

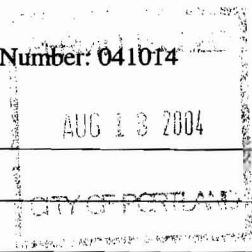
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 041014

Please Read Application And Notes, If Any, Attached



This is to certify that Three Forty Associates Llc / Interstate Fire Protection
has permission to install fire suppression system
AT 338 Cumberland Ave 037 F009001

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 otherwise closed-in. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 8/13/04
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: 04-1014	Issue Date:	CBL: 037 F009001
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Location of Construction: 338 Cumberland Ave	Owner Name: Three Forty Associates Llc	Owner Address: 120 Exchange St	Phone:
Business Name:	Contractor Name: Interstate Fire Protection	Contractor Address: PO Box 187 Augusta	Phone 8006499881
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: B-3

Past Use: commercial space	Proposed Use: commercial space w/fire suppression system	Permit Fee: \$228.00	Cost of Work: \$23,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>NA</i> Type: <i>NA</i> <i>2nd floor</i> <i>fire suppression system</i>	

Proposed Project Description: install fire suppression system	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: jodinea	Date Applied For: 07/20/2004	Zoning Approval
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<ol style="list-style-type: none"> 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 <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 checked="" type="checkbox"/> MM Date: <i>7/30/04</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 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

Location of Construction: 338 Cumberland Ave	Owner Name: Three Forty Associates Llc	Owner Address: 120 Exchange St	Phone:
Business Name:	Contractor Name: Interstate Fire Protection	Contractor Address: PO Box 187 Augusta	Phone 8006499881
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/30/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 08/13/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 08/02/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) a fire alarm acceptance report shall be submitted to the Portland Fire Department			

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

All Purpose 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.

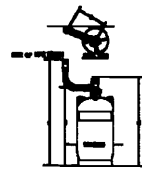
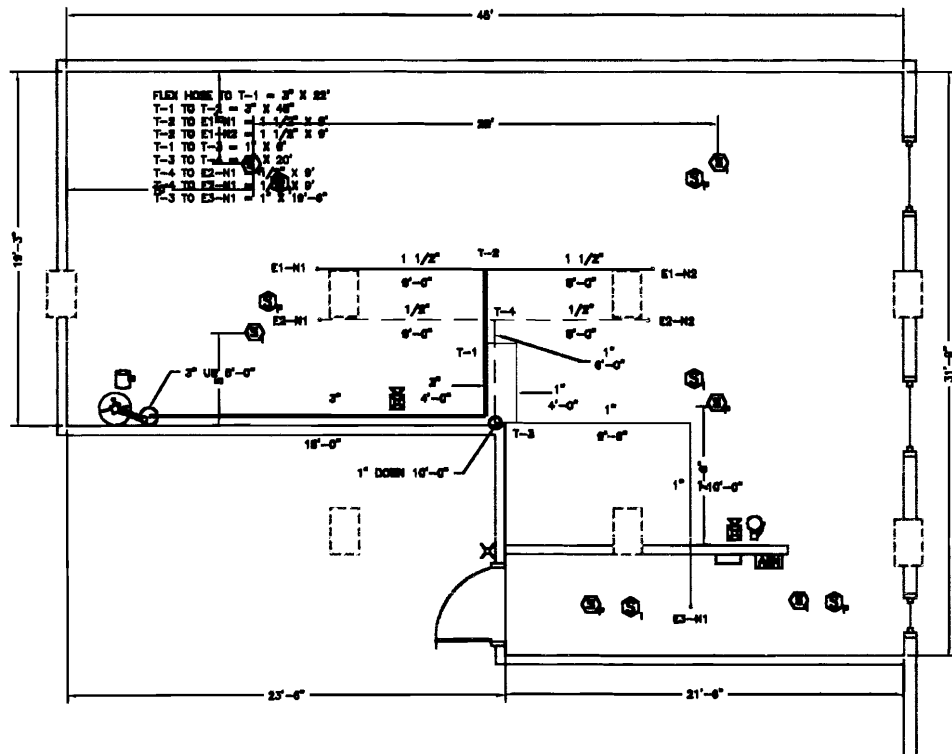
Location/Address of Construction: <u>340 CUMBERLAND AVE 3RD FLOOR</u>		
Total Square Footage of Proposed Structure <u>841</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>37</u> Block# <u>F</u> Lot# <u>9</u>	Owner: <u>Boulos / HANNAFORD</u>	Telephone:
Lessee/Buyer's Name (if Applicable) <u>HANNAFORD BROS</u>	Applicant name, address & telephone: <u>INTERSTATE FIRE PRO. PO BOX 187 GARDINER, ME 04345</u>	Cost Of Work: \$ <u>23,000</u> Fee: \$ <u>228.00</u>
Current use: <u>DATA CENTER</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____ <u>1007 days</u>		
Proposed use: <u>DATA CENTER</u>		
Project description:		
Contractor's name, address & telephone: <u>INTERSTATE FIRE PROTECTIAL PO BOX 187 GARDINER ME 8006499881</u>		
Who should we contact when the permit is ready: <u>DEREK WILSON</u>		
Mailing address: _____ ↗		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 800 649 9881		












IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

Signature of applicant: <u>Ray White</u>	Date: <u>7-20-2004</u>
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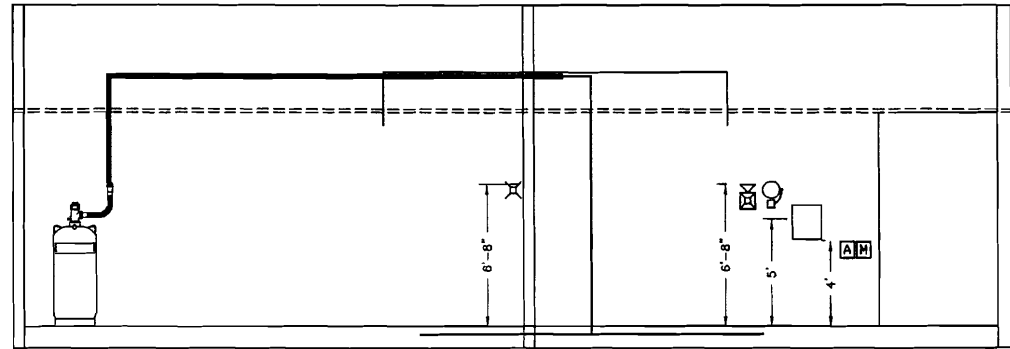
**This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall**



-  PSD-7155 PHOTOELECTRIC DETECTOR (SUB-FLOOR)
-  CPD-7055 IONIZATION DETECTOR (SUB-FLOOR)
-  CPD-7055 IONIZATION DETECTOR
-  PSD-7155 PHOTOELECTRIC DETECTOR
-  SPST MANUAL RELEASE STATION
-  SUPPRESSION ABORT STATION
-  6" BELL - FIRST STAGE ALARM
-  HORN/STROBE - SECOND STAGE ALARM
-  STROBE - SECOND STAGE ALARM
-  ELECTRIC CYLINDER VALVE ACTUATOR
-  GEMINI II CONTROL PANEL

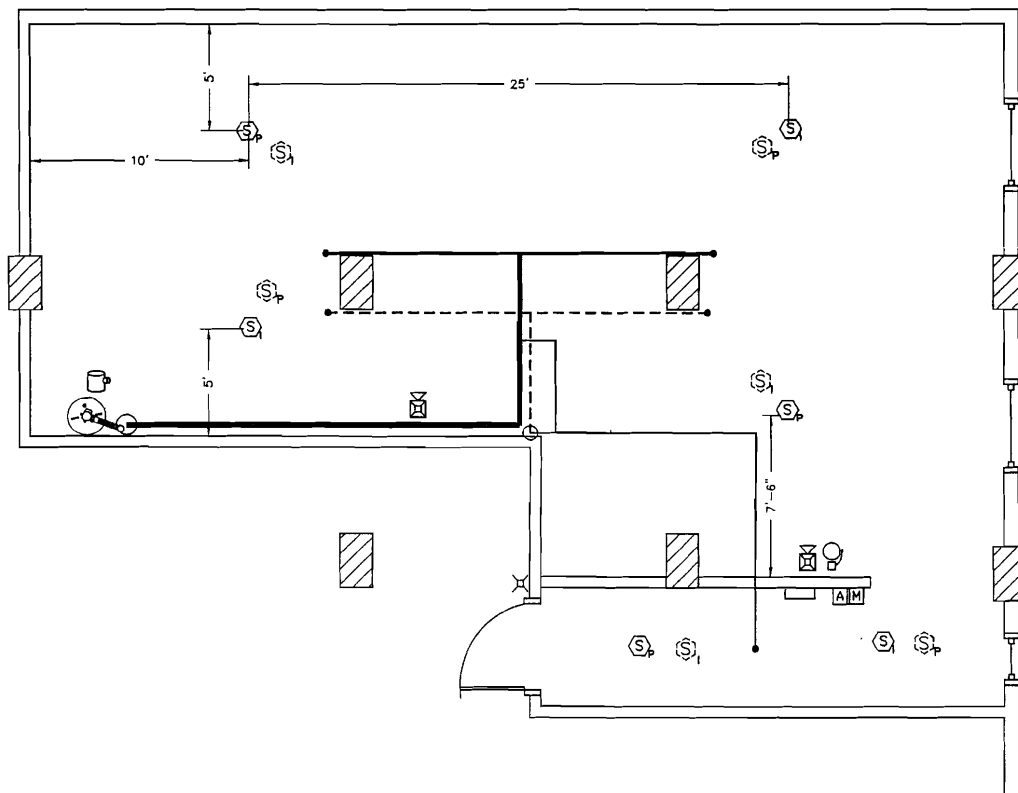
FIRE DETECTION & CONTROL NOTES

- INTERSTATE FIRE PROTECTION SHALL FURNISH AND INSTALL ALL MATERIALS, LABOR AND SERVICES REQUIRED TO INSTALL A COMPLETE FIRE SUPPRESSION SYSTEM TO THE OWNER'S SPECIFICATION AS WELL AS ALL APPLICABLE FIRE PREVENTION CODES.
- THE FIRE SUPPRESSION INSTALLATION SHALL BE MADE IN COMPLIANCE WITH NFPA 2001, CLEAN - AGENT FIRE EXTINGUISHING SYSTEMS (LATEST EDITION). THE FIRE DETECTION INSTALLATION SHALL BE MADE IN COMPLIANCE WITH NFPA 72, NATIONAL FIRE ALARM CODE (LATEST EDITION), AND SHALL BE IN COMPLIANCE WITH ALL APPLICABLE CODES.
- THE FM-200 SYSTEM SHALL BE CONTROLLED BY A KIDDE GEMINI II CONTROL PANEL. THIS PANEL IS U.L. LISTED FOR FIRE SUPPRESSION AND FIRE ALARM SERVICE. THIS PANEL WILL BE REFERRED TO AS THE "FACP."
- THE FACP SHALL BE MOUNTED IN THE VESTIBULE AS SHOWN AND SHALL BE ACCESSIBLE. THE ELECTRICAL CONTRACTOR SHALL PROVIDE A DEDICATED CIRCUIT, WITH A LOCKING BREAKER. THE FACP SHALL HAVE BATTERY BACK-UP SUFFICIENT TO OPERATE THE FACP FOR A MINIMUM OF 24 HOURS IN STAND-BY MODE AND AN ADDITIONAL 5 MINUTES IN ALARM MODE.
- THE FACP SHALL COMMUNICATE ALARM AND TROUBLE CONDITION TO THE EXISTING BUILDING FIRE ALARM SYSTEM.
- THE FACP SHALL ACCEPT INPUTS FROM THE FOLLOWING DEVICES:
 - MANUAL PULL STATIONS,
 - SMOKE DETECTORS
 - SUPPRESSION ABORT STATIONS
- THE FACP SHALL BE PROGRAMMED AS FOLLOWS:
 - UPON RECEIPT OF AN ALARM FROM A SINGLE SMOKE DETECTOR:
 - INITIATE A TROUBLE SIGNAL
 - INITIATE ZONE ONE ALARM (BELLS)
 - INITIATE A SIGNAL TO THE BUILDING FIRE ALARM SYSTEM.
 - UPON RECEIPT OF AN ALARM FROM A SECOND SMOKE DETECTOR
 - INITIATE A 30 SECOND FM-200 PRE-DISCHARGE COUNTDOWN
 - INITIATE ZONE TWO ALARMS (HORN/STROBE, MARCH TIME)
 - SHUT DOWN HVAC EQUIPMENT AND CLOSE FRESH AIR DAMPERS VIA RELAY(S).
 - AFTER A 30 SECOND COUNTDOWN; RELEASE FM-200 AGENT.
 - UPON RECEIPT OF A SIGNAL FROM A SINGLE MANUAL RELEASE STATION:
 - IMMEDIATELY RELEASE FM-200 AGENT.
 - INITIATE ZONE TWO ALARMS (HORN/STROBES AND STROBES)
 - INITIATE A SIGNAL TO THE BUILDING FIRE ALARM SYSTEM.
 - SHUT DOWN HVAC EQUIPMENT AND CLOSE FRESH AIR DAMPERS.
- INTERSTATE FIRE PROTECTION SHALL FURNISH A ONE YEAR WARRANTY ON ALL PARTS AND LABOR, AND SHALL RELAY TO THE OWNER THE MANUFACTURER'S WARRANTY ON ANY SUCH PARTS.
- INTERSTATE FIRE PROTECTION SHALL PROVIDE TRAINING IN THE SAFE OPERATION OF THE FM-200 FIRE SUPPRESSION SYSTEM.
- INTERSTATE FIRE PROTECTION SHALL PROVIDE "AS BUILT" DRAWINGS OF THE FM-200 FIRE SUPPRESSION SYSTEM.



ADHERE TO ADA MOUNTING HEIGHT RECOMMENDATIONS:

NOTIFICATION APPLIANCES: 80"
TOP OF CONTROL PANEL: 60"
MANUAL INITIATING DEVICES: 48"



LAYOUT OF ELECTRICAL DEVICES

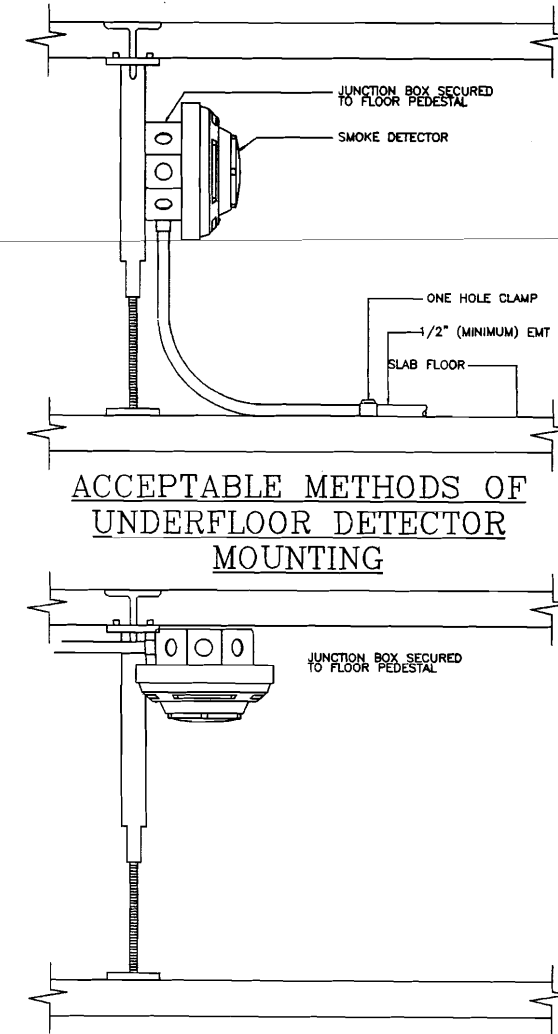
SCALE: 1/4" = 1'

LEGEND

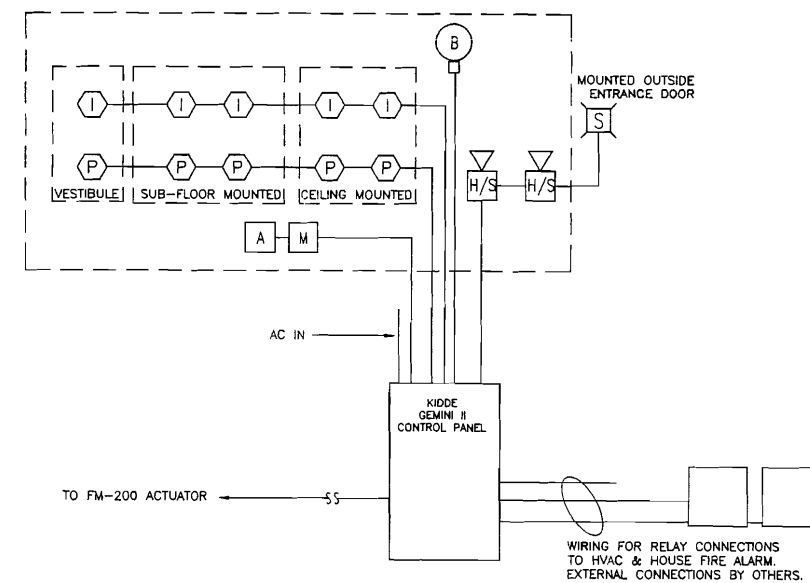
- PSD-7155 PHOTOELECTRIC DETECTOR (SUB-FLOOR)
- CPD-7055 IONIZATION DETECTOR (SUB-FLOOR)
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- HORN/STROBE - SECOND STAGE ALARM
- STROBE - SECOND STAGE ALARM
- ELECTRIC CYLINDER VALVE ACTUATOR
- GEMINI II CONTROL PANEL

JUNCTION BOX REQUIREMENTS

QTY.	DEVICE	BACK BOX REQUIREMENT
12	SMOKE/THERMAL	3 1/2" OR 4" OCTAGON
1	MANUAL STATION	SINGLE GANG / DOUBLE DEEP
1	ABORT STATION	SINGLE GANG / DOUBLE DEEP
1	BELLS	4" SQUARE
2	HORN/STROBE	4" SQUARE
1	STROBE ONLY	4" SQUARE
0	ISO-X MODULE	4" SQUARE
0	XPC-5 MODULE	BB-25 (PROVIDED)
0	KEYED MAINT. SWITCH	4" SQUARE WITH W/T ADAPTER
1	SOLENOID ACTUATORS	SINGLE GANG W./ FLEX CONDUIT



ACCEPTABLE METHODS OF UNDERFLOOR DETECTOR MOUNTING



ONE LINE DIAGRAM

System Information:
FM-200 FIRE SUPPRESSION
SYSTEM PROTECTING
DATA BACK UP SITE

Client:
HANNAFORD BROTHERS
DATA STORAGE SITE
340 CUMBERLAND AVE.
PORTLAND, ME 04101

Interstate FIRE PROTECTION
PO BOX 1005
N. CONWAY, NH 03860
PO BOX 187
GARDINER, ME. 04345

HANNAFORD FM-200 ELECTRICAL
Revisions: 11 07/19/2004
Date:
Prof. no.:
CAD File: HANNELECT
Drawn by: RWJH
Checked by: RWJH
Designed by: RWJH
Approved by:
Project Lead: D. WILSON
Scale: AS NOTED

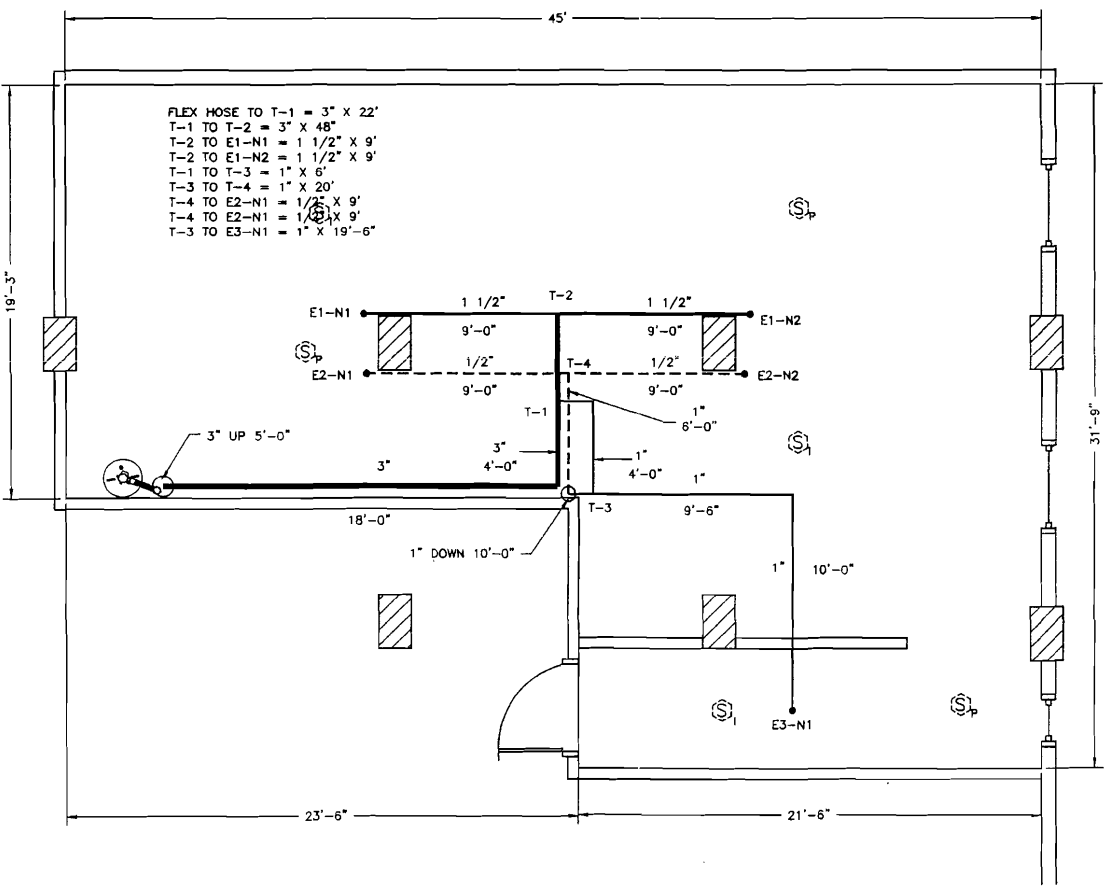
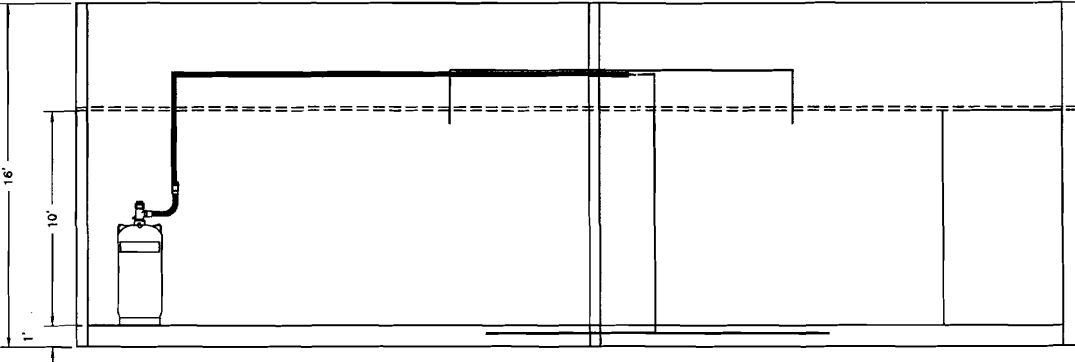
SHEET 1

E-1

A
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R
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U
V

FM-200 MECHANICAL NOTES

1. THE FM-200 SYSTEM PIPE NETWORK SHALL BE INSTALLED IN ACCORDANCE WITH THE KIDDE FM-200 DESIGN AND INSTALLATION MANUAL P/N 90-FM200M-000.
2. ALL DISCHARGE PIPING SHALL BE BLACK OR GALVANIZED STEEL, ASTM A-53 SEAMLESS, OR ERW GRADE A OR B, OR ASTM A-53 FURNACE WELDED CLASS F, OR ASTM A-106, GRADE A, B OR C. FITTINGS MUST BE 300# CLASS, MINIMUM, CONFORMING TO ASTM A-197 AND HAVE A MINIMUM WORKING PRESSURE OF 620 PSI. ASTM A-120 AND ORDINARY CAST IRON PIPE MUST NOT BE USED.
3. FOR THREADED FITTINGS, TEFLON TAPE ONLY SHALL BE USED, APPLIED TO MALE PIPE THREADS ONLY.
4. SIDEWALL DISCHARGE NOZZLES PROVIDE 180° DISTRIBUTION OF FM-200 AGENT. NOZZLE DISTRIBUTION PATTERN IS: 40' X 44' WITH THE NOZZLE LOCATED IN THE CENTER OF A SIDE WALL OF THE PROTECTED AREA. RADIAL NOZZLES PROVIDE 360° DISTRIBUTION OF FM-200 AGENT. NOZZLE DISTRIBUTION PATTERN IS: 40' X 44' WITH THE NOZZLE LOCATED IN THE CENTER OF THE PROTECTED AREA.
5. USE CONCENTRIC BELL REDUCERS WHERE PIPE SIZE CHANGES SIZE PER KIDDE INSTALLATION.
6. BULL TEES MUST HAVE BOTH OUTLETS ON THE HORIZONTAL PLANE.
7. SIDE TEES MUST HAVE THE INLET AND BOTH OUTLETS IN THE HORIZONTAL PLANE.
8. ELBOWS BEFORE TEE SPLITS GOING TO SEPARATE HAZARDS MUST BE LOCATED A MINIMUM OF 15 PIPE DIAMETERS (NOMINAL) BEFORE TEE SPLITS.
9. TEE SPLITS GOING TO SEPARATE HAZARDS FROM A COMMON SUPPLY LINE MUST BE SPACED A MINIMUM OF 15 PIPE DIAMETERS (NOMINAL) APART.
10. PIPE REDUCERS BEFORE TEE SPLITS MUST BE LOCATED A MINIMUM OF 15 PIPE DIAMETERS (NOMINAL) BEFORE THE SPLITS. PIPE REDUCERS MUST BE OF THE CONCENTRIC REDUCER TYPE.

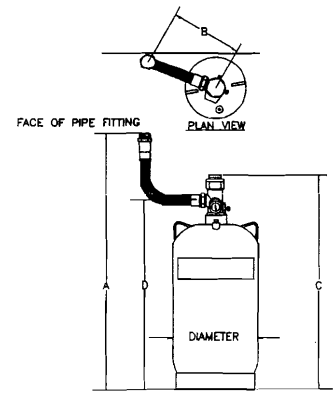


FM-200 MECHANICAL COMPONENT LAYOUT

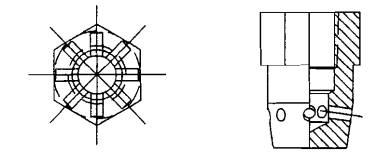
SCALE: 1/4" = 1'

CYL. TYPE	QTY.	A	B	C	D	CYL. DIA.	HOSE DIA.
600 # CAPACITY	1	84.5	20	58	50.5	22	3

HOSE IS GROOVED FITTING



FM-200 CYLINDER DIMENSIONS



FM-200 NOZZLE DETAIL

INTERSTATE FIRE PROTECTION
4 TIMBER RIDGE
FREEPORT, ME 04032
UNITED STATES
PHONE: 207 865 0574
ECS SERIES - KID3.00
UL: EX4674 FM: PI 3009421
FILE NAME: C:\PROGRAM FILES\KIDDE-FENWAL\ECS SERIES KID300\PROJECTS\HANNAFORD DATA STORAGE
CALCULATION DATE/TIME: THURSDAY, JULY 15, 2004, 10:14:16 AM
SYSTEM ACCEPTANCE

SYSTEM DISCHARGE TIME: 8.1 SECONDS
PERCENT AGENT IN PIPE: 61.9%
PERCENT AGENT BEFORE FIRST TEE: 43.2%
ENCLOSURE NUMBER: 1
ENCLOSURE NAME: MAIN AREA
MINIMUM DESIGN CONCENTRATION: 6.250%
ADJUSTED DESIGN CONCENTRATION: 6.394%
PREDICTED CONCENTRATION: 6.406%
MAXIMUM EXPECTED AGENT CONCENTRATION: 6.532% (AT 75 F)

MINIMUM ADJUSTED PREDICTED NOZZLE AGENT AGENT AGENT PRESSURE
NOZZLE REQUIRED REQUIRED DELIVERED (AVERAGE)
E1-N1 153.5 LBS 157.3 LBS 157.5 LBS 134 PSIG
E1-N2 153.5 LBS 157.2 LBS 157.5 LBS 134 PSIG

ENCLOSURE NUMBER: 2
ENCLOSURE NAME: SUB-FLOOR
MINIMUM DESIGN CONCENTRATION: 6.250%
ADJUSTED DESIGN CONCENTRATION: 6.401%
PREDICTED CONCENTRATION: 6.261%
MAXIMUM EXPECTED AGENT CONCENTRATION: 6.385% (AT 75 F)

MINIMUM ADJUSTED PREDICTED NOZZLE AGENT AGENT AGENT PRESSURE
NOZZLE REQUIRED REQUIRED DELIVERED (AVERAGE)
E2-N1 16.4 LBS 16.8 LBS 16.4 LBS 86 PSIG
E2-N2 16.4 LBS 16.8 LBS 16.4 LBS 86 PSIG

PAGE: 1 OF 2
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INTERSTATE FIRE PROTECTION
4 TIMBER RIDGE
FREEPORT, ME 04032
UNITED STATES
PHONE: 207 865 0574
ECS SERIES - KID3.00
UL: EX4674 FM: PI 3009421
FILE NAME: C:\PROGRAM FILES\KIDDE-FENWAL\ECS SERIES KID300\PROJECTS\HANNAFORD DATA STORAGE
CALCULATION DATE/TIME: THURSDAY, JULY 15, 2004, 10:14:16 AM

PARTS INFORMATION

TOTAL AGENT REQUIRED: 385.0 LBS
CONTAINER NAME: 600 LB CYLINDER, 3 IN. VALVE (PART: 90-100600-100)
NUMBER OF CONTAINERS: 1

NOZZLE TYPE NOZZLE AREA PART NUMBER

E1-N1 360° 0.9362 SQUARE IN 90-194027-386
E1-N2 360° 0.9362 SQUARE IN 90-194027-386
E2-N1 360° 0.2150 SQUARE IN 90-194023-185
E2-N2 360° 0.2150 SQUARE IN 90-194023-185
E3-N1 360° 0.3559 SQUARE IN 90-194025-238

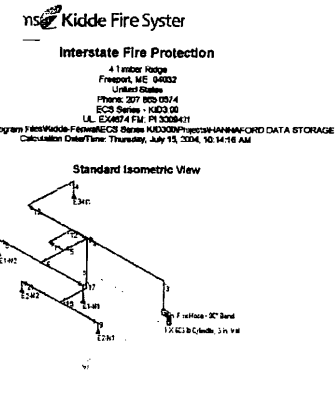
PIPE: TYPE DIAMETER LENGTH
40T 1/2 IN 17.00 FT
40T 1 IN 44.50 FT
40T 1-1/2 IN 22.00 FT
40T 3 IN 32.50 FT

'OTHER' ITEMS:
1 - 3 IN. FLEX HOSE - 90° BEND (PART: 06-118225-001)

LIST OF 90 DEGREE ELBOWS:
5 - 1 IN
2 - 1-1/2 IN
2 - 1/2 IN
2 - 3 IN

LIST OF TEES:
2 - 1 IN
2 - 3 IN

PAGE: 2 OF 2
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System Information:
FM-200 FIRE SUPPRESSION
SYSTEM PROTECTING
DATA BACK UP SITE

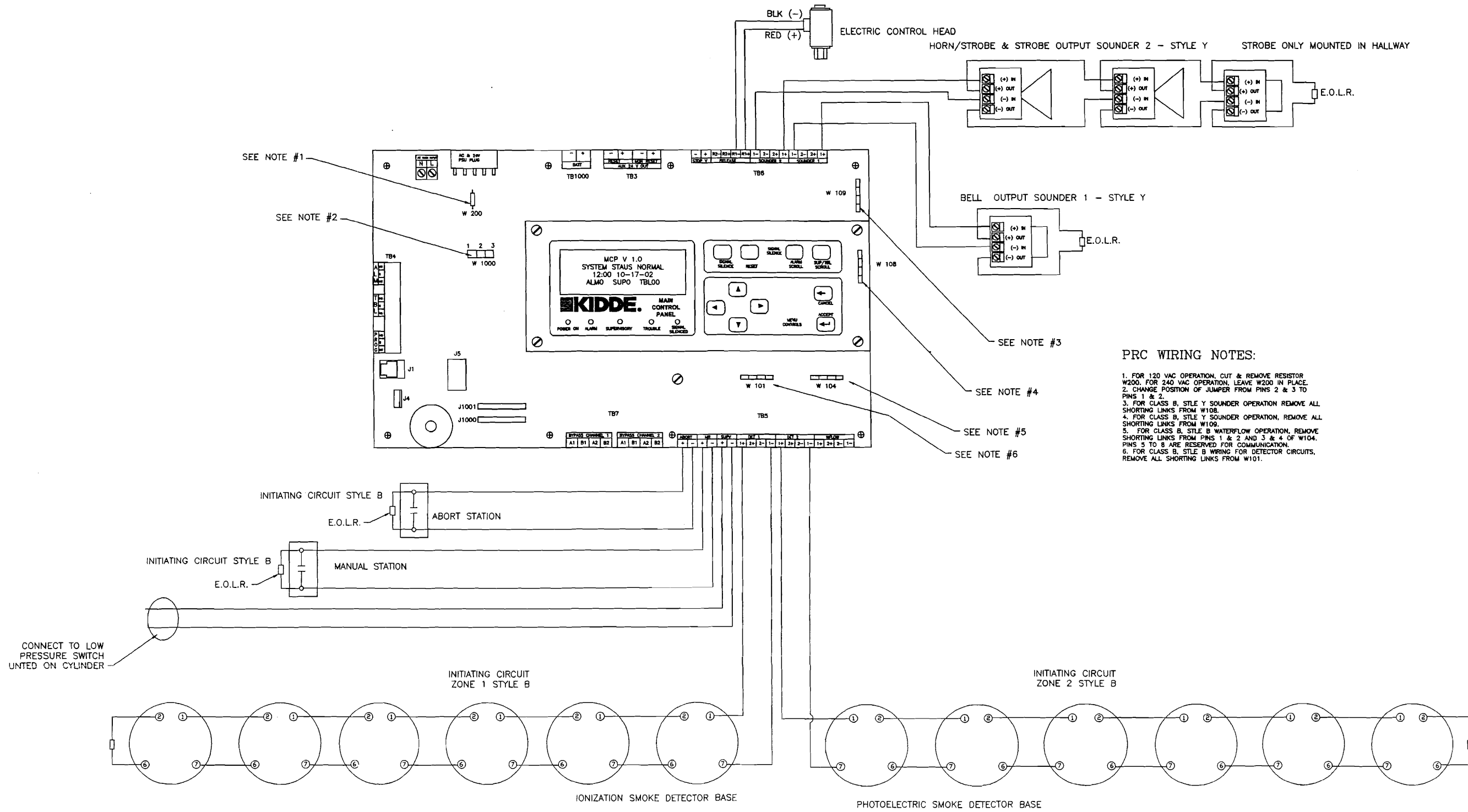
Client:
HANNAFORD BROTHERS
DATA STORAGE SITE
340 CUMBERLAND AVE.
PORTLAND, ME 04101

Interstate FIRE PROTECTION
PO BOX 1005
N. CONWAY, NH 03860
PO BOX 187
GARDINER, ME. 04345

Prof. no.	Revised	Date
CAD File: HANNMECH	ii	07/19/2004
Drawn By: RWB		
Created on: 07/15/2004		
Designed by: RWB		
Checked By:		
Approved By:		
Project Lead: D. WILSON		
Scale: AS NOTED		

SHEET 1
M-1

SYSTEM SUPERVISED



- PRC WIRING NOTES:**
1. FOR 120 VAC OPERATION, CUT & REMOVE RESISTOR W200. FOR 240 VAC OPERATION, LEAVE W200 IN PLACE.
 2. CHANGE POSITION OF JUMPER FROM PINS 2 & 3 TO PINS 1 & 2.
 3. FOR CLASS B, STYLE Y SOUNDER OPERATION REMOVE ALL SHORTING LINKS FROM W10B.
 4. FOR CLASS B, STYLE Y SOUNDER OPERATION, REMOVE ALL SHORTING LINKS FROM W10G.
 5. FOR CLASS B, STYLE B WATERFLOW OPERATION, REMOVE SHORTING LINKS FROM PINS 1 & 2 AND 3 & 4 OF W104.
 6. PINS 5 TO 8 ARE RESERVED FOR COMMUNICATION.
 7. FOR CLASS B, STYLE B WIRING FOR DETECTOR CIRCUITS, REMOVE ALL SHORTING LINKS FROM W101.

System Information	FM-200 FIRE SUPPRESSION SYSTEM PROTECTING DATA BACK UP SITE
Client	HANNAFORD BROTHERS DATA STORAGE SITE 340 CUMBERLAND AVE. PORTLAND, ME 04101
Interstate FIRE PROTECTION	PO BOX 1005 N. CONWAY, NH 03860 PO BOX 187 GARDINER, ME. 04345
HANNAFORD FM-200 WIRING	Revisions: 11 07/15/2004 Proj. No. 0408 Client: HANNAFORD BROTHERS Design: JYR/RWH Check: JYR/RWH Date: 07/22/2004 Drawn: JYR/RWH Checked: JYR/RWH Approved: JYR/RWH Project Lead: D. WILSON Scale: AS NOTED
SHEET :	W-1



CITY OF PORTLAND, MAINE

Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (I1) ____ Plumbing (I5) ____ Electrical (I2) ____ Site Plan (U2) ____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy