Portland, Maine



Yes. Life's good here.

Reviewed for Code Compliance Permitting and Inspections Department Approved with Conditions

08/13/2018

Permitting and Inspections Department Michael A. Russell, MS, Director

FAST TRACK ELIGIBLE PROJECTS SCHEDULE B

(Please note: The appropriate Submission Checklist and General Building Permit Application must be submitted with any Fast Track application.)

One/two family renovations within existing shell, including interior demolition and windows. One/two family HVAC, including boiler, furnace, heating appliance, pellet or wood stove. One/two family exterior propane tank. Commercial HVAC for boiler, furnace, and heating appliance. Commercial HVAC system with structural and mechanical stamped plans. Commercial interior demolition – no load bearing demolition. Temporary outdoor tents and stages less than 750 square feet. Temporary construction trailer.											
Zone: Old Port Shoreland zone? O Yes O No Stream protection zone? O Yes O No Historic district? O Yes O No Flood zone (if known)? O Yes O No											
 I certify that (all of the following must be initialed for this application to be accepted): I am not expanding the building, including footprint, floor area, or dormer. I am the owner or authorized owner's agent of the property listed below. I am aware that this application will not be reviewed for determination of the zoning legal use and the use may not be in compliance with City records. I assume responsibility for compliance with all applicable codes, bylaws, rules and regulations. I assume responsibility for scheduling inspections of the work as required, and agree that the inspector may require modifications to the work completed if it does not meet applicable codes. 											
Project Address: 424 Fore Shreet Porthand Print Name: Lance Baker Date: 6/12/2018 This is less of decument and your electronic initials are considered a legal signature per Majne state law.											

389 Congress Street, Room 315/Portland, Maine 04101/<u>www.portlandmaine.gov</u>/tel: 207-874-8703/fax: 207-874-8716



				FOOD SER	V I C E		M E	\mathcal{C}	H A	A N	1 C	А		S	C	H E D U L E	
ITEM NO	QTY	DESCRIPTION	MANUFACTURER	MODEL NUMBER	VOLTS	AMPS	X	НР	DIRECT	NEMA	COLD WATER SIZE (IN)	HOT WATER SIZE (IN)	DIRECT DRAIN SIZE (IN)		GAS SIZE (IN)	HOLAN EQUIPMENT REMARKS	ITEM NO
1	1	REACH-IN REFRIGERATOR	ATOSA	MFB8507	115 1	6.5	_	1/3	- x	_	_	_	_	_	_		1
2	1	REACH-IN FREEZER	ATOSA	MFB8503	115 1	12.0	_	3/4	- X	_	_	_	_	_	_		2
3	2	REFRIGERATED PREP	ATOSA	MSF8306	115 1	6.5	_	1/3	- x	_	_	_	_	_	_		3
4	2	REFRIGERATED MERCHANDISER	ATOSA	MCF8705	115 1	3.2	_	1/6	- x	_	_	_	_	_	_		4
5	_	SPARE NUMBER	_	_		_	_	_		_	_	_	_	_	_		5
6	1	ONE COMP'T SINK	KLINGER	ECS1DR		-	_	_		_	_	_	_	1-1/2	_		6
7	1	FAUCET	KROWNE	12-806L		-	_	_		_	1/2	1/2	_	_	_		7
8	2	WORK TABLE	KLINGER	SG 3048		_	_	_		_	_	_	_	_	_		8
9	1	HAND SINK	KLINGER	SSHS-1000-11		<u> </u>	_	_		_	1/2	1/2	1-1/2	_	_	- G.C. TO PROVIDE WALL BACKING	9
10	2	SHELVING	NEXEL	18486B		_	_	_		_	_	_	_	_	_	- SEE PLAN	10
11	1	COUNTER	BY OWNER	BY OWNER		_	_	_		_	_	_	_	_	_	- VERIFY ALL UTILITY REQUIREMENTS W/ OWNER	11
12	1	OVERSHELF	BY OWNER	BY OWNER		_	_	_		_	_	_	_	_	_	- VERIFY ALL UTILITY REQUIREMENTS W/ OWNER	12
13	1	COUNTER	BY OWNER	BY OWNER		_	_	_		_	_	_	_	_	_	- VERIFY ALL UTILITY REQUIREMENTS W/ OWNER	13
14	1	P.O.S.	BY OWNER	BY OWNER	115 1	VERIFY	_	_	- X	_	_	_	_	_	_	- VERIFY ALL UTILITY REQUIREMENTS W/ OWNER	14

NOTE:
ALL FOOD SERVICE EQUIPMENT
MECHANICAL REQUIREMENTS TO BE
COORDINATED WITH THE FOOD SERVICE
EQUIPMENT SPEC.(CUT SHEETS) BOOK.
ALL ITEMS SUPPLIED BY OWNER,
SHOULD BE VERIFIED BY CONTRACTORS

