

Tel: 207-626-3880  
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# Application for Construction Permit

Department of Public Safety  
State Fire Marshal's Office  
45 Commerce Drive, Suite 1  
Augusta, Maine 04330-7889

### Project Information

Project Name: 2 ND FLOOR REST UPDATES @ MEMIC  
Street Location: 19 CROSS ST. Town Location: PORTLAND  
County: WUMBERTON Zip Code: 04101

<b>Project</b>	<b>Sprinkler System</b>	<b>Fire Alarm</b>
New Building <input type="checkbox"/>	No Sprinkler System <input type="checkbox"/>	No Fire Alarm <input type="checkbox"/>
Renovation <input checked="" type="checkbox"/>	Sprinkler System <input type="checkbox"/>	Fire Alarm <input type="checkbox"/>
Addition <input type="checkbox"/>	Supervised Sprinkler System <input checked="" type="checkbox"/>	Monitored Fire Alarm <input checked="" type="checkbox"/>
Occupancy Change <input type="checkbox"/>		

<b>Number of Stories</b>	<b>Square Footage</b>	<b>Project Information</b>
Original # of Stories <u>6</u>	Renovated Square Footage <u>400</u>	Projected Cost <u>100,000</u>
Affected # of Stories <u>1</u>	New Construction Sq Footage <u>0</u>	Projected Start Date <u>10/14</u>
Total # of Stories <u>1</u>	Total Square Footage <u>400</u>	Projected End Date <u>12/14</u>
<b>Building Use Layout</b>		Disc Included:
Single Use <input checked="" type="checkbox"/>	Separated <input type="checkbox"/>	Mixed <input type="checkbox"/>
		Fee <u>\$150.00</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Occupancy Classification</b>	<b>Educational</b>
Apartments <input type="checkbox"/>	Daycare <input type="checkbox"/>
Hotel / Motel/ Dormitory <input type="checkbox"/>	Detention <input type="checkbox"/>
Rooming & Lodging <input type="checkbox"/>	Industrial <input type="checkbox"/>
Healthcare <input type="checkbox"/>	Storage <input type="checkbox"/>
Ambulatory Health Care <input type="checkbox"/>	
Business <input checked="" type="checkbox"/>	
Residential Care Large <input type="checkbox"/>	
Small <input type="checkbox"/>	
Assembly >1000 <input type="checkbox"/>	
>300<1000 <input type="checkbox"/>	
<300 <input type="checkbox"/>	
Mercantile A <input type="checkbox"/>	
B <input type="checkbox"/>	
C <input type="checkbox"/>	

### Construction Type

Fire Resistive: Type I, (443) <input type="checkbox"/>	(332) <input type="checkbox"/>	Unprotected Ordinary: Type III (200) <input checked="" type="checkbox"/>
Protected Non-Combustible: Type II (222) <input type="checkbox"/>	(111) <input type="checkbox"/>	Heavy Timber: Type IV (2HH) <input type="checkbox"/>
Unprotected Non-Combustible: Type II (000) <input type="checkbox"/>		Protected Wood Frame: Type V (111) <input type="checkbox"/>
Protected Ordinary: Type III (211) <input type="checkbox"/>		Unprotected Wood Frame: Type V (000) <input type="checkbox"/>

### Addresses

**Owner's Name:** CASCO VIEW HOLDINGS II LLC Telephone: 207.791.3468 Fax: N/A  
**Mailing Address:** P.O. BOX 1137  
 Town: PORTLAND State: ME Zip Code: 04101

**Design Professional:** MICHAEL F. HAYS Telephone: 207.871.5900 Fax: N/A  
**Maine Registration Number:** ARC 1724 E-mail: mike@grathays.com  
**Mailing Address:** 1-A BOX 6179  
 Town: PARMOUTH State: ME Zip Code: 04105

**Signature of Applicant:** Michael F. Hays 9/29/2014

Preliminary Approval: <input type="checkbox"/>	Date: _____	Approved By: _____
Construction Permit: <input type="checkbox"/>	Date: _____	Approved By: _____
Approval Letter: <input type="checkbox"/>	Date: _____	Approved By: _____

-When a permit is not required

DATE PLANS RECEIVED	REVIEW FEE	DATE FEE RECEIVED	CHECK #	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT #