

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION PERMIT

Permit Number: 061765

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that OLYMPIA EQUITY INVESTORS V-P LLC /Fire Equipment Inc

has permission to Install a fire suppression system

AT 280 FORE ST

029 K005001

PERMIT ISSUED

DEC 15 2006

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland relating to 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 when permission is procured before this building or part thereof is used or service is closed-in. 4  
YOUR NOTICE IS REQUIRED.

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

### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cass  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
12/12/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 05-1765	Issue Date: <b>PERMIT ISSUED</b> DEC 15 2006	CBL: 029 K005001
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Location of Construction: 280 FORE ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone: 78139 8050
Business Name:	Contractor Name: Fire Equipment Inc	Contractor Address: 88 Hicks St Newford	Phone: 78139 8050
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: B-3

Past Use: Commercial / Bangor Savings <i>Suite 202</i>	Proposed Use: Commercial Install a fire suppression system <i>in the server room</i>	Permit Fee: \$180.00	Cost of Work: \$16,000.00	CEO District: 1
Proposed Project Description: Install a fire suppression system		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>TO NFPA 2001</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Fire</i> <i>NFPA 2001</i>	
		Signature: <i>Greg Carr</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: dmartin	Date Applied For: 12/07/2006	<b>Zoning Approval</b>		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>12/9/06</i>	Date: _____	Date: <i>Any exterior work requires</i>

*Any exterior work requires  
A separate Review  
And Approval*

**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

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	2800 - 1st Floor

## PROPERTY OWNERS NAME

Last: <u>Sapich</u>	First:
Applicant Name:	<u>Brian Sapich</u>
Mailing Address of Owner/Applicant (if Different)	<u>4000 - 1st Floor</u>

2005-8066

PORTLAND	PERMIT # 9282	TOWN COPY
Date Permit Issued: <u>3 12 05</u>	\$ <u>1300.00</u>	<input type="checkbox"/> Double Fee Charged
<u>[Signature]</u> Local Plumbing Inspector Signature		L.P.I. # <u>0926</u>

29 K 005

## 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.

## Caution: Inspection Required

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

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

### This Application is for

1.  NEW PLUMBING
2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER - SPECIFY Office space

### Plumbing To Be Installed By:

1.  MASTER PLUMBER
  2.  OIL BURNERMAN
  3.  MFG'D. HOUSING DEALER/MECHANIC
  4.  PUBLIC UTILITY EMPLOYEE
  5.  PROPERTY OWNER
- LICENSE # 2590

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 / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	2	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	2	Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
OR		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE