

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that
FIRESAFE EQUIPMENT
P.O. Box 1355
AUBURN, ME 04211

For installation at
90 COMMERCIAL ST
Gilbert's Chowder House

Job ID: 2012-11-5451-FAFS

CBL: 030- A-101-001

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 closed-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


Fire Prevention Officer

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Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (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.**

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.



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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-11-5451-FAFS
install hood suppression system

For installation at:
90 COMMERCIAL ST
Gilbert's Chowder House

CBL: 030- A-101-001

Conditions of Approval:

Fire

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.

A separate hood permit is required to install or modify a commercial kitchen hood.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-11-5451-FAFS	Date Applied: 11/21/2012	CBL: 030- A-101-001	
Location of Construction: 90-92 COMMERCIAL ST	Owner Name: PROPRIETORS OF CUSTOM HOUSE WHARF	Owner Address: 94 COMMERCIAL ST PORTLAND, 04101 MAINE - ME	Phone:
Business Name: Gilberts Chowder House	Contractor Name: FIRESAFE EQUIPMENT	Contractor Address: P.O. BOX 1355 AUBURN MAINE 04211	Phone: 784-7525
Lessee/Buyer's Name:	Phone:	Permit Type: Fire Alarm	Zone: B-3
Past Use: Restaurant	Proposed Use: Same: Restaurant – to install fire suppression system	Cost of Work: \$2,000.00	CEO District:
		Fire Dept: 12/24/12 Signature: <i>[Signature]</i> 50	Inspection: Use Group: Type: Signature:
Proposed Project Description: NWB Fire Suppression		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	Zoning Approval		
<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 informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>[Signature]</i> 11/27/12	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:

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 appication 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



Non-Water-Based Fire Suppression System Permit

Entire 11/21/12
(B)

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.

2012-11-5451-FAFS

Installation address: 92 Commercial St. CBL: 030 A005 B-3

Exact location: (within structure) _____ *wrong CBL - should be 30-A-101*

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

Building owner: Gilberta Chowder House

Managing Supervisor: Janie License No: _____

Supervisor phone: 207-871-5634 E-mail: n/a

Installing contractor: Fresage Equipment License No: _____

Contractor phone: 207-784-7525 E-mail: dchepman@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.

COST OF WORK:	<u>\$1793.00</u>
PERMIT FEE:	<u>\$40.00</u>
<small>(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)</small>	
RECEIVED	
NOV 21 2012	
Dept. of Building Inspections City of Portland Maine	

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: [Signature] Date: Nov 21, 12



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Receipts Details:

Tender Information: Cash\$40.00

Tender Amount: 40.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 11/21/2012

Receipt Number: 50481

Receipt Details:

Referance ID:	8833	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	40.00	Charge Amount:	40.00
Job ID: Job ID: 2012-11-5451-FAFS - NWB Fire Supression			
Additional Comments: 92 Commercial			

Thank You for your Payment!

PROJECT: _____

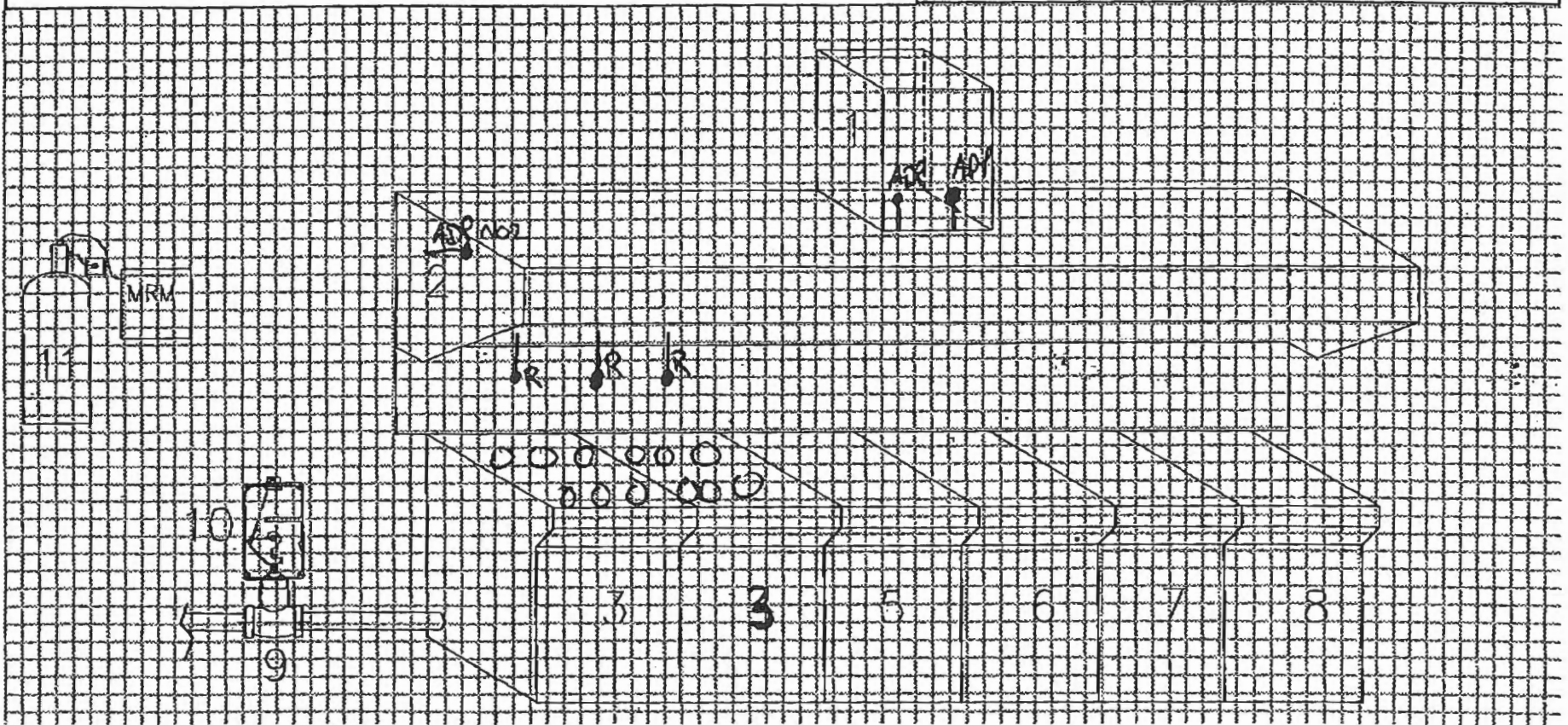
PREPARED BY: _____

DATE / TIME: _____

QUOTE NO.: _____

JOB NO.: _____

Comments: _____



System Description "as appropriate"

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