

Location of Construction: 504 Congress St		Owner: City of Portland		Phone:	
Owner Address:		Lessee/Buyer's Name: Michael Kaplan		Phone:	
Contractor Name: * Daigle Construction		Address: 140 A Pleasant St Brunswick, ME 04011		Phone: 725-1452	
Past Use: Vacant		Proposed Use: Retail Theatre Cafe		Business Name: Keystone Entertainment	
Proposed Project Description: Make Interior Renovations		COST OF WORK: 227 \$ 1000.00 100		PERMIT FEE: 155 \$ 155.00	
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <u>B3</u> Type <u>2B</u>	
Permit Taken By: Mary Gresik		Date Applied For: 30 August 1996		Signature: <i>[Signature]</i> Date: <i>9/30/96</i>	

Permit **961002**

PERMIT ISSUED

OCT - 9 1996

CITY OF PORTLAND

Zone: B3 CBL: 037-H-013

Zoning Approval: *OK with conditions 9/3/96*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

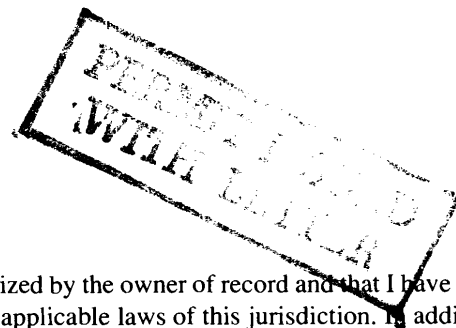
Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *9/30/96*

[Signature]



1. This permit application doesn't 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..

3-30 YC 30-3178/14996
 30-3179/14997
 30-3180/14998

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Craig Daigle* ADDRESS: *140 A Pleasant St* DATE: *30 August 1996* PHONE: *725-1452*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: *Craig Daigle* PHONE: *725-1452*

CEO DISTRICT 2

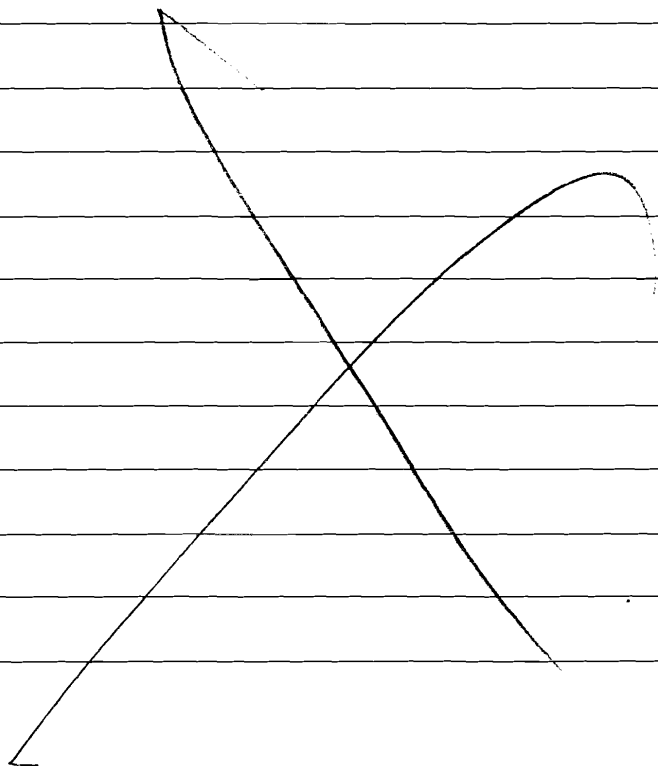
A. Powe

COMMENTS

10/12/96 Framing OK. A. Rowe

12/20/96 Pre-final inspection - A. Rowe

12/23/96 C of O. A. Rowe



Inspection Record

Type

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

Issued to

Date of Issue

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. _____, 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

Limiting Conditions:

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.

FIRE ALARM ACCEPTANCE REPORT

GENERAL

504

Address: 504 CONGRESS ST
Owner: KEYSTONE FERT SPURD
Owners Address: 504 CONGRESS ST
Floors Protected: 2

EQUIPMENT INVENTORY

Equipment Brand: NOTIFIER
Number of Smoke Detectors: 0 AREA 7 DUCT TYPE
Type of Smoke Detectors; Ionization: 0 Photo Elec: 7
Number of Rate-of Rise Detectors: 1
Number of Fixed Temp Heat Detectors: 0
Number of Manual Pull Station: 0
Number of Sounding Devices: 10
Type of Sounding Devices; Horn Horn Light: Bell: Speaker X Chimes
Prerecorded Tape Message:

AUXILLARY EQUIPMENT

Number of Master Boxes: 0 (ESS MONITORING)
Fan shut-down; Yes X 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

WIRING

Does the wiring conform to NFPA 70 (NEC), Article 760? Yes X No
Is standby power provided? Yes X No:
Battary: X Generator: Both
Have any devices been "T" rapped? Yes No X
Are back boxes provided for all devices: Yes X No

TEST RESULTS

Was a complete test conducted on this sytem including the activation of all smoke detectors and pull stations? Yes: X No
Is the Alarm Tone of the sounding devices adequate to maintain 15 dbs above ambient noise levels? Yes: X No:
Is this sytem in compliance with NFPA 72A standards: Yes: X No

Signature of Installing Contractor: [Signature]
Date: 12-23-96

This form must be completed in its entirety and returned to the Fire Prevention Bureau before a Certificate of Occupancy will be issued.

Original Copy to Office of Fire Prevention Duplicate Copy to Applicant