

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

TRANSMARINE C/O STEPHEN K MCDUFFIE/Firesafe
Equipment

PERMIT ID: 2013-00216

Located at

7 DANA ST (5)

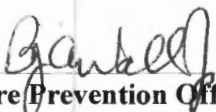
CBL: 032 U005001

has permission to **install hood suppression system.**

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes 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 procured prior to occupancy.


Fire Prevention Officer

58

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

PERMIT ID: 2013-00216

Located at: 7 DANA ST (5)

CBL: 032 U005001

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (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.**

REQUIRED INSPECTIONS:

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.

City of Portland, Maine - Building or Use Permit

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

| | | |
|---------------------------------|--|----------------------------|
| Permit No: 2013-00216 | Date Applied For: 02/01/2013 | CBL: 032 U005001 |
|---------------------------------|--|----------------------------|

| | | | |
|---|---|---|--------------------------------|
| Location of Construction: 7 DANA ST (5) | Owner Name: TRANSMMAINE C/O STEPHEN K | Owner Address: 230 ANDERSON ST | Phone: |
| Business Name: Wag the Dog, LLC | Contractor Name: Firesafe Equipment | Contractor Address: P.O. Box 1355 Auburn | Phone (207) 784-7525 |
| Lessee/Buyer's Name Daniel McCarthy | Phone: 9179522086 | Permit Type: Fire Suppression Non-Water Based | |

| | |
|---|--|
| Proposed Use: same - 1st floor - retail establishment - 9 0r less seats | Proposed Project Description: install hood suppression system. |
|---|--|

| | | | |
|--|---|------------------------------|----------------------------------|
| Dept: Zoning | Status: Approved w/Conditions | Reviewer: Ann Machado | Approval Date: 02/08/2013 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District. | | | |

| | | | |
|--|---|---------------------------------|----------------------------------|
| Dept: Fire | Status: Approved w/Conditions | Reviewer: Ben Wallace Jr | Approval Date: 02/28/2012 |
| Note: connected to hood permit 2012-49215 | Ok to Issue: <input checked="" type="checkbox"/> | | |
| 1) 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. | | | |

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|--------------------------|-------------|---------------------|
| Permit No: 2013-00216 | Issue Date: | CBL: 032 U005001 |
|--------------------------|-------------|---------------------|

| | | | |
|---|---|---|---------------------------------|
| Location of Construction: 7 DANA ST (5) | Owner Name: TRANSMINE C/O STEPHEN K MCDUFFIE | Owner Address: 230 ANDERSON ST PORTLAND, ME 04101 | Phone: |
| Business Name: Wag the Dog, LLC | Contractor Name: Firesafe Equipment | Contractor Address: P.O. Box 1355 Auburn ME 04211 | Phone (207) 784-7525 |
| Lessee/Buyer's Name Daniel McCarthy | Phone: (917) 952-2086 | Permit Type: Fire Suppression Non-Water Based | Zone: B3 |
| Past Use: 1st floor - retail establishment - 9 Or less seats | Proposed Use: same - 1st floor - retail establishment - 9 Or less seats | Permit Fee: \$50.00 | Cost of Work: \$3,000.00 |
| Proposed Project Description: install a non-water based fire suppression system. | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A 2/28/13 Signature: <i>[Signature]</i> | INSPECTION: Use Group: Type: |
| | | 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: bjs | Date Applied For: 02/01/2013 | 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"/> OK w/long term Date: 2/1/13 <i>[Signature]</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 Any historic work Date: requires separate review! approval thru historic preservation. |

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 |

PROJECT: _____

PREPARED BY: _____

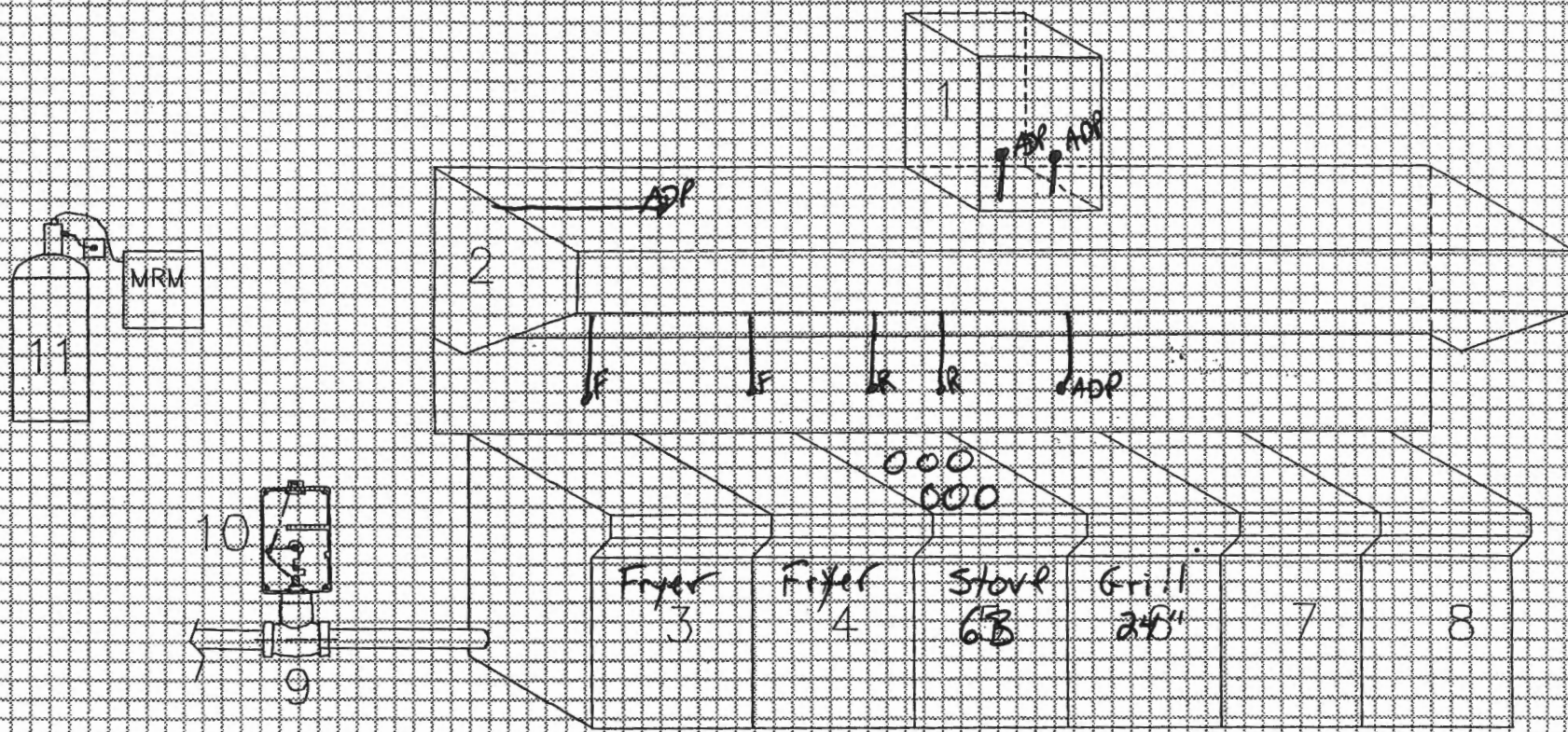
S DANA ST.

DATE / TIME: _____

QUOTE NO.: _____

JOB NO.: _____

Comments: _____



System Description "as appropriate"

| | qty. | size | x | size | qty. | size | x | size |
|---------------|------|-----------|---|------|-------------------|------|---|------|
| 1. Duct: | 1 | 6" | | | 7. Appliance: | | | |
| 2. Plenum: | 1 | 10" | | Hood | 8. Appliance: | | | |
| 3. Appliance: | 1 | Fryer | | | 9. Gas Valve: | | | |
| 4. Appliance: | 1 | Fryer | | | 10. Retrofit Kit: | | | |
| 5. Appliance: | 1 | 6B Stove | | | 11. Agent Cyl.: | | | |
| 6. Appliance: | 1 | 24" Grill | | | 12. Misc.: | | | |