Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLANDPERMITISSUED

Please Read Application And Notes, If Any, Attached

Health Dept. ______

Department Name

Appeal Board ______

Other

BU

Permit Number: 100888

AT 9 Exchange St (called "15")	CR 032	
		-F010001
provided that the person or persons, file of the provisions of the Statutes of Ma he construction, maintenance and use his department.	e and of the O	this permit shall comply with a f the City of Portland regulating, and of the application on file i
Apply to Public Works for street line and grade if nature of work requires before such information. Noti give before the	tion of spection nust be ind writte termissic frocured his builing or partiered is or other sed-in. 24 NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

PENALTY FOR REMOVING THIS-CARD

			Issue Date:	CBL:
07) 874-870 3	, Fax: (207) 874-871	16 10-0888	<u> </u>	032 F010001
Owner Name:		Owner Address:		Phone:
Eleven Exchar	nge Llc	Po Box 4894		
Contractor Name:		Contractor Address:		Phone
Monopoly, Inc	»	PO Box 4894 Por	tland	2072331607
Phone:		Permit Type:		Zone: -
		Alterations - Con	nmercial	K-
Proposed Use:		Permit Fee:	Cost of Work:	CEO District:
Commercial / Restaurant (Restaurant (GiVannis) / a bar		\$30.00	\$775.00	1
		FIRE DEPT:		TION:
			Use Gr	оир: Д <i>О</i> Турс: 3 <i>1</i>
		,	Denica	7000
		Spe ('on	ditias I	THE TOOL
				DX-2003
		Signature: (Signature: XMD 7/3		
		PEDESTRIAN ACTI	VITIES DISTRICT (F	ADY /
		Action: Annmy	red	Conditions Denied
		14plox	an individual	Conditions
		Signature:		Date:
lied For:		Zoning	Approval	
2010	<u> </u>			
reclude the	Special Zone or Revi	ews Zonir	ng Appeal	Historic Preservation
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		☐ Variance	;	Not in District or Landm
lumbing,	Wetland	☐ Miscella	UGO ITS	Does Not Require Revie
O,		Ì		
is not started	Flood Zone	Conditio	nal Use	Requires Review
of issuance.			}	
a building	Subdivision	☐ Interpret	ation	-
		1		Approved
	J		}	☐ Approved
	Site Plan	Approve	l	☐ Approved w/Conditions
	Site Plan		l	_
HED	Maj ← Minor (MM	Approve	l	_
SUED	Maj ← Minor (MM	Approve	l	Approved w/Conditions
UED		Approve	l	☐ Approved w/Conditions ☐ Denied ☐ Denied ☐ Approved w/Conditions
SUED	Maj (Minor (MN)	☐ Approve	l	☐ Approved w/Conditions ☐ Denied ☐ One of the conditions
	Maj (Minor (MN)	☐ Approve	l	☐ Approved w/Conditions ☐ Denied ☐ Denied ☐ Approved w/Conditions
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) <u>.</u>	Maj [Minor [MM of with Cand Date: 8/9]	Approve	d Pi	□ Approved w/Conditions □ Denied my exterior was required A
d record of the na	Maj [Minor [MM of with Cand Date: 8/9]	Approve Denied Date: ION the proposed work i	s authorized by the	Denied Denied They explains A partie requires A partie requires A owner of record and the
record of the na make this appl	CERTIFICAT amed property, or that lication as his authorized in the application is	Approve Denied Date: ION the proposed work ied agent and I agree issued, I certify that	s authorized by the to conform to all a the code official's	Denied Denied The perfect of the policable laws of this authorized representatives.
record of the na make this appl	CERTIFICAT amed property, or that lication as his authorized in the application is	Approve Denied Date: ION the proposed work ied agent and I agree issued, I certify that	s authorized by the to conform to all a the code official's	Denied Denied Peques A Parte Cyclus owner of record and the pplicable laws of this
	O7) 874-8703 Owner Name: Eleven Exchai Contractor Name Monopoly, Inc Phone: Proposed Use: Restaurant (G bar lied For: 2010 reclude the ble State and umbing, is not started of issuance.	O7) 874-8703, Fax: (207) 874-872 Dwaer Name: Eleven Exchange Llc Contractor Name: Monopoly, Inc. Phone: Proposed Use: Restaurant (GiVannis) / add new bar lied For: 2010 reclude the ble State and Shoreland umbing, Wetland is not started f issuance.	Over Name: Eleven Exchange Llc Contractor Name: Monopoly, Inc. Phone: Proposed Use: Restaurant (GiVannis) / add new bar Signature: PEDESTRIAN ACTI Action: Approve Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Use: Proposed Use: Proposed Use: Proposed Use: Restaurant (GiVannis) / add new bar Signature: Proposed Use: Proposed Us	Denict Name: Eleven Exchange Llc Contractor Name: Monopoly, Inc. Phone: Permit Type: Alterations - Commercial Permit Fee: Restaurant (GiVannis) / add new bar Permit Fee: Signature: Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (FAction: Approved Approved Signature: Itied For: Zoning Approval Signature: Zoning Approval Wetland Miscellaneous is not started of issuance.

ADDRESS

SIGNATURE OF APPLICANT

PHONE

DATE

City of Portland, Mair	ne - Building or Use Pern	nit	Permit No:	Date Applied For:	CBL:
•	01 Tel: (207) 874-8703, Fax		10-0888	07/26/2010	032 F010001
Location of Construction:	Owner Name:		Owner Address:		Phone:
9 Exchange St	Eleven Exchange Li	lc	Po Box 4894		1
Business Name:	Contractor Name:		Contractor Address:		Phone
GiVannis	Monopoly, Inc.	_	PO Box 4894 Port	land	(207) 233-1607
Lessee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Com	mercial	
Proposed Use:		Propose	d Project Description:	<u> </u>	
Restaurant (GiVannis)/ac	id new bar	Add n	ew bar		
		\			
		\			
Dept: Zoning	Status: Approved with Conditi	ions Reviewer	Marge Schmucka	l Approval I	Date: 08/09/2010
Note:	status. Approved with Conditi	ions Reviewer,	. Ividi ge Denniueka	п Арріочаі і	Ok to Issue:
_	d annumbale, theoryale the City Cl	oolde office. This s	unnerval dags not a	stamatically agin lie	
· -	d separately through the City Cl		ipprovai does not at	nomatically gain its	ence approvais.
2) The approval is based of	on submitted plans given by the	owner.			
	uires a separate review and appr	roval thru Historic	Preservation. This p	property is located v	vithin an Historic
District.					
Dept: Building	Status: Approved with Conditi	ions Reviewer:	Jeanine Bourke	Approval I	Date: 09/03/2010
Note:	Sentable Tippione wint Contain			PPW	Ok to Issue:
	quired for any electrical, plumbi	ing sprinkler fires	olarm HVAC system	ms heating applianc	
	nmercial hood exhaust systems a				
part of this process.	•	•			
2) Application approval be	ased upon information provided	by applicant. Any	deviation from app	roved plans require	s separate review
and approrval prior to v	vork.				
Dept: Fire	Status: Approved with Conditi	ions Reviewer	Capt Keith Gautr	eau Approval I	Date: 08/11/2010
Note:	Status. Approved was condit	ions iterienci.	Capt Holai Gual	прричина	Ok to Issue:
	be tied into 11 Exchange Street	The engre shall b	save notification an	d manual null etatio	31110 1111101
,	_	The space shall t	iave iloutication an	a manuan pun statio	11.
2) Sprinkler protection sha	all be maintained. be shut down for maintenance o	r rangie the quoter	s chall be checked a	t the end of each da	v to incure the
system has been placed		r repair, the system	i shan be checked a	t the end of each da	y to hisare the
•	ired. Installation per NFPA 10				
l	•	11-1 4 4 24 -	•	1- 1-b-lod :	45 450 al aud
 Emergency lights and e circuit. 	xit signs are required. Emergen	icy lights and exit s	igns are required to	de labeled in relati	on to the panel and
5) Occupancies with an oc	ccupant load of 100 persons or n	nore require panic	harware on all door	s serving as a mean	s of egress.
6) The Fire alarm and Spr.	inkler systems shall be reviewed	d by a licensed con	tractor[s] for code o	ompliance.	
Compliance letters are	required.				
7) The sprinkler system sh	nall be installed in accordance w	rith NFPA 13.			
	will be required at the time of fir				
l -	tested for operation, fuel gas sh				
9) Hood suppression syste	m shall comply with NFPA 17A	A, 96, and UL 300.	Activation of the s	uppression system :	shall activate the

fire alarm system if available. A puff test is required. The Class K fire extinguisher and proper signage should be located at the

10 This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require ammendments and

suppression system pull station.

approval.

9 Exchange St_	Eleven Exchange Lic		Po Box 4894	<u> </u>
Business Name:	Contractor Name:		Contractor Address:	Phone
GiVannis	Monopoly, Inc.		PO Box 4894 Portland	(207) 233-1607
Lessee/Buyer's Name	Phone:	Ţ	Permit Type:	
			Alterations - Commercial	

Owner Address:

Phone:

Comments:

Location of Construction:

8/18/2010-jmb: Per email from Gary Wood, all permits are on hold for 1-11 Exchange St. 9/3/2010-jmb: Joe S. Came in with George, add'l cost of work 5,000 ok to issue.

Owner Name:

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 Inspection 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 with construction.
- X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
 X Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR 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.

CBL: 032 F010001 Building Permit #: 10-0888

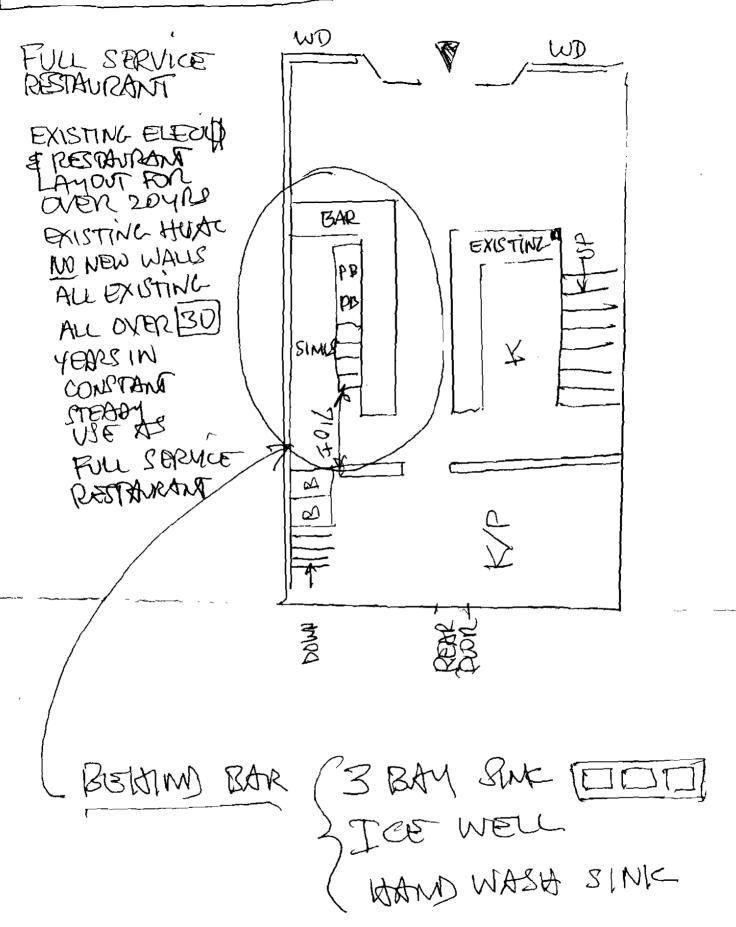
General Building Permit Application

property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 5	TZANAWK		
Total Square Footage of Proposed Structure/	Area Square Footz	ige of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Name 15 EX UNAV		Telephone: 237-1607
Q32 F010	Address City, State & Zip PTUD	<u> </u>	
Lessee DBA (If Applicable) GiVannis	Owner (if different from A Name Address City, State & Zip	S	Cost Of Vork: \$4775.00 Plated Fee 100.00 of O Fee 5 TOP Work 100.00 Cotal Fee: \$
If vacant, what was the previous use? CON Proposed Specific use: PESTAVIAN	If yes, please nar	me hew	ETYMINA O
Down Call	LIM WE OF	the)
	PIRME OF PURCHES Y	Teler	HECEIVED
Address: City, State & Zip Who should we contact when the permit is rea Mailing address: Please submit all of the information	IME OALIE- A	Tells able Checklist. our permit.	Faltitre 2 of 2010
Address: City, State & Zip Who should we contact when the permit is rea Mailing address: Please submit all of the information do so will result in the order to be sure the City fully understands the y request additional information prior to the is form and other applications visit the Inspecti	outlined on the applicate automatic denial of your full scope of the project, the I suance of a permit. For further	Tellanning and Dever information or to	Fallitre 26 2010 To Building Inspections By All Reptland Maine a download copies of
Address: City, State & Zip Who should we contact when the permit is rea Mailing address: Please submit all of the information	outlined on the applicate automatic denial of your full scope of the project, the I suance of a permit. For further ons Division on-line at www.postamed property, or that the owner application as his/her authorized rk described in this application is	Tell parties and Development of record authorized agent. I agree to consiste that I agree to consiste diagent.	Failtire 26 2010 To Building Inspections To Building Inspections To Building Inspections To download copies of top by the Inspections The proposed work and Inform to all applicable the Code Official's

15 EXCHANGE, LLC

7/22/10



Py John TEHO



Original Receipt

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Received from	Lie	acola luc	ut_
Location of Work		Exchage-	
Cost of Construction		Building Fee:_	
Permit Fee	\$	Site Fee:	
`	Certificat	e of Occupancy Fee:	
		Total:_	/ <u>_</u>
Other 100 cas: 30 F	for 5typ	Electrical (12) Site:	
4.200-1000 DEC 2007 (1000000 FOREST	The state of the s	rted until permi receipt for you	
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