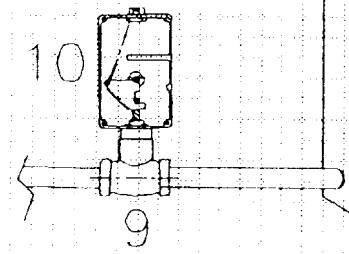
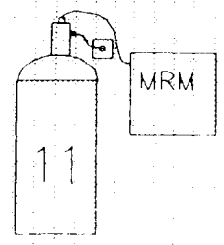
8. **CORNER PULLEYS AND ACCESSORIES** - Designed to ensure reliable system function, as tested by Underwriters Laboratories.

PROJECT: NORMANS' BBQ middle ST. Port. Me.

PREPARED BY: _____

DATE / TIME: _____ QUOTE NO.: _____ JOB NO.: _____

Comments: _____



System Description "as appropriate"

	qty.	size	x	size		qty.	size	x	size
1. Duct:	1	12	x	20	7. Appliance:	chargrill	42"		
2. Plenum:	12"				8. Appliance:				
3. Appliance:	FF	16"			9. Gas Valve:	1.25			
4. Appliance:	FF	16"			10. Retrofit Kit:				
5. Appliance:	FF	16"			11. Agent Cyl.:	POL 550			
6. Appliance:	4 BBR STON	34"			12. Misc.:	PULL STATION			

