Location of Construction: 504 Guagness St	Owner: City of Portl	and .	Phone: 772 - 06	Ob Permit No 961002
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address: 140 A Pleasant St	Brunswick, ME	ne: 94011 725-1452	Permit Issued: 0CT - 9 1996
Past Use:	Proposed Use:	\$ 300 M	RK; PERMIT FEE;	155-
Vacant	Retail	FIRE DEPT.	A CALL TO SELECT THE S	ype:
	Cafe		Hills -	Zone: CBL: 037-4-013
Proposed Project Description:		Signature: PEDESTRIAN	Signature: ACTIVITIES DISTRICT (P.U.	Zanina Assaust
		Action:	Approved	Special Zone or Reviews:
Make Interior Renovation	na .	v. 1	Approved with Conditions: Denied	☐ ☐ Shoreland ☐ ☐ Wetland
				☐ Flood Zone
Permit Taken By:	Date Applied For:	Signature:	Date:	☐ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐
Permit Taken By: Hary Gresik		30 August 199	0	Zoning Appeal
1. This permit application doesn't preclude t	he Applicant(s) from meeting applicable	State and Federal rules	Š.	☐ Variance☐ Miscellaneous
2. Building permits do not include plumbing	g, septic or electrical work.			☐ Conditional Use
<ol> <li>Building permits are void if work is not station may invalidate a building permit and</li> </ol>	arted within six (6) months of the date of is all work	ssuance. False informa	1-	☐ Interpretation ☐ Approved ☐ Denied
3-30 YC 30-3178/1499 30-3179/1499 30-3180/1499	7		PERMIT LOSUED THE Owner of record withhall be	Historic Preservation  Not in District or Landmark  Does Not Require Review Requires Review  Action:
	CERTIFICATION		ER	☐ Appoved
I hereby certify that I am the owner of record of authorized by the owner to make this application of the provided in the application.	on as his authorized agent and I agree to o	conform to all applicat	ole laws of this jurisdiction.	ddition, Denied
if a permit for work described in the application areas covered by such permit at any reasonable				Date:
			····· 15 - 25	. 1 1
1 1 1	1 1 1 1 1		1.10.00	
SIGNATURE OF APPLICANT Crais Day	ADDRESS:	DATE:		
SIGNATURE OF APPLICANT Crals Day	ADDRESS:	DATE:	PHONE:	

Location of Construction: 504 Congress St	Owner:	1 - 1	Phone:	Permit 9:610 U 2
Owner Address:	City of Por	Phone:	BusinessName:	
Owner Address:	KXXXe/Buyer's Name: Michael Kaplan	Phone:	Keystone Entertainme	nt PERMIT ISSUED
Contractor Name:	Address:	Pho		Fermit Issued: 100UEU
→ Daigle Construction	140 A Pleasant St	Brunswick, ME	04011 725-1452	
Past Use:	Proposed Use:	\$ AMAGE		OCT - 9 1996
Vacant	Retail	FIRE DEPT. Z	Approved INSPECTION:	CITY OF PORTLAND
	Theatre		Denied Use Group 3 Type: 2	The state of the s
	Cafe	, a	sun BOCHGGOD	Zone: 037-H-013
Proposed Project Description:		Signature:	Signature: N	Zoning Approval
Troposed Project Deberphon.			ACTIVITIES DISTRICT (P.U.D.)	of with conducta
		Action:	* * · · · · · · · · · · · · · · · · · ·	Special Zone or Reviews:
Make Interior Renovatio	ns	215	Donied	☐ Shoreland ☐ 9/3/3
		(My Juhan a	water approved in	☐ Flood Zone
		Signature:	AVANUS Date: 9/3/1/1	□ Subdivision
Permit Taken By: Mary Gresik	Date Applied For:			Site Plan maj ☐ minor ☐ mm ☐
rially Glesik		30 August 199	0	Zoning Appeal
1. This permit application doesn't preclude	the Applicant(s) from meeting applicable	le State and Federal rules		□ Variance
		o State and I coom fale		☐ Miscellaneous
2. Building permits do not include plumbin				☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-			☐ Interpretation	
tion may invalidate a building permit and	stop all work			☐ Approved☐ Denied
		)		
		1	Dr	Historic Preservation
3-30 YC 30-3178/1499		/.	-00 m	☐ Not in District or Landmark
30-3179/1499		Am. I	Wyn W	<ul><li>☐ Does Not Require Review</li><li>☐ Requires Review</li></ul>
30-3180/1499	98	- Marie	ALT STORY	nequires neview
			William To	Action:
	CERTIFICATION		1	☐ Appoved
I hereby certify that I am the owner of record of				
authorized by the owner to make this applicat				
if a permit for work described in the application			는데, 그리트 전 경우 100 프라이트 스테이트 스타스 전 보고 100 MB - 프로네트 프로네트 스테트 프라스트를 보고 있다. 그리트 스테트 스테트 스테트 스테트 스테트 스테트 스테트 스테트 스테트	Date: A DOMESTICATION
areas covered by such permit at any reasonab	le nour to enforce the provisions of the	code(s) applicable to suc	n permit	
1 100	4.000 68	1	150 - 1-15	7 1
Craw H leave	1406 Hours of U	30 August		_ X. Howalling
SIGNATURE OF APPLICANT Craig Da	igle ADDRESS:	DATE:	PHONE:	THE POWER
A PAIN Du	le Construction		1-1-10-1	
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE		PHONE:	CEO DISTRICT
V				CEO DISTRICT
White	-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P	ublic File Ivory Card-Inspector	
				1. Powe
				7,

## FIRE ALARM ACCEPTANCE REPORT

_		_	-		•
C	.,	TV.	R	A	. 7

\$	Address: SUL CONGRESS ST
	owner: KEUSTONE FLAT. BRUNCE
	Owners Address: 500 CONGROSS ST
•	Floors Protected: 2
	partie if the partie is a second of the part
	EQUIPMENT INVENTORY
	Equipment Brand: NOTTE ER
	Number of Smoke Detectors: O ALEA 7 DUCT TYPE
	Type of Smoke Detectors; Ionization: O Photo Elec:
	Number of Rate-of Rise Detectors:
	Number of Fixed Temp Hest Detectors:
	Number of Manual Puli Station:
	Number of Sounding Devices: 160 100000
	Type of Sounding Devices; Horn Horn Light: Bell: Speaker & Chimes
	Prerecorded Tape Message:
	AUXILLARY EQUIPMENT
	Number of Haster Boyes: D (ESS MONTTORNA)
	Fan shut-down: Yes No:
	Door holders, Yes: No X Number:
	Sprinkler Activation; Yes X No:
	Fire Fighters Telephone; Yes No X
	Voice Communications; Yes X No
	Remote Annunciators; Yes. No X
	Door Lock Control; Yes: No X
	Elevator Control, Yes No X
	Elevator Control, les
	HARTING.
	WIRING
- 1	· · · · · · · · · · · · · · · · · · ·
<b>\(\sigma\)</b>	Does the wiring conform to NFPA #70 (NEC), Article 7607 Yes X No
	Is standby power provided the Not
	Battary: X Generator Both
	Have any devices been "I" tapped? Yes No
~~	Are back boxes provided for all devices: Yes No
~	A.E OSEA BOARD PROTECTION
	TEST RESULTS
	1EST RESULTS
E-4	
7	Was a complete test tonducted on this sytem including the activation of all
	smoke detectors and pull scarions? Yes: X No
2	Is the Alarm Tone of the sounding devices adequate to maintain 15 dbs above
1	ambient noise levels? Yes: X No:
	Is this sytem in compliance with NFPA 72A standards: Yes: X NOT
	Signature of Installing Contractor: Club Clob
	Date: 12-13-94
	5
	to the property and entered to the Piece
	This form must be completed in its entirety and returned to the Pire
	Prevention Bureau before a Certificate of Occupancy will be issued.

Original Copy to Office of Fire Prevention Duplicate Copy to Applicant



## CITY OF PORTLAND, MAINE

Department of Building Inspection

## Certificate of Occupancy

LOCATION 504 Congress

Issued to Michael Kaplan

Date of Issue December 24,1996

— changed as to use under Building Permit No. 961002, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Keystone Movie Theater/Cafe

First Floor/Basement

Limiting Conditions:

Remove all existing electrical equipment from electrical room within 30 days.

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.