

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0883	Issue Date:	CBL: 033 N020001
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Location of Construction: 2 CEDAR ST	Owner Name: SALVATION ARMY THE	Owner Address: 88 PREBLE ST	Phone:
Business Name:	Contractor Name: New England Tech Air	Contractor Address: 16 Manson Libby Road Scarborough	Phone 2073477577
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone:

Past Use: Salvation Army	Proposed Use: Salvation Army - Kitchen Hood System w/ suppression w/ exhaust Duct work & Fan	Permit Fee: \$120.00	Cost of Work: \$9,500.00	CEO District: 1
Proposed Project Description: Kitchen Hood System w/ suppression w/ exhaust Duct work & Fan		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

Permit Taken By: Idobson	Date Applied For: 07/18/2008	Zoning Approval		
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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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Business Name:	Contractor Name: New England Tech Air	Contractor Address: 16 Manson Libby Road Scarborough	Phone 2073477577
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/21/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 07/28/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The Hood shall be installed per IMC 2003 and NFPA 96 This permit is approved after the fact and a compliance letter has been submitted			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 07/23/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Install shall comply with NFPA 96. A compliance letter is required			

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