

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes. If Any,
Attached

BUILDING INSPECTION
PERMIT

PERMIT ISSUED
Permit Number: 060419

APR 11 2006

This is to certify that Fore Street Holdings LLC /n/
has permission to Change of Use Bar to retail furniture shop

AT 436 Fore St

032 R007001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the City of Portland regulating 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 altered or closed-in. 24 HOUR 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 Carr 4-12-06

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0419		Issue Date: 12/01/06	CBL: 032 R007001
Location of Construction: 436 Fore St	Owner Name: Fore Street Holdings LLC	Owner Address: 6 Webber Way	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B3
Past Use: Commercial	Proposed Use: Commercial Change of Use Bar to retail furniture shop (Thru 1st in knots)	Permit Fee: \$105.00	Cost of Work: \$105.00
Proposed Project Description: Change of Use Bar to retail furniture shop.		CEC District: 1	
		<div> <div> FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i> </div> <div> INSPECTION: Use Group: <i>BM</i> Type: <i>BB</i> <i>4/16/06</i> Signature: <i>[Signature]</i> </div> </div>	
		Signature: <i>Greg Cross</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: 03/28/2006	Zoning Approval	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>See conditions</i> Date: <i>4/6/06</i> <i>AKM</i>	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 District 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 <i>Any exterior work will require a separate review and approval thru Historic Preservation</i>	

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

City of Portland, Maine - Building or Use Permit

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

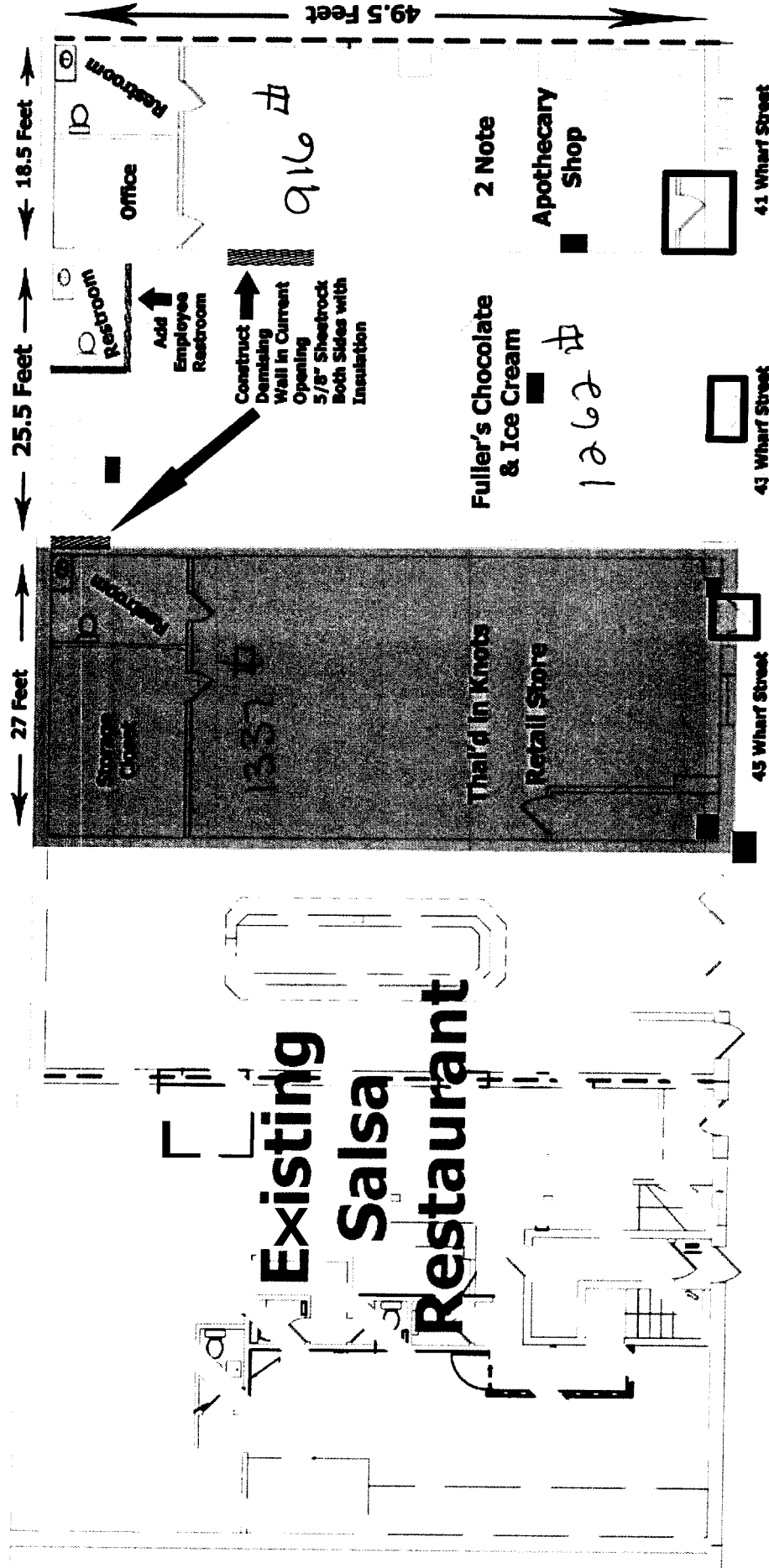
Permit No: 06-04 19		Date Applied For: 03/28/2006	CBL: 032 R007001
Location of Construction: 436 Fore St	Owner Name: Fore Street Holdings Llc	Owner Address: 6 Webber Way	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	
Proposed Use: Commercial Change of Use Bar to retail furniture shop		Proposed Project Description: Change of Use Bar to retail furniture shop.	
Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 04/06/2006 Note: Last use of space was part of Headliners (resaturant & bar) Some previous permits for this space might be under CBL 032 R004. Current tenant - Thai'd in Knots 1) ANY exterior work requires a separate review and approval thru Historic Preservation 2) Separate permits shall be required for any new signage. Ok to Issue: <input checked="" type="checkbox"/>			
Dept: Building Status: Approved with Conditions Reviewer: Mike Nugent Approval Date: 04/14/2006 Note: 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities. Ok to Issue: <input checked="" type="checkbox"/>			
Dept: Fire Status: Approved with Conditions Reviewer: Cptn Greg Cass Approval Date: 04/12/2006 Note: 1) Sprinkler system shall comply with NFPA 13 2) Seperation to other occupancies shall be 1 hour Ok to Issue: <input type="checkbox"/>			

Life Safety Summary

Landlord: Fore Street Holding, LLC
 Property Addresses: 432-436 Fore Street
 41-47 Wharf Street

30 per #

Wharf Street Properties



* Ceiling construction consists of the 5/8

sheetrock between beams for fire rating between spaces

* All Retail & basement spaces are sprinklered

* Tenants above are Retail users



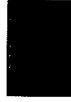
Emergency Lighting



Exits



Sprinkler Riser



Outdoor Bell

**EASTERN
SPRINKLI****FIRE SPRINKLERS SAVE
LIVES AND PROPERTY****I****NCORPORATED**

AUBURN PHONE (207) 795-6314 • AUBURN FAX (207) 7820566
BANGOR PHONE (207) 942-8014 • BANGOR FAX (207) 942-6202
...170 KITTY HAWK AVE. • P.O. BOX 1582 • AUBURN, ME 04211-1582

FIRE SPRINKLER FAX

DATE: APRIL 10,2006
TO: BOULOS PROPERTY MGT.
ONE CANAL PLAZA
PORTLAND, MAINE 04101

ATTENTION: STEVE BAUMAN
PHONE: 207-871-1290 or 773-1333 or 831-4063 (Cell)
FAX: 207-871-1288 or 207-772-2647
E-MAIL:
FROM: GARY L. DARLING
SUBJECT: ENCLOSED IS JUM'S LAST TEST AT 436 FORE STREET. HIS NEXT TEST
WILL BE THE FIRST TEST ON THE NEW CONTRACT

PAGES INCLUDING COVER:

REMARKS

STEVE.

THE ITEMS ON THE 2ND PAGE ARE EASY TO ADDRESS.

PLEASE TAKE A LOOK AT ENCLOSED SHEETS AND GIVE ME A CALL WITH ANY QUESTIONS.

TAKE CARE

REPORT OF FIRE SPRINKLER SYSTEM TESTING

EASTERN SPRINKLER SERVICES INCORPORATED

P.O. BOX 1582

408 HARLOW ST.

AUBURN, MAINE 04211-1582

BANGOR, MAINE 04401

207-795-6314

207-942-8014

Report # 1 of 4Contract/DW # 2807QBuilding Name 436 Fore Street

Contract With _____

Street _____

Tester Name Jim LaliberteLic. # 314City and State Portland, MaineDate 12-21-05**Test** = the physical operation of equipment to validate condition**Inspect** = a visual exam from floor level to validate condition.**Maintain** = work performed to keep equipment operable or to make repairs.**Owner** = owner's or owner representative's response to a question or actions required of them.**NOTICE**

Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your ESSI contract for services to be performed by ESSI.

Owner's or Owner Representative's Name: _____

	Yes	N.A.	No
1. General - Perform at all testing visits (UNO)			
a. Owner: Is the building occupancy the same as the last visit?	<input checked="" type="checkbox"/>		
b. Owner: Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	<input checked="" type="checkbox"/>		
c. Owner: Have all new additions and building changes been properly protected with sprinklers?		<input checked="" type="checkbox"/>	
d. Owner: Is the building use the same as the last inspection?	<input checked="" type="checkbox"/>		
e. Owner: Are all sprinkler systems in service?	<input checked="" type="checkbox"/>		
f. Owner: Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	<input checked="" type="checkbox"/>		
2. Annual Sprinkler and Piping Items - Perform at testing visit #1			
a. Inspect: Are hangers and seismic bracing secure?	<input checked="" type="checkbox"/>		
b. Inspect: Are pipe, fittings and sprinkler heads in satisfactory condition?	<input checked="" type="checkbox"/>		
c. Inspect: Does the entire building appear to be completely sprinklered?			<input checked="" type="checkbox"/>
d. Inspect: Are spare sprinklers and sprinkler wrenches properly stored at the property?	<input checked="" type="checkbox"/>		
e. Inspect: Is all stock or storage at least 18" below sprinkler head deflectors?	<input checked="" type="checkbox"/>		
3. Valves - Perform at all testing visits (UNO)			
a. Inspect: Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	<input checked="" type="checkbox"/>		
b. Inspect: Are all pressure reducing and relief valves in good condition and free of leakage?		<input checked="" type="checkbox"/>	
c. Inspect: Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		<input checked="" type="checkbox"/>	
d. Maintain: Lubricate all control valves annually. Were valves lubricated at this visit?		<input checked="" type="checkbox"/>	
e. Test: Control valve operation per NFPA 25 Table 9-1. Are all control valves operating properly?	<input checked="" type="checkbox"/>		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. Inspect: Are gauges in satisfactory condition?	<input checked="" type="checkbox"/>		
b. Inspect: Are fire department connections in good condition and easily accessible for emergency use?	<input checked="" type="checkbox"/>		
c. Maintain: Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?		<input checked="" type="checkbox"/>	
d. Test: Main drain flow test per NFPA 25 Table 9-1. Was test performed at this visit?			<input checked="" type="checkbox"/>
e. Test: Anti-freeze at fall visit per NFPA 25 Table 2-1. Was test performed at this visit? Temp =	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. Inspect: At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?		<input checked="" type="checkbox"/>	
b. Inspect: Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?		<input checked="" type="checkbox"/>	
c. Maintain: At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?		<input checked="" type="checkbox"/>	
d. Maintain: Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?		<input checked="" type="checkbox"/>	
e. Maintain: At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?		<input checked="" type="checkbox"/>	
f. Test: Quick-Opening devices per NFPA 25 Table 9-1. Are QOD's operating properly?		<input checked="" type="checkbox"/>	
g. Test: Priming water levels per NFPA 25 Table 9-1. Is priming water satisfactory?		<input checked="" type="checkbox"/>	
h. Test: Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 9-1. Was test performed at this visit?		<input checked="" type="checkbox"/>	
6. Alarms - Perform at all testing visits (UNO)			
a. Inspect: Are all alarm devices in satisfactory condition? <u>WATER MOTOR GONG ONLY</u>	<input checked="" type="checkbox"/>		
b. Test: Flow alarm devices per NFPA 25 Table 2-1. Are all sprinkler alarms working properly?	<input checked="" type="checkbox"/>		
c. Test: Low air pressure alarms per NFPA 25 Table 9-1. Are all low air pressure alarms working properly?		<input checked="" type="checkbox"/>	
d. Test: Valve supervisory switches per NFPA 25 Table 9-1. Are all supervisory switches working properly?		<input checked="" type="checkbox"/>	

REPORT OF FIRE SPRINKLER SYSTEM TESTING

EASTERN SPRINKLER SERVICES INCORPORATED

P.O. BOX 1582

408 HARLOW ST.

Report # 1 of 4

AUBURN, MAINE 04211-1582

BANGOR, MAINE 04401
207-942-8014Contract/DW # 2807Q

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests

Yes NA No*

- a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 2-1? (every 5 years)
- b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 2-1? (at 20 years and 10 years thereafter)
- c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 2-1? (at 50 years and 10 years thereafter)
- d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 2-1? (every 5 years)
- e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 2-1?

8. Obstruction Investigation

- a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 10?
- b. If 8a = yes what year was the flushing / examination performed? YEAR:
- c. At annual trip test of dry pipe, preaction and deluge systems was 1/4 cup or less scale removed from the valve interior?
- d. During annual draining of low points were the valves free of scale and blockage?

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 1	Alarm	Vining H-2 4"	System 4		
System 2			System 5		
System 3			System 6		

10. Water Supply Information - PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1	CW	System 2		System 3		System 4		System 5		System 6	
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11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 1	2"	?	—	—	System 4				
System 2					System 5				
System 3					System 6				

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve # Turns Open	Valve Tripped At		Full Flow - Time For Water at ITC	Quick Opening Devices	
	Air	Water	Size	Location		PSI Air	Time		Manuf / Model	Trip Time
System 1										
System 2										
System 3										
System 4										
System 5										
System 6										

13. Comments - *Explain all "no" answers here. Attach additional sheets if necessary.

2b Some loading on sprinklers in Foreplay

2c Some areas in headliners, The Bathroom in Blue Shore, and the apartments above Fullers Ice Cream are not sprinkled.

4d A drain test was not done due to freezing conditions.

4d The gauges are blocked so I can't see what the drain test is.



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges **on any** property within the City, payment arrangements must be made before permits of any kind are accepted.

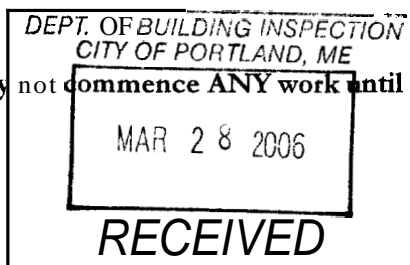
Location/Address of Construction: <u>421 734 Fore St. / 45 Wharf</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Fore St Holdings LLC</u> <u>Steve Baumen</u>	Telephone: <u>207 - 831-4063</u>
* <u>32</u> <u>R</u> <u>001007</u>	Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Cost Of Work: \$ <u>30</u> Fee: \$ <u>105.00</u> Cof O Fee: \$ <u>-/-</u>
Current Specific use: <u>Commercial</u> Proposed Specific use: _____ Project description: <u>Chg of use Bar to retail/Furniture</u>		
Contractor's name, address & telephone: <u>CATHY JOHNSON</u> <u>224 PIGEON BROOK RD.</u> <u>WEST BALDWIN, ME 04091</u> Who should we contact when the permit is ready: _____ Mailing address: _____ Phone: <u>207-625-7044</u>		

**Please submit all of the information outlined in the Commercial Application Checklist.
Failure to do so will result in the automatic denial of your permit.**

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

Signature of applicant: <u>Cathy Johnson</u>	Date: <u>3-28-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



**Fore & Wharf, LLC
P.O. Box 7690
Portland ME 04112**

April 4, 2006

**City of Portland
Code Enforcement
389 Congress Street
Portland ME 04101**

To Whom It May Concern:

Please **accept this letter as our permission for the following new entities to pursue Change of Use permits** for their newly leased space at our property on wharf Street:

2 Note
Fuller's Chocolates
Thai'd in Knots

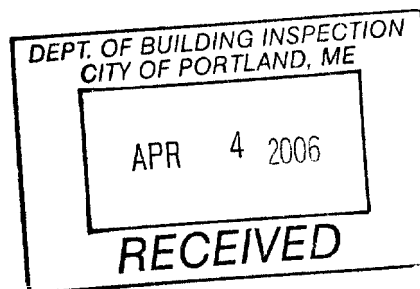
42 Wharf Street
43 Wharf Street
45 Wharf Street

Please don't **hesitate to call with any questions** you may have.

Sincerely,

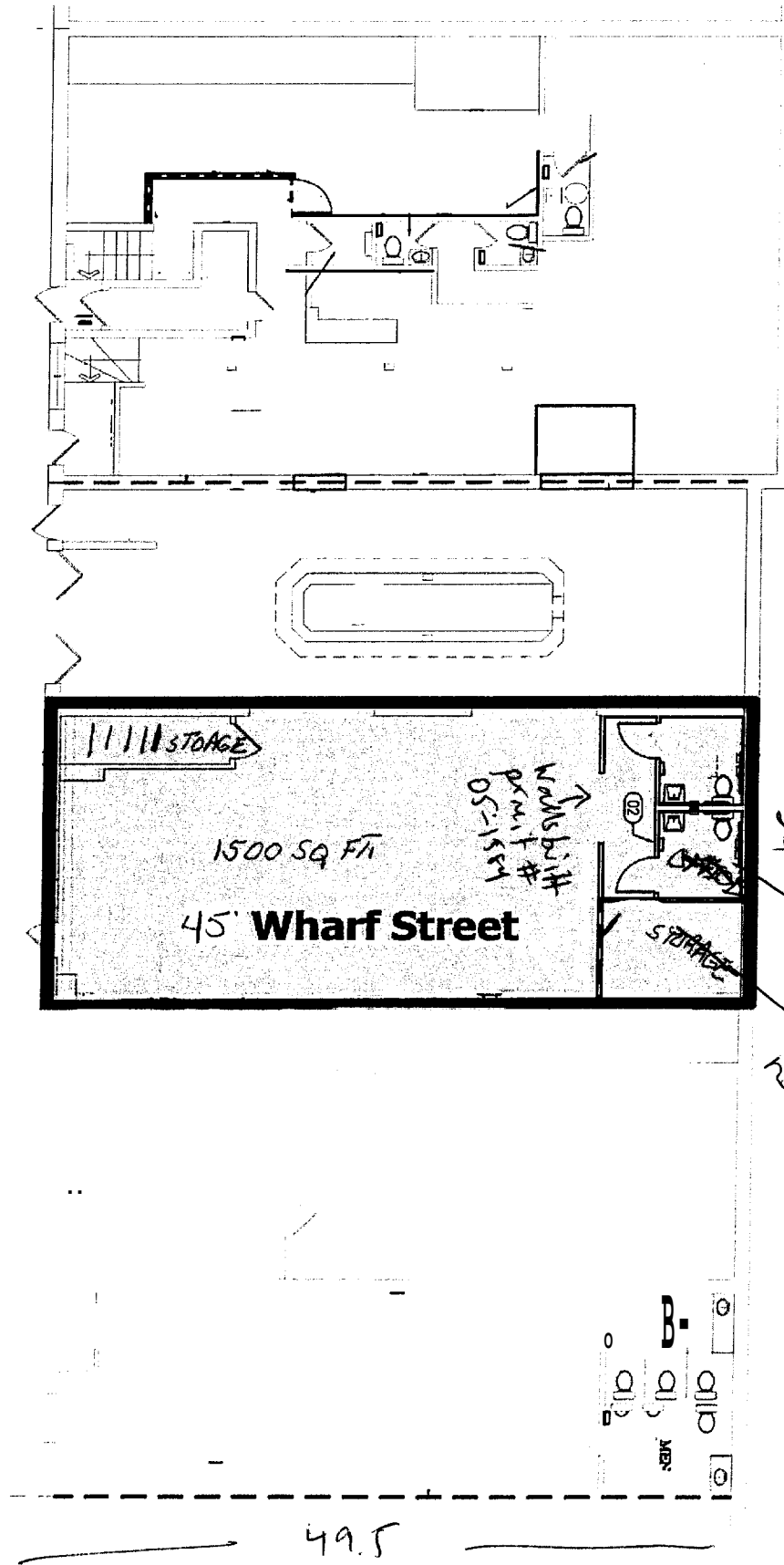


**Steve Baumann
Fore Street Holdings, LLC**



37 Wharf Street

EXHIBIT A



- need dimensions
Where is wharf street?
located on wharf street?
what was there?

For Street.

wharf Street.

45' /
Space
office
now bathroom