Form # P 04 DISPLAY THIS CA	ARD ON PRINCIPAL FRONT	AGE OF WORK
Please Read Application And	BU SET OF PORTLAN	D
Notes, If Any, Attached	PERMIT	Permit Number: 100030
This is to certify that <u>COTTON STREET DEV</u>	VELOP NT LLO	PERMIT ISSUED
has permission toinstall a kitchen hood sys		za" connected w/ permit #091429
AT 505 FORE ST	СВ 038 С	CO16001 FEB 1 1 2010
provided that the person or perso of the provisions of the Statutes of the construction, maintenance an this department.		his permit shall comply with all the City of Portland regulating and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	Noti ution of spectio must be given ad writte ermissic procured befor his builting or part hereof is lathe or other sed-in. 24 HOU NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept		BA-11

PENALTY FOR REMOVING THIS CARD

*

City of Portland, Ma	ine - Buil	ding or Use B	Permit Application	n Perm	uit No:	Issue Date:		CBL:	
389 Congress Street, 04					10-0030			038 C0	16001
Location of Construction:		Owner Name:		Owner /	Address:			Phone:	
505 FORE ST		COTTON STI	REET DEVELOPME	PO BO	OX 6799				
Business Name:		Contractor Name	:	Contrac	tor Address:			Phone	
		Atlantic Resta	urant Services	<u> </u>	oion Road V	Vindham		2076530	645
Lessee/Buyer's Name		Phone:		Permit					Zone:
		l		Hood	Systems, C	ommerical		<u> </u>	16-2
Past Use:		Proposed Use:		Permit	Fee:	Cost of Wor		O District:	7 1
Commercial - Restaurant		1	Restaurant - install a	L	\$150.00	\$13,00		1	
			ystem w/ exterior iano's Old Port Pizza"	FIRE D	EPT:	Approved	INSPECTI	A A	Type
			bermit #091429			Denied	Use Group:	IT L	Type: too
		-		* 5	ee Conc	Litima			
Proposed Project Description:		L			\sim		Imc-	2003	1
install a kitchen hood syst	em w/ exter	ior venting for "	Siano's Old Port	Signatu	re: (KG	·)	Signature	JMB 2	dulid
Pizza" connected w/ perm		for venting for			IRIAN ACTI	VITIES DIST	RICT (P.A.	Dire -	 " -
							,	<i>.</i>	Danied
				Action:	Approv	ed App	proved w/Con		Denied
				Signatu	re:		Da	te:	
Permit Taken By:	-	oplied For:			Zoning	Approva	ıl		
Ldobson	01/12	2/2010					<u> </u>		
1. This permit application			Special Zone or Revie	ws	Zonii	ig Appeal		Historic Pres	ervation
Applicant(s) from me	eting applic	able State and	Shoreland		Variance	2		Not in Distri	ct or Landmark
Federal Rules.									
2. Building permits do r	-	olumbing,	Wetland		Miscella	neous		Does Not Re	quire Review
septic or electrical wo								р [.] р	•
3. Building permits are within six (6) months			Flood Zone		Conditio	onal Use		Requires Rev	/iew
within six (6) months False information ma			Subdivision		Interpret	ation		Approved	
permit and stop all we	-					ation		Appiorea	
			Site Plan			d	I II	Approved w/	Conditions
					Lad off			II	
			Maj 🗍 Minor 🦳 MM	\square	Denied			Denied	
PERMIT	SSUE	ED	a with cone	intel	Q			1	1
			Date: C 1/17	lini	Date:		Date:	1/15	1010
FEB 11	2010			110			7	V NT	JA. D
	20 V	u						0.1ti	any
									1
City of Pc	ortland								

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

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 <u>DO</u> 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.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE/SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee Signature of Inspections Official

CBL: 038 C016001 Building Permit #: 10-0030

.	Tel: (207) 874-8703, Fax: (2	· · ·			038 C016001
Location of Construction:	Owner Name:	· · · · · · · · · · · · · · · · · · ·	Owner Address:	·	Phone:
505 FORE ST	COTTON STREET D	EVELOPME	PO BOX 6799		
Business Name:	Contractor Name:		Contractor Address:	····· <u>·</u> ····	Phone
	Atlantic Restaurant Ser	rvices	34 Albion Road W	indham	(207) 653-0645
Lessee/Buyer's Name	Phone:		Permit Type:		
			Hood Systems, Co	ommerical	
Proposed Use:		-	sed Project Description:		
	all a kitchen hood system w/ ex Pizza" connected w/ permit #09		II a kitchen hood sys Pizza" connected w/		ting for "Siano's Old
Note:	tus: Approved with Condition ed drawing submitted by Atlant		r: Deborah Andrew		Ok to Issue: 🗹
	rvation Board for installation of				
Dept: Zoning Stat	tus: Approved with Condition	s Reviewe	r: Marge Schmucka	al Approval I	Date: 01/12/2010 Ok to Issue: ✓
1) ANY exterior work require District.	es a separate review and approv	al thru Historic	Preservation. This	property is located	within an Historic
2) This permit is being approvision work.	ved on the basis of plans submit	tted. Any devi	ations shall require a	separate approval	before starting that
<i>c</i>	ding is restaurant use on the firs	t floor with of	fices above. Any cha	ange of use shall rec	uire a separate
permit and approval.					1
	tus: Approved with Condition	s Reviewe i	: Jeanine Bourke	Approval I	· ·
Dept: Building Stat Note:	tus: Approved with Condition		: Jeanine Bourke	••	Date: 02/11/2010 Ok to Issue: ☑
Dept: Building Stat Note: 1) SEPARATE APPLICATIC EXHAUST 2) The hood, duct and exhaust	ON AND APPROVAL IS REQ t shall be installed per IMC 200 sed on the plans submitted and	UIRED FOR T)3 and NFPA 9	: Jeanine Bourke HE WOOD FIRED	CLAY OVEN ANI	Date: 02/11/2010 Ok to Issue: ☑ D FUME
 Dept: Building Stat Note: 1) SEPARATE APPLICATIC EXHAUST 2) The hood, duct and exhaust This permit is approved bas approved fire wrap or equiv 3) Separate permits are required 	DN AND APPROVAL IS REQ t shall be installed per IMC 200 sed on the plans submitted and valent assembly per code.	UIRED FOR 7 03 and NFPA 9 updated for rec sprinkler, fire	 : Jeanine Bourke `HE WOOD FIRED 6 ductions in the cleaan 	CLAY OVEN ANI	Date: 02/11/2010 Ok to Issue: ☑ D FUME oplication of a UL
Dept:BuildingStateNote:1)SEPARATE APPLICATIONEXHAUST2)The hood, duct and exhaust This permit is approved base approved fire wrap or equivaled3)Separate permits are required need to be submitted for approved for	DN AND APPROVAL IS REQ t shall be installed per IMC 200 sed on the plans submitted and valent assembly per code. red for any electrical, plumbing, pproval as a part of this process. I upon information provided by	UIRED FOR T 3 and NFPA 9 updated for rea sprinkler, fire	The WOOD FIRED HE WOOD FIRED d d d d d d d alarm or HVAC or o	CLAY OVEN ANI nces based on the ap	Date: 02/11/2010 Ok to Issue: ✓ D FUME oplication of a UL parate plans may
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Location of Construction:	Owner Name:		Owner Address:	Phone:
505 FORE ST	COTTON STREET D	EVELOPME	PO BOX 6799	
Business Name:	Contractor Name:		Contractor Address:	Phone
	Atlantic Restaurant Se	ervices	34 Albion Road Windham	(207) 653-0645
Lessee/Buyer's Name	Phone:		Permit Type:	
			Hood Systems, Commerical	

Comments:

2/1/2010-jmb: Spoke with Mark W. About details, the hood location has changed but the plan elevation submitted 1/15/10 and approved by historic is where the duct will be located. This is at the recess between the old and new buildings. Need detail on noncombustible wall for hood mount, distance to ceiling and verify the property line.

2/11/2010-jmb: Received revision from Mark for new hood placement and verification that the property line is well over 10' from the exhaust location.

1/15/2010-gg: received from historic as of 01/15/2010. /gg





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: .505	FORE ST	
Total Square Footage of Proposed Structure/A	rea 🔥 Square Footage of Lot	
Tax Assessor's Chart, Block & Lot	Applicant * must be owner, Lessee or Buyer	* Telephone:
Chart# Block# Lot#	Name	
58 C 14	Address	
	City, State & Zip	
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of 13000
SIANO'S OLD PORT	Name	Work: \$_/ <u>2000</u>
	Address	C of O Fee: \$
PIZZER,4	City, State & Zip	Total Fee: \$_ <u>/50</u>
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description:		inclum Hand
·····	OBPOFPizzak	
Contractor's name: ATUNTIC	Rest. Ste.	
Address: 34 ArBIUN KT		
City, State & Zip_W. NDMacM		elephone:
Who should we contact when the permit is read \angle	y:	elephone: 653-0645
Mailing address: 2 ME		

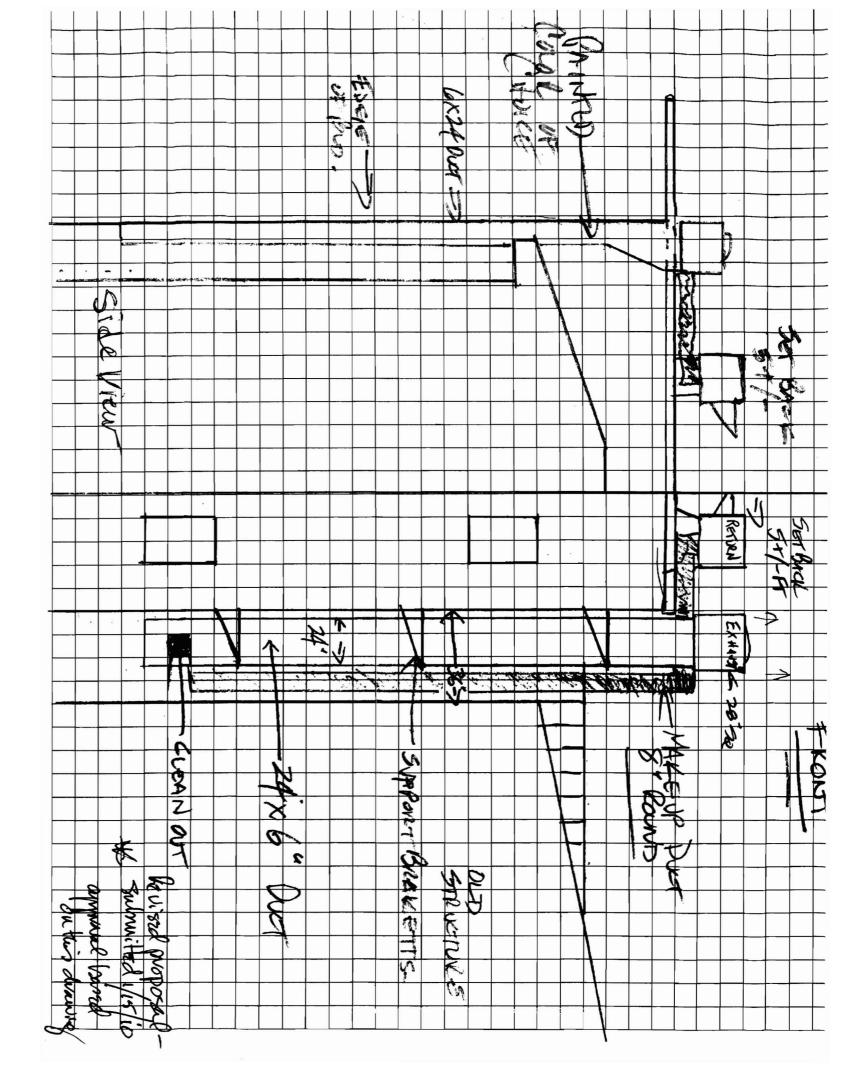
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

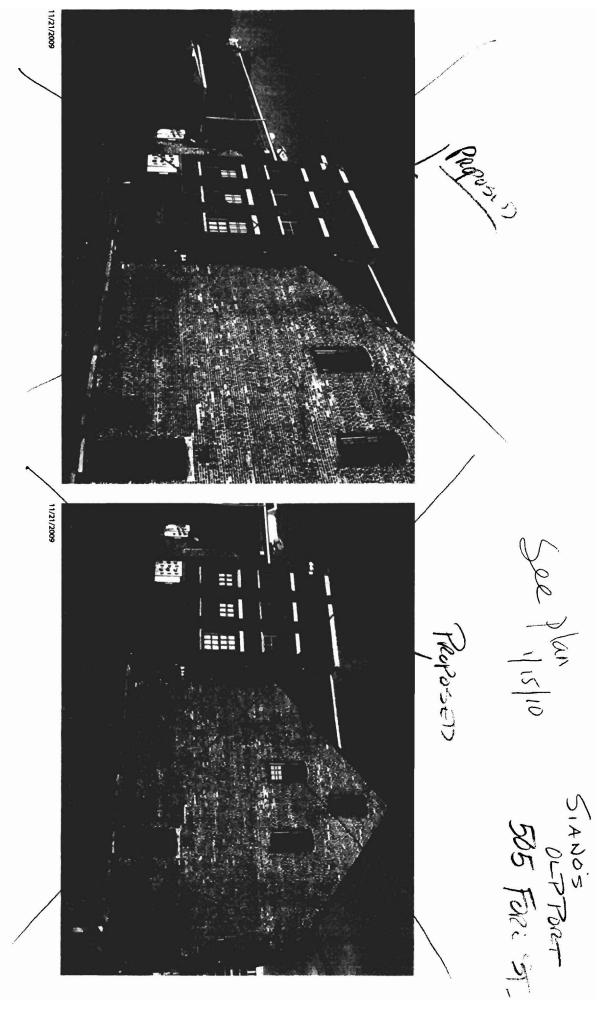
RECEIVED

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 <u>www.portlandmainc.cov</u>, or <u>zopp</u> 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 proceeding rk and that I have been authorized by the owner to make this application as his/her authorized to the contorm to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued it contor 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.

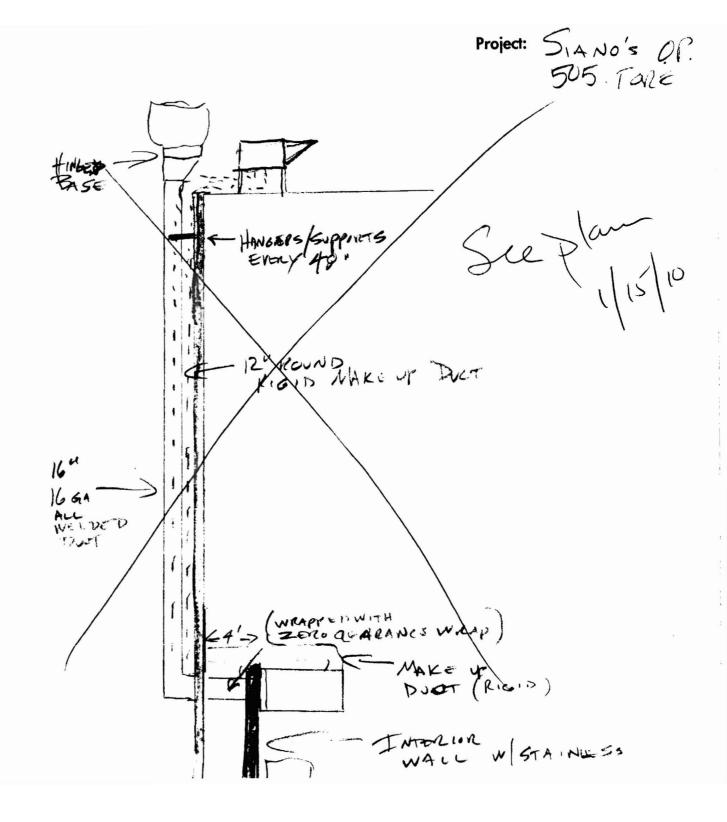
Signature: D Date: (IThis is not a permit; you may not commence ANY work until the permit is ssue

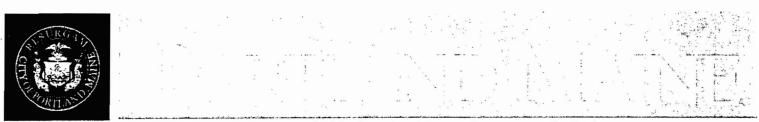




Atlantic Restaurant Service 34 Albion Road Windham, ME 04062

207-653-0645





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
 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? 541 NUESS	If Other, what
Type?	

Is the duct work Stainless steel or other	type of steel?	THOR	If Other,
what type? PAINTED COLD	Roya	16GA	
Thickness of the steel for the hood	18 GA		

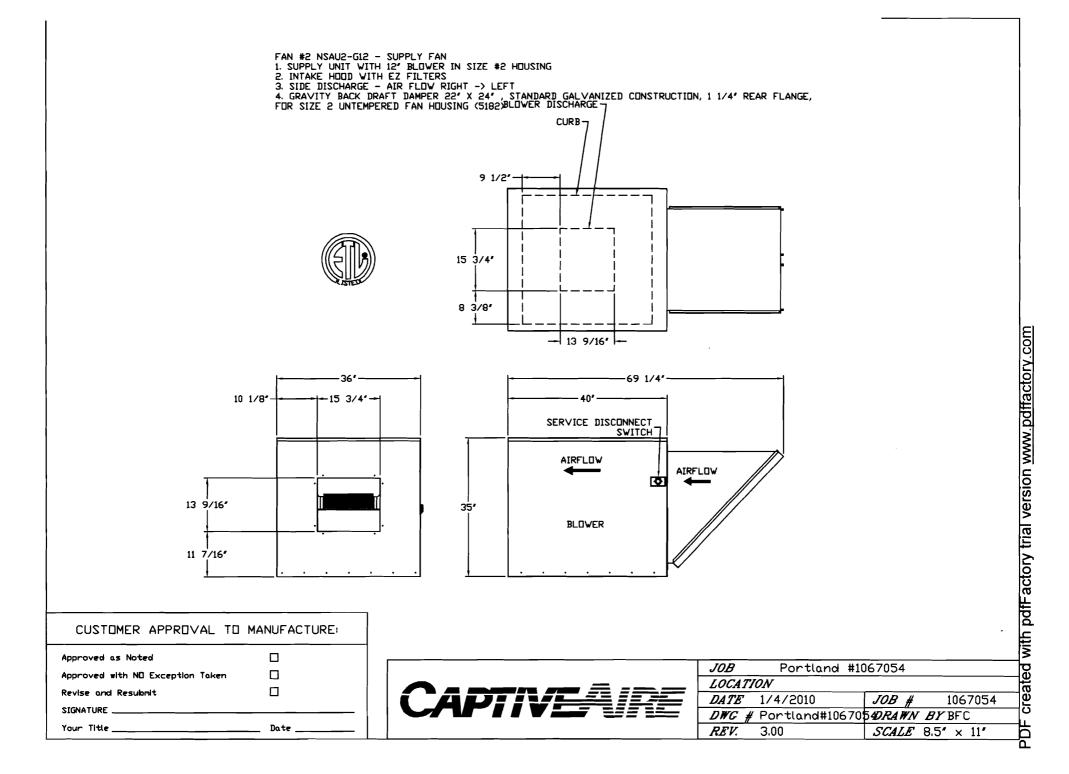
Thickness of the duct for the hood __________

Type of Hood and Duct Supports

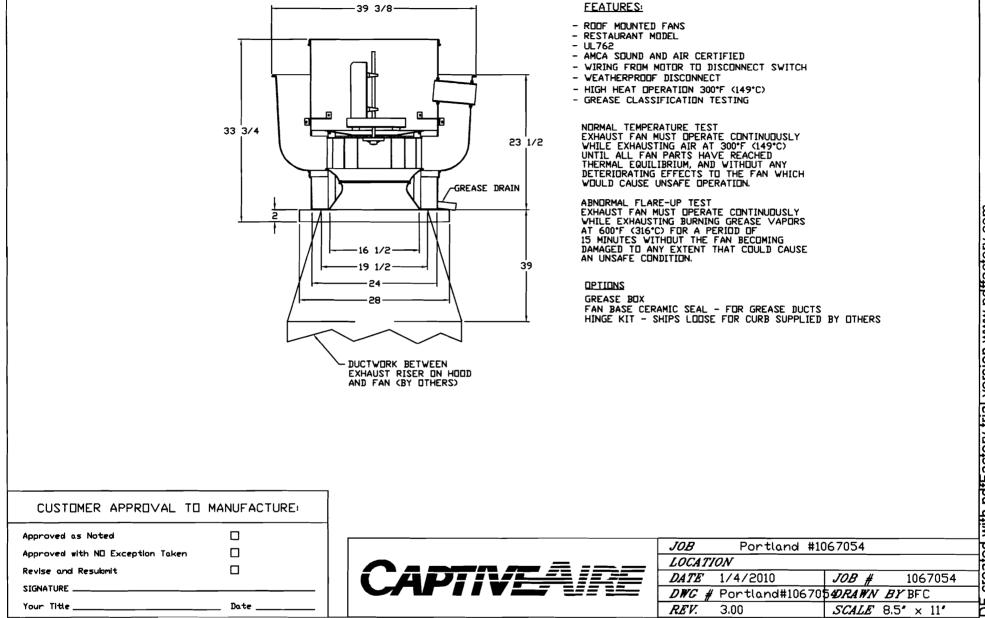
THREADED ROD FATERIOK

STEEL WALL SUPPORTS - WEZDED - EXTENIOR

Grease Gutters provided? YES
Hood Clearance reduction to Combustibles design /specs:
A A
Duct Clearance reduction to Combustibles design /specs:
FLAME GUARD DUCT WRAP
Vibration Isolation System:
RUTIN
Air Velocity within the duct system <u>3800 CF.</u>
Grease accumulation prevention system:
GREASE PRAIN WROMONABLE CUY
Cleanouts AT ELDOW
Grease Duct enclosure NA
Exhaust Termination Roof <u>//</u> Wall <u>Exhaust Termination</u>
Fire Suppression System By Fire SAFE
Exhaust fan mounting and clearance from the roof / wall or Combustibles:
AT LEAST 10'
Exhaust fan distance from property lines M_{i} (6'
Exhaust fan distance from other vents or openings <u>Min</u> 10'
Exhaust fan distance from adjacent buildings
Exhaust fan height above adjoining grade M_{1} 3'
Hood Specs
Style of Hood Nor ROFILE FANDARD BX
Type of Filter <u>BAFFLE - Awy</u>
Height of filter above nearest cooking surface LESS THAN 4
Capacity of hood CFM4200
Make up Air system description and capacity
FILTERED Supply - BELT DRIVE 2940 CFM
/

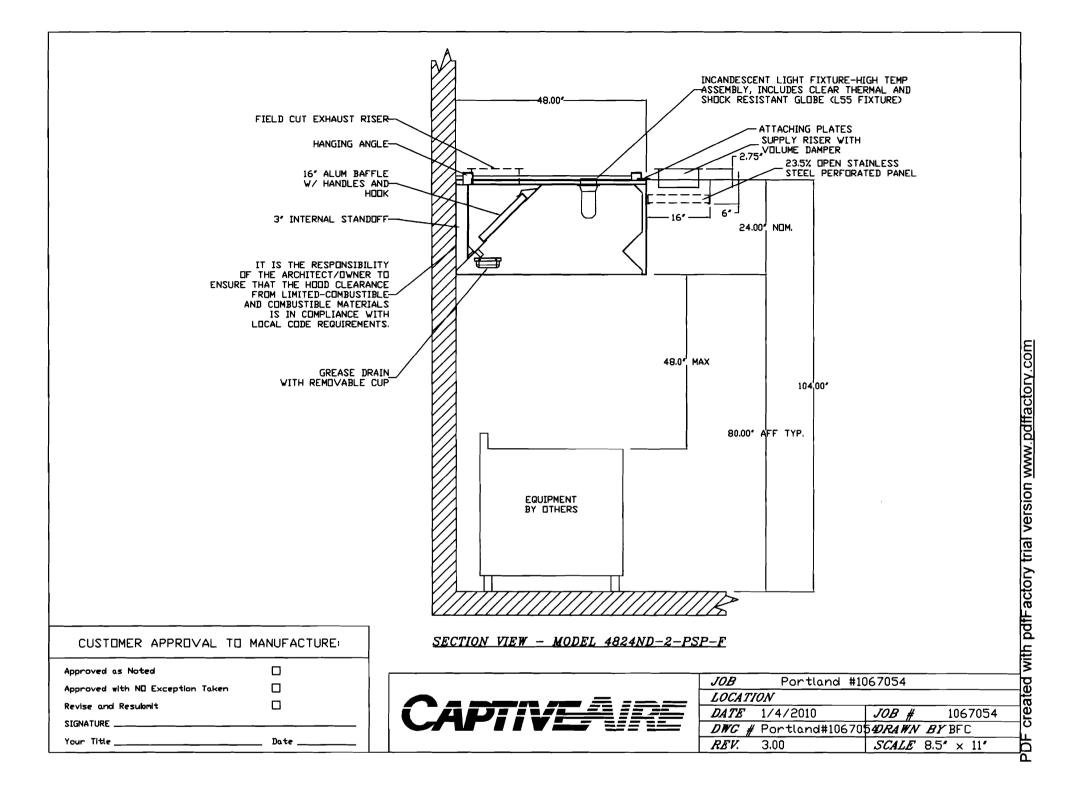


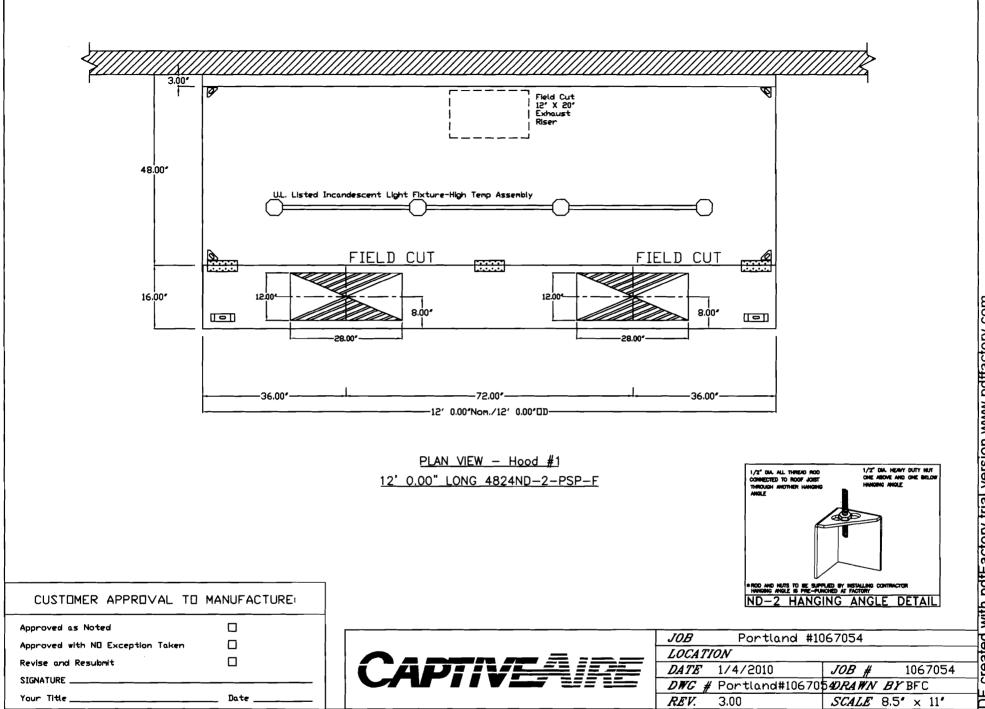
FAN #1 NCA16FA - EXHAUST FAN



													_						
EXHA	UST	FAN I	NFORM	ATION															
FAN UNIT ND.		_	IT MODEL		MODEL	TAG	CFM	S.P.	RPM	H.P.	ø	Var	.т	FLA	WEIGHT	(LBS.)			
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HEAT		(UA F	AN_INFO	ORMAT	TION					-					_				
FAN UNIT NO.			IT MODEL		BLOVER	HOUSING	TAG	CFM	S.P.	RPM	+	I.P.	ø		FLA	WEIGHT (LBS.)			
2		NSA	U2-G12		G12	NSAU.2		2700	1.000	880	1.'	500	1	230	10.2	287.77			
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FAN	ACCE	SSORI	ES																
FAN	FAN UNIT		EXHAUST			SUPF	PLY	_											
NC.	TAG	GREASE CUP	GRAVITY DAMPER	WALL MOUNT	SIDE DISCHARGE	GRA∨ITY DAMPER	MOTORIZE DAMPER												
1		YES																	
2					YES	YES													
CUS	STOME	R APP	R⊡∨AL	TO MA		URE:													
Approve	rdi as No																		
			otion Take	n												JOB	Portland	#1067054	
Revise (and Res	ubmit						C								DAT	<i>ATTON</i> E 1/4/2010	JOB #	106705
SIGNATU	RE									ĪĪ	V						# Portland#106		
Your Ti	tle				Date			_								REV.			3.5″ × 11'
													_						

1067054





סס) INFO.			MAX.		<u> </u>	XHAUS I	RISER(S)				<u>`</u>	SUPPLY	PLENUM RISER(S		_	ноор			10,		
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Jeanie Bourke - Siano's

"mark" <hoodguy1@roadrunner.com> From: <jmb@portlandmaine.gov> To: 2/10/2010 2:38 PM Date: Subject: Siano's Attachments: Siano Hood.doc

Jeanie, This is that drawing we talked about. According to Kerry, the property owner, we are well within the 10' set back from property lines. I think that was it Mark Weimer. Atlantic Restaurant Service 34 Albion Road Windham, ME 04062

207-653-0645

Project: SIANO'S 505 Force St.

