

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 080883

PERMIT ISSUED

This is to certify that SALVATION ARMY THE NEW ENGLAND TECH AIR
has permission to Kitchen Hood System w/ suppression w/ exhaust duct work & fan

AT 2 CEDAR ST 033 N020001

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances 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 occupied or service is rendered. 4 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 Cass
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Jamie Benke 7/28/08
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: 08-0883	Issue Date:	CBL: 033 N020001
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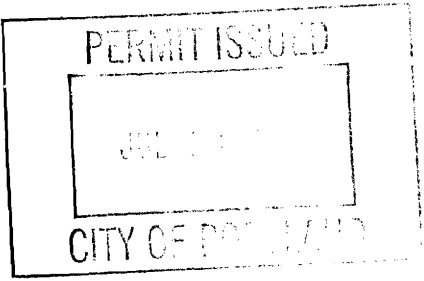
Location of Construction: 2 CEDAR ST	Owner Name: SALVATION ARMY THE	Owner Address: 88 PREBLE ST	Phone:
Business Name:	Contractor Name: New England Tech Air	Contractor Address: 16 Manson Libby Road Scarborough	Phone 2073477577
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone: B-3

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
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NAPA ALB	INSPECTION: Use Group: B/A3 Type: 1 Hood DMC-2003 Signature: JMB 7/28/08	

Proposed Project Description: Kitchen Hood System w/ suppression w/ exhaust Duct work & Fan	Signature: Greg Cass Signature: JMB 7/28/08
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: Idobson	Date Applied For: 07/18/2008	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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"/> Date: dk 9/1/08 7/21/08	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <input checked="" 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 Date:
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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

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 1/2/08
 Permit # 2008 4009
 CBL# 033 N020

LOCATION: 297 Cumberland Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Salvation Army
 TENANT _____ PHONE # 774-4172

							TOTAL EACH FEE		
OUTLETS	90	Receptacles	38	Switches		Smoke Detector	.20	25.60	
FIXTURES	10	Incandescent	85	Fluorescent		Strips	.20	19.00	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00		
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS		(number of)					1.00		
MOTORS	4	(number of)					2.00	8.00	
RESID/COM		Electric units					1.00		
HEATING	1	oil/gas units		Interior		Exterior	5.00	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00		
		Insta-Hot		Water heaters		Fans	2.00		
		Dryers		Disposals		Dishwasher	2.00		
		Compactors		Spa		Washing Machine	2.00		
		Others (denote)					2.00		
MISC. (number of)		Air Cond/win					3.00		
	1	Air Cond/cent				Pools	10.00	10.00	
	2	HVAC		EMS		Thermostat	5.00	10.00	
		Signs					10.00		
		Alarms/res					5.00		
	1	Alarms/com					15.00	15.00	
		Heavy Duty(CRKT)					2.00		
		Circus/Carnv					25.00		
	1	Alterations					5.00	5.00	
		Fire Repairs					15.00		
	15	E Lights					1.00	15.00	
		E Generators					20.00		
PANELS		Service	5	Remote		Main	4.00	20.00	
TRANSFORMER		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
							TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 55.00							MINIMUM FEE	45.00	132.60

CONTRACTORS NAME Anthony Mancini Inc MASTER LIC. # MC 6000 3358
 ADDRESS 179 Sheridan Street Portland, Me 04101 LIMITED LIC. # _____
 TELEPHONE 774-5829

SIGNATURE OF CONTRACTOR Gino Mancini
 White Copy - Office Yellow Copy - Applicant