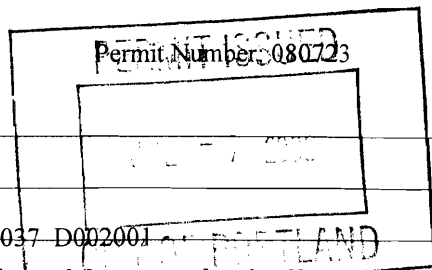


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached



This is to certify that 511 PLAZA LIMITED PARTNERSHIP (Athletic Restaurant Service)  
has permission to Install Hood System, Fire Suppression System  
AT 511 CONGRESS ST PERMIT NUMBER 037-D002001

provided that the person or persons performing or supervising 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 laid 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 Cass  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*Jeanne Bank* 7/7/08  
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

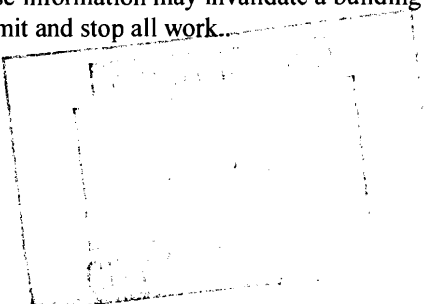
Permit No: 08-0723	Issue Date:	CBL: 037 D002001
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Location of Construction: 511 CONGRESS ST	Owner Name: 511 PLAZA LIMITED PARTNERS	Owner Address: ONE CANAL PLAZA	Phone:
Business Name:	Contractor Name: Atlantic Restaurant Services	Contractor Address: 34 Albion Road Windham	Phone 2076530645
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone: B-3

Past Use: Commercial - Restaurant/Thai Chef	Proposed Use: Commercial - Restaurant/Thai Chef - Install Hood System, Fire Suppression by Firesafe.	Permit Fee: \$210.00	Cost of Work: \$18,500.00	CEO District: 1
Proposed Project Description: Install Hood System, Fire Suppression by Firesafe.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NTPA 96	INSPECTION: Use Group: AR Type: (2) Type 1 Hood DML-2003	
		Signature: <i>Craig Casper</i>	Signature: <i>JMB 7/7/08</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: lmd	Date Applied For: 06/18/2008	<b>Zoning Approval</b>		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>6/23/08</i>	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 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

<b>Permit No:</b> 08-0723	<b>Date Applied For:</b> 06/18/2008	<b>CBL:</b> 037 D002001
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<b>Location of Construction:</b> 511 CONGRESS ST	<b>Owner Name:</b> 511 PLAZA LIMITED PARTNERS	<b>Owner Address:</b> ONE CANAL PLAZA	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Atlantic Restaurant Services	<b>Contractor Address:</b> 34 Albion Road Windham	<b>Phone</b> (207) 653-0645
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Hood Systems, Commerical	

<b>Proposed Use:</b> Commercial - Restaurant/Thai Chef - Install Hood System, Fire Suppression by Firesafe.	<b>Proposed Project Description:</b> Install Hood System, Fire Suppression by Firesafe.
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 06/23/2008
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 07/07/2008
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712. 2) The Hood shall be installed per IMC 2003 and NFPA 96 This permit is approved based on the plans submitted and updated for reductions in the clearances based on the application of a UL approved fire wrap or equivalent assembly per code.			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Greg Cass	<b>Approval Date:</b> 06/24/2008
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) Install shall comply with NFPA 96. A compliance letter is required			

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

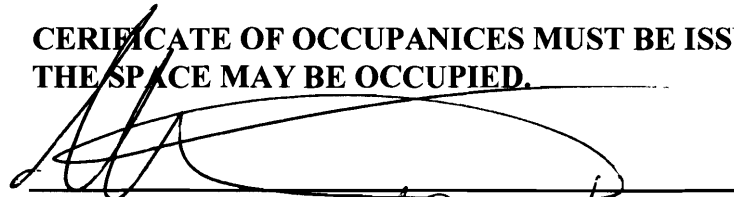
  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

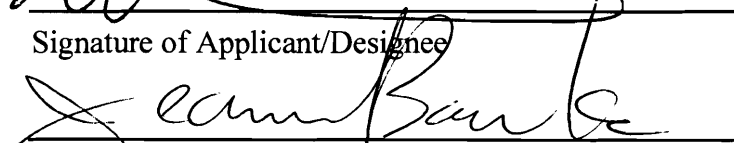
**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**



Signature of Applicant/Designee

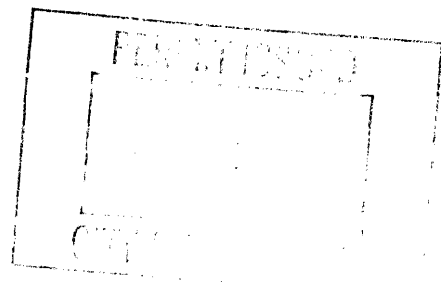
Date



Signature of Inspections Official

Date

  7/2/08  





# 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>511 CONGRESS</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name Address City, State & Zip	Telephone:
Lessee/DBA (If Applicable) <u>JUN 18 2008</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>8,500<sup>00</sup></u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>COMMERCIAL</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>INSTALL HOOD SYSTEM - FIRE SUPPRESSION BY TIRESAFE</u>		
Contractor's name: <u>MARK WEIMER</u> Address: <u>34 ALBION RD</u> City, State & Zip: <u>WINDHAM ME 04062</u> Telephone: <u>653-0645</u> Who should we contact when the permit is ready: _____ Telephone: _____ Mailing address: _____		

**Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

MSA

Signature: [Signature] Date: 6/18/08

**This is not a permit; you may not commence ANY work until the permit is issue**



Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Lee Urban - Director of Planning and Development
Jeanie Bourke - Inspection Division Services Director

Kitchen Exhaust System Checklist and code Provisions

Dear Applicant,

The following is a checklist to assist you in filing for a permit for a Kitchen Exhaust system. The applicable Mechanical Code provisions have also been attached. Please complete this and submit job specific construction documents that demonstrate compliance with the attached information.

Type of System:

Type I [checked] Type II

Type I systems are systems that vent fryers, grills, broilers, ovens or woks.
Type II systems are systems that vent steamers and other non grease producing appliances.

Type of Materials:

Is the hood Stainless steel or other type of steel? STAINLESS If Other, what Type?

Is the duct work Stainless steel or other type of steel? Cold Rolled If Other, what type?

Thickness of the steel for the hood 18 GA

Thickness of the duct for the hood 16 GA

Type of Hood and Duct Supports
THREADER ROD / CHAIN

Type of seams and Joints All Welded

Grease Gutters provided? \_\_\_\_\_

Hood Clearance reduction to Combustibles design /specs:

NO REDUCTION NECESSARY

Duct Clearance reduction to Combustibles design /specs:

NO REDUCTION

Vibration Isolation System:

ON BLOWERS

Air Velocity within the duct system AT LEAST 300 CFM/FT.

Grease accumulation prevention system:

BUILT IN

Cleanouts N/A

Grease Duct enclosure \_\_\_\_\_

Exhaust Termination Roof X Wall \_\_\_\_\_

Fire Suppression System UL 300 RANGE GUARD

Exhaust fan mounting and clearance from the roof / wall or Combustibles:

GREATER THAN 10'

Exhaust fan distance from property lines \_\_\_\_\_

Exhaust fan distance from other vents or openings 12'

Exhaust fan distance from adjacent buildings 12'

Exhaust fan height above adjoining grade 12'

**Hood Specs**

Style of Hood BOX TYPE W/ MAKE UP AIR

Type of Filter BAFFLE ALUM.

Height of filter above nearest cooking surface AT LEAST 36"

Capacity of hood CFM N/A

Make up Air system description and capacity

FILTERED SUPPLY 80% OF EXHAUST

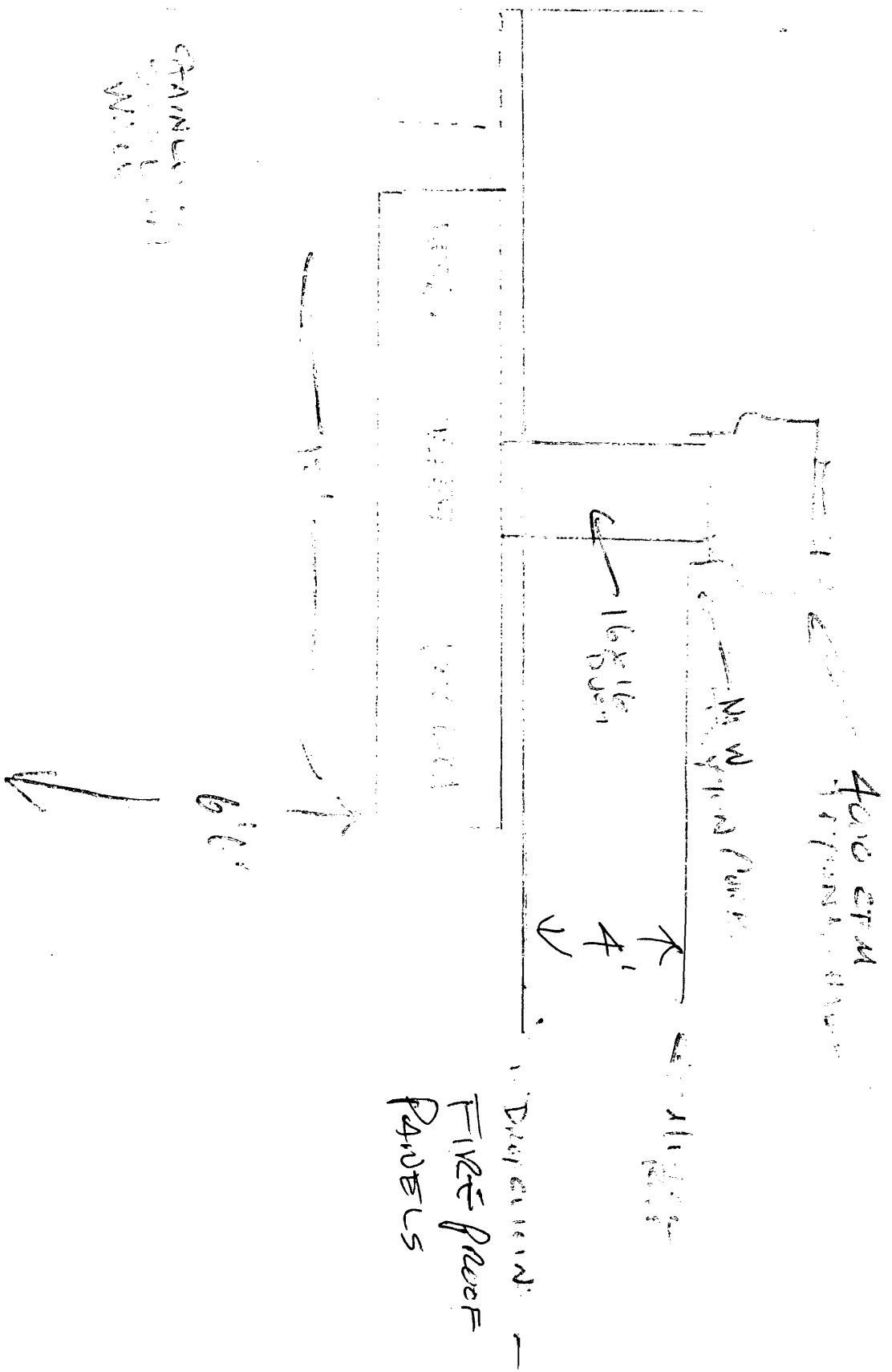
5000 CFM CAP.

Atlantic Restaurant Service  
34 Albion Road  
Windham, ME 04062

207-653-0645

Project: 511 GARDNER

11/3/81





Atlantic Restaurant Service  
34 Albion Road  
Windham, ME 04062

207-653-0645

Project: SUPPLY

1101

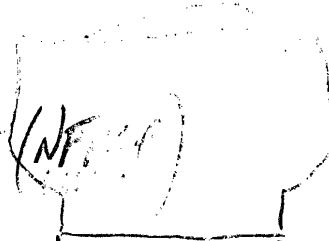
TO COMPENSATE  
FOR BOTH HOODS

DAYTON EXHAUST  
LOCATION

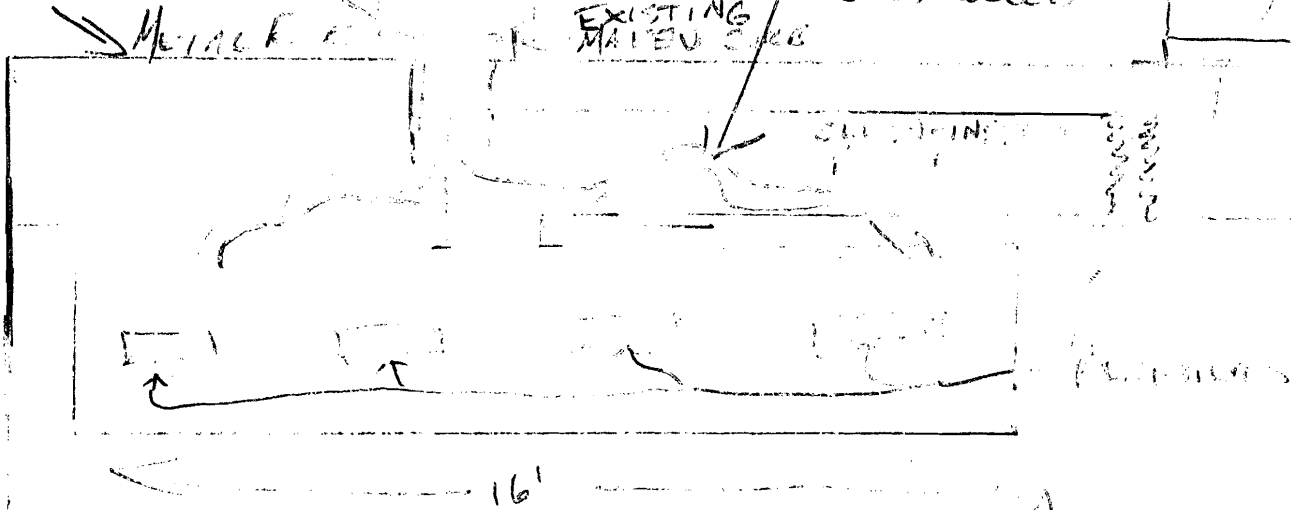
EXISTING  
12" DUCT  
COLD ROLLER

DAYTON EXHAUST  
LOCATION

EXISTING  
METAL SUB



TRAP  
CEILING



TILE ON  
WALL

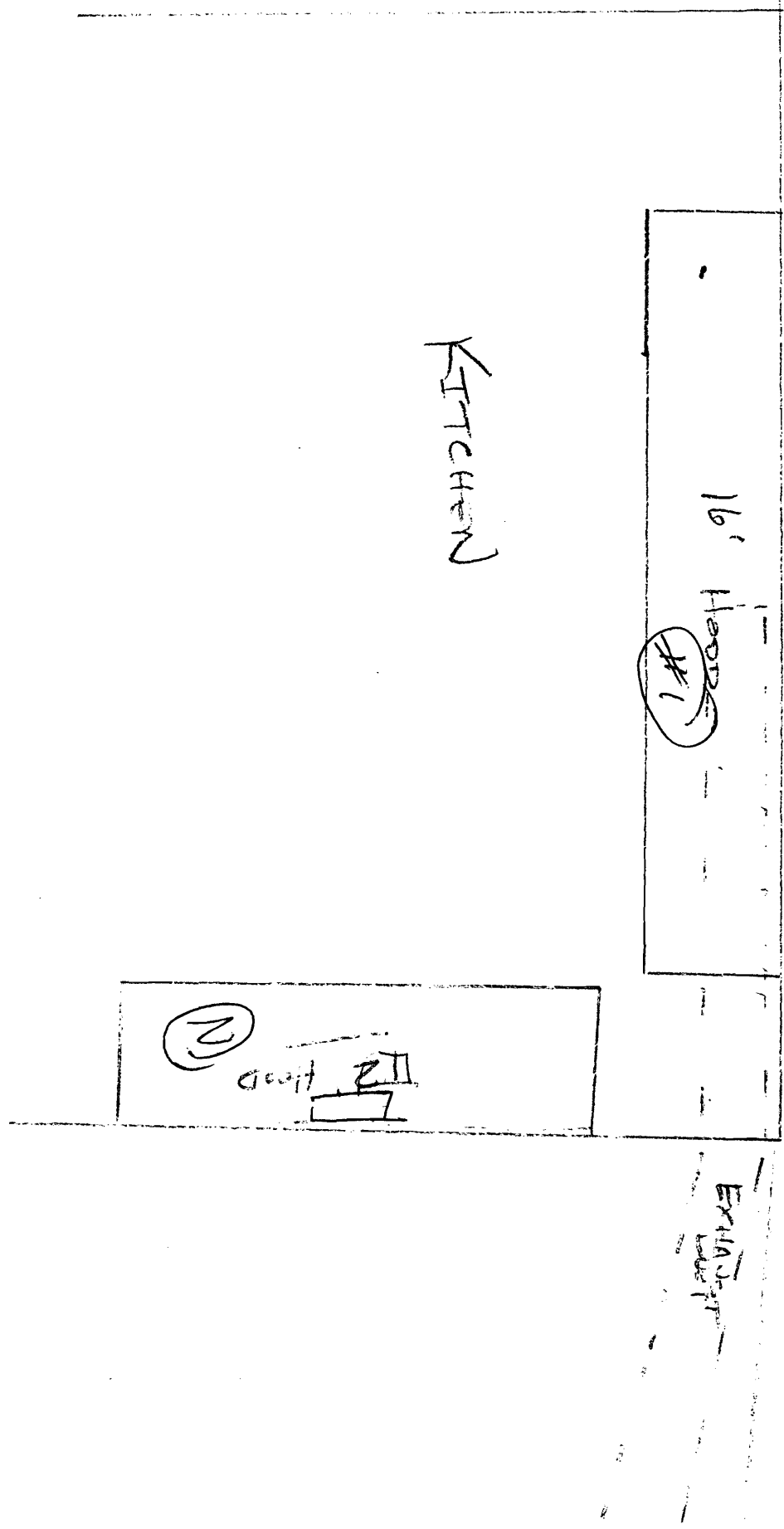
TILE ON WALL

6'6"

Atlantic Restaurant Service  
34 Albion Road  
Windham, ME 04062

207-653-0645

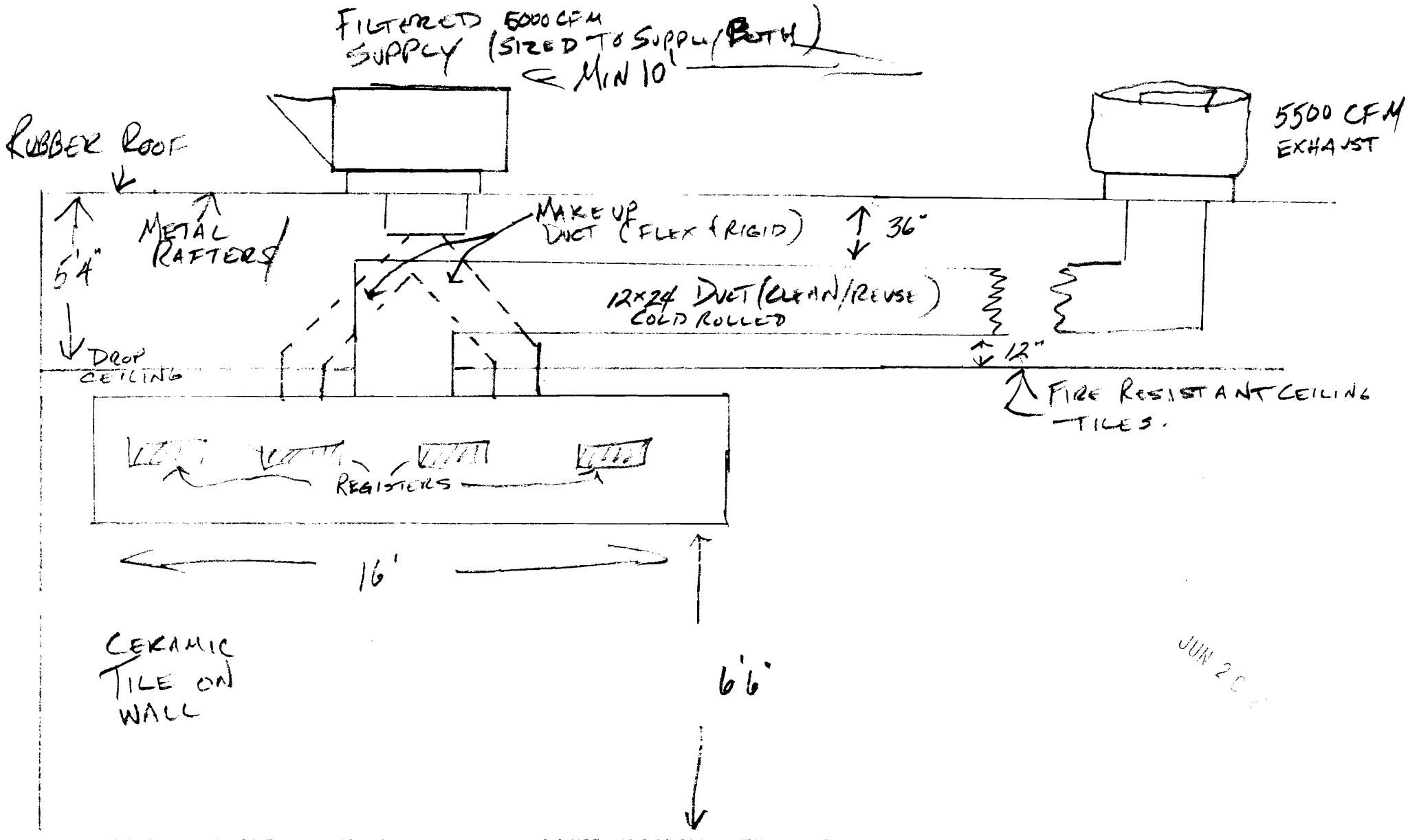
Project: Bill Center  
1510 York Ave



Atlantic Restaurant Service  
34 Albion Road  
Windham, ME 04062

207-653-0645

THAI CHEF  
Project: 511 CONGRESS  
Hood 4



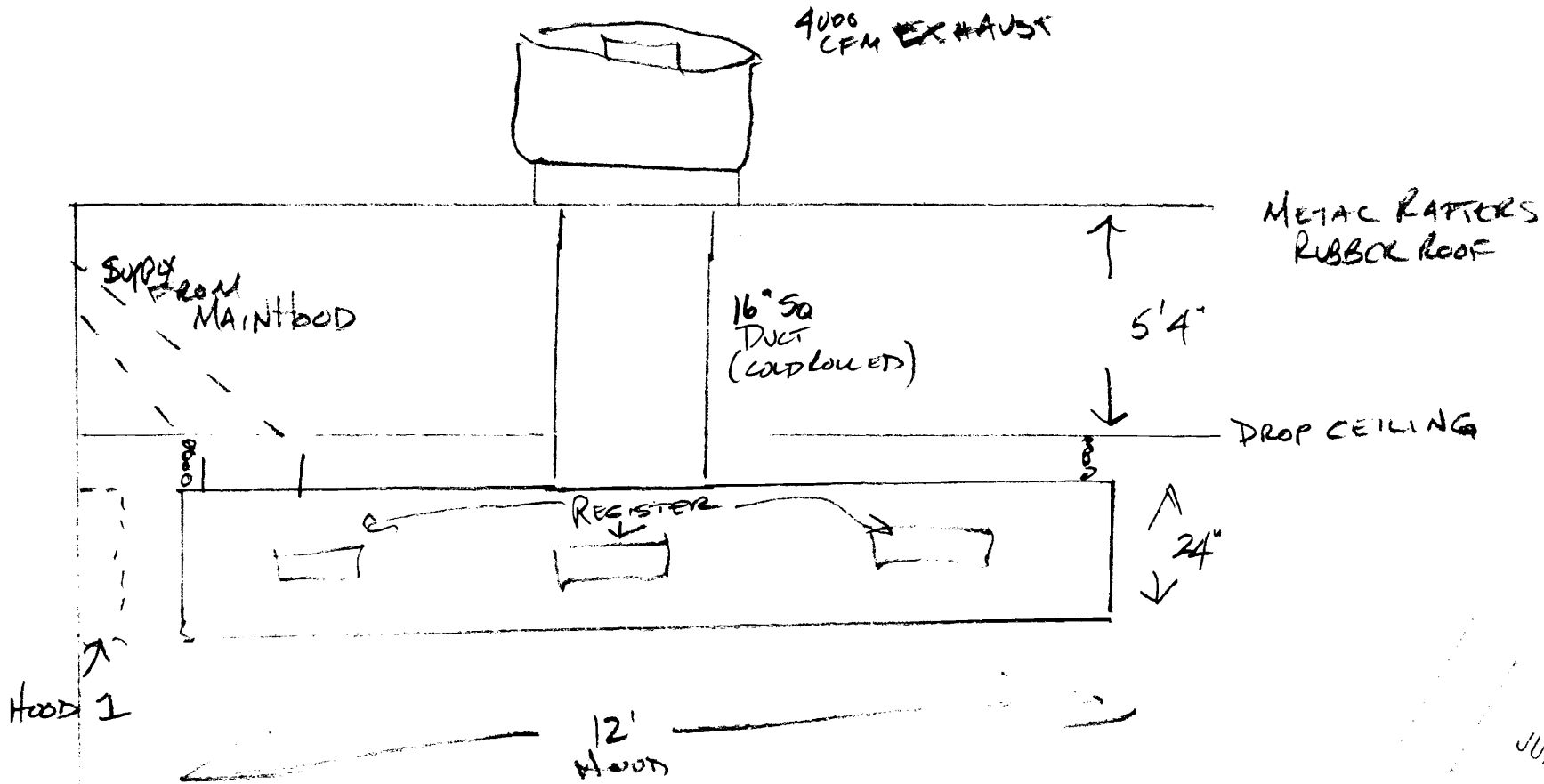
JUN 20 1991

Atlantic Restaurant Service  
34 Albion Road  
Windham, ME 04062

207-653-0645

THAI CHEF  
Project: 511 CONGRESS

Hood # 2



STAINLESS STEEL ON WALL

JUN 20 2008

Atlantic Restaurant Service  
34 Albion Road  
Windham, ME 04062

207-653-0645

TH411 Cater  
Project: 511 CONGRESS  
(NEW FROM ASB)

