

COMMENTS

16 June 2000 Called owner and rector regarding permit application? Owner said to call Tina Dipi. Called left message JB

10/31/00 Punch list w/ Chef Tom - check to see about fire door at kitchen JB
Rail system OK

11/1/00 Verified with Tom that the kitchen door can be a max 3/8" off floor when closed and magnetic closer wired to heat sensor JB

4/22/00 Final inspection: All conditions for fire separation and venting met - see attached memos JB Issue C.O.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

To SAM HOFFER

374. 8716

Mr. BILL NEMMERS

RE: 339 FORD ST.

PROPOSED TAI RESTAURANT
(IN FORMER PETER RENNEY'S SPACE)

- 1) I have found a ceiling design which gives us 1 1/2 hr. with a fire rated acoustical lay in. I am asking if you can award us an additional 1/2 hr for the existing plaster/plywood ceiling which is in addition to those parts required for the 1 1/2 hr rating. I have included catalogue cuts for the ceiling tile.
- 2) You asked for a sketch showing the proposed fire separation between the kitchen below and the restaurant above. All the cooking aspects of the kitchen will occur in the front area which is surrounded by masonry walls. We are proposing installing a 1 hr door on a ~~smoke~~^{HEAT} release mechanism. Instead of building a fire rated structure all around the stairs, which because of the staggered floor elevations will be difficult and operationally bad.
- 3) I will give you more detailed drawings for a building permit application - this is to get an opinion so we can determine costs for the lease negotiations

Bill Nemmers 774 3683

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Department of Human Sciences
Division of Health Engineering

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 339 Fore

PROPERTY OWNERS NAME

Last: Timm First: Douglas
 Applicant Name: Dave the Plumber
 Mailing Address of Owner/Applicant (if Different): 48 Chesley

PORTLAND PERMIT # 7450 STATE COPY
 Date Permit Issued: 9 15 00 \$ 61010101 If Double Fee Charged
 Local Plumbing Inspector Signature: _____ L.P.I. # 011214

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] 9-18-00
 Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] 11/22/00
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Rest</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>6615</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	<u>5</u>	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.	<u>2</u>	Indirect Waste	<u>1</u>	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
	<u>1</u>	Grease / Oil Separator	<u>1</u>	Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>7</u>	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			<u>3</u>	Fixtures (Subtotal) Column 2
			<u>10</u>	Total Fixtures
				Fixture Fee
				Transfer Fee



Certificate of Occupancy

LOCATION 389 FORE ST. CBL: 29-B-4

Issued to BOUG TIMM

Date of Issue NOVEMBER 22, 2000

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 001000, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

ENTIRE

Limiting Conditions:

APPROVED OCCUPANCY

RESTAURANT
USE GROUP **A3**
TYPE 3B
BOCA 99

This certificate supersedes
certificate issued

Approved:

11/22/00
7 (Date)

Joanne Bourke
Inspector

G. Samuel Hill
Inspector of Buildings

2.T. 14c.
V.I.C.

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.