	ty of Portland, Maine O Congress Street, 04101	- C			Per	rmit No: 09-0257	Issue Dat	e:	CBL: 032 I012	2001	
	ation of Construction: EXCHANGE ST	Owner Name: 10 EXCHANGI	Owner Name: 10 EXCHANGE PROPERTIES LLC			Owner Address: PO BOX 4894			Phone: 207-899-3710		
Bus	iness Name:		Contractor Name: Eastern Fire Protection Co., Inc.			Contractor Address: 170 Kittyhawk Ave., PO Box Auburn			Phone rn 2077841507		
Less	see/Buyer's Name	Phone:			Permit Type: Sprinkler Systems			- Idourn	Zone:		
Past Use: Commercial/Mixed Use		Sprinkler Syste	Commercial/Mixed Use - Fire Sprinkler System -Type -13, System Design-Wet, One Zone for Entire		Approved		00.00 INSPE				
Proposed Project Description: Fire Sprinkler System -Type -13, System Design-Wet, Building				One Zone for Entire		Signature: PEDESTRIAN ACTIVITIES DIST					
					Action Approved Approved			oroved w			
Permit Taken By: Date Applied For: 03/31/2009					Signature: Zoning Approval				Date:		
1.	This permit application does not preclude the		Special Zone or Reviews		Zoning Appeal			Historic Preservation			
	Applicant(s) from meetin Federal Rules.	g applicable State and	☐ Sh	Shoreland		☐ Variance			☐ Not in District or Landn		
2.	Building permits do not in septic or electrical work.	nclude plumbing,	☐ Wetland		Miscellaneous			Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may in permit and stop all work		Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition		
			Мај [Mino MM	☐ Denied			☐ Denied			
			Date:			Date:		D	ate:		
I ha juri: shal	ereby certify that I am the o tive been authorized by the o sdiction. In addition, if a po Il have the authority to ente uch permit.	owner to make this appliermit for work described	med proication a	as his authorized application is iss	ne prop d agen sued, I	t and I agree to certify that th	o conform t e code offic	o all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRESS	S		DATE		P	НО	

Location of Construction: 10 EXCHANGE ST	Owner Name: 10 EXCHANGE PROPERTIES I		Owner Address: PO BOX 4894	Phone: 207-899-3710	
Business Name:	Contractor Name: Eastern Fire Protection Co., Inc.		Contractor Address: 170 Kittyhawk Ave., PO Box Auburn	Phone 2077841507	
Lessee/Buyer's Name	Phone:		Permit Type: Sprinkler Systems	Zone:	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Ann Machado
 Approval Date:
 04/01/2009

 Note:
 Ok to Issue:
 ✓

- 1) This permit is being approved under Zoning without regard to current uses in the building. This permit does not legalize any illegal and non permitted uses in the building.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Chris Hanson
 Approval Date:
 04/01/2009

 Note:
 Ok to Issue:
 ✓

- 1) Sprinkler systems must meet NFPA 72 and Section 903 of the IBC 2003
- 2) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

 Dept:
 Fire
 Status:
 Approved with Conditions
 Reviewer:
 Ben Wallace Jr.
 Approval Date:
 04/01/2009

 Note:
 Fire Marshal has fully reviewed and issued state sprinkler permit for this project.
 Ok to Issue:
 ✓

- 1) Acceptance test must be co-ordinated between sprinkler and fire alarm contractor(s) and the fire department.
- 2) FDC required Knox Cap.
- 3) This system must be supervised per NFPA 13 and 72.

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 APPLICAN	ADDRESS	DATE	РНО