

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMINITIONS UED

This is to certify that MADIEUE ALTH /John		
I his is to certify that MAINEHEALTH /John	ison & Jorgan	NOV - 1 200
has permission toInstall Hood System to	Maine Health Catering Kitchen ground floor rear	
AT	CPI 020	C001001
AT 110 FREE ST	CBL/ 039	City of Portland
provided that the person or perso	ns, firm or corporation accepting	this permit shall comply with all
of the provisions of the Statutes	of Maine and of the Ordinanc es of	f the City of Portland regulating
the construction, maintenance an	d use of buildings and structures	, and of the application on file in
this department.		
	Notification of inspection must be	A soutificate of accumancy must be
Apply to Public Works for street line	given and written permission procured before this building or part thereof is	A certificate of occupancy must be procured by owner before this build-
and grade if nature of work requires such information.	lathed or otherwise closed-in. 24	ing or part thereof is occupied.
Such information.	HOUR NOTICE IS REQUIRED.	Ing or part thereof is essapisati
	110 6.1.	
OTHER REQUIRED APPROVALS	<u> </u>	////
Fire Dept. CAPT. D. Santow		
Health Dept.		
Appeal Board		A
Other	-	
		Director Building & Inspection Services
PE	NALTY FOR REMOVING THIS CARI	D !

City of Portland, Maine	- Building or Use 1	Permit Application	on Pe	ermit No:	Issue Date:	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-87	16	10-1314		039 C0	01001
Location of Construction:	Owner Name:		Owne	er Address:		Phone:	
110 FREE ST	MAINEHEAL	TH	465	CONGRESS	ST STE 600		
Business Name:	Contractor Name	:	Cont	ractor Address:		Phone	
	Johnson & Jor	dan	18 N	Mussey Road S	Scarborough	20788383	345
Lessee/Buyer's Name	Phone:		Perm	it Type:			Zone:
			Но	od Systems, C	ommerical		13-5
Past Use:	Proposed Use:		Pern	nit Fee:	Cost of Work:	CEO District:	7
Maine Health -Office	Maine Health	-Office - Install Hood		\$90.00	\$6,468.00	1	
		ne Health Catering	FIRI	E DEPT:	Approved INSF	PECTION:	e j
	Kitchen ground	d floor rear			Denied	Group:	Type:
			ak	See Cons	- I	TMC 7	1003
				THE CONG	2111973 -	Inc f	
Proposed Project Description:				(1)			
Install Hood System to Maine	Health Catering Kitche	n ground floor rear		ature: (KG		ature:	
			PED	ESTRIAN ACTI	VITIES DISTRICT	f (P.A.D.)	
			Actio	on: Approx	ved Approved	w/Conditions	Denied
			Sign	ature:		Date:	
Permit Taken By:	Date Applied For:			Zoning	Approval		
ldobson	10/20/2010			Loming	ripprovar	,	
1. This permit application do	oes not preclude the	Special Zone or Rev	iews	Zonii	ng Appeal	Historic Pre	servation
Applicant(s) from meeting Federal Rules.		☐ Shoreland		☐ Variance	е	Not in Distri	ict or Landmark
Building permits do not in septic or electrical work.	iclude plumbing,	☐ Wetland		Miscella	nneous	Does Not Re	equire Review
3. Building permits are void within six (6) months of the		Flood Zone		Condition	onal Use	Requires Re	view
False information may inv permit and stop all work	alidate a building	Subdivision		_ Interpre	tation	Approved	
		Site Plan		Approve	ed	Approved w	/Conditions
PERMIT IS	SUED	Maj Minor M	M	Denied		☐ Denied 《	3
NOV - 1	460	Date:	<u> </u>	Date:		Date:)
	1	10/2-1/1	\cap				•
City of Portl	land	100					
Only of the	IGITA						
		CERTIFICAT	TION				
I hereby certify that I am the ov I have been authorized by the o jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to make this applermit for work describe	med property, or that ication as his authorized in the application is	the prozed age	nt and I agree I, I certify that	to conform to all the code official	l applicable laws 's authorized rep	of this resentative

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE



Original Receipt

		10/20 20/0
Received from		hnou bick-
Location of Work		110 Fr-E
Cost of Construction	\$	Building Fee:
Permit Fee	\$	Site Fee:
	Certif	ficate of Occupancy Fee: Total:
Building (IL) Plu	mbing (I5)	_ Electrical (I2) Site Plan (U2)
Other	- /	
Check #:	1980	Total Collected \$

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

City of Portland, M	aine - Building or Use Permit		Permit No:	Date Applied For:	CBL:
•	4101 Tel: (207) 874-8703, Fax: (207	7) 874-8716	10-1314	10/20/2010	039 C001001
Location of Construction:	Owner Name:		Owner Address:		Phone:
110 FREE ST	MAINEHEALTH		465 CONGRESS	ST STE 600	
Business Name:	Contractor Name:		Contractor Address:		Phone
	Johnson & Jordan		18 Mussey Road	Scarborough	(207) 883-8345
Lessee/Buyer's Name	Phone:		Permit Type:		
			Hood Systems, C	ommerical	
Proposed Use:		Propose	d Project Description	:	
Maine Health -Office - Catering Kitchen groun	Install Hood System to Maine Health d floor rear	Install rear	Hood System to N	Aaine Health Caterii	ng Kitchen ground flooi
Dept: Zoning Note:	Status: Approved	Reviewer:	Marge Schmuck	al Approval l	Ok to Issue: ✓
Dept: Building Note: 1) All penetratios through or UL 1479, per IBC	Status: Approved with Conditions agh rated assemblies must be protected by 2 2003 Section 712.		: Tammy Munsor	• •	Ok to Issue:
This permit is appro	exhaust shall be installed per IMC 2003 ved based on the plans submitted and/or rap or equivalent assembly per code.			leaances based on th	ne application of a
Dept: Fire	Status: Approved with Conditions	Reviewer:	: Capt Keith Gaut	reau Approval l	Date: 10/26/2010

Note:

1) Install shall comply with NFPA 96. A compliance letter is required

PERMIT ISSUED

Ok to Issue:

NOV - 1

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

X Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

NOV - 1

City of Portland

CBL: 039 C001001 **Building Permit #**: 10-1314

Kitchen Hoos Penmit

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:	110 Fr	ee	
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot	Owner:		Telephone:
Chart# Block# Lpt#	1	NE HEALTH	receptione.
37	10120	VE TICHETH	
Lessee/Buyer's Name (If Applicable)	Applicant	ıme, address & telephone:	Cost Of
Dessee, Duyer's Tvame (If Applicable)	1		Work: \$ 6,468.00
	JOHN 501	uc Jondan Inc.	Wolk. # 37 7 3 3 1 3
	Santo	sez RD ough, M= 04038	Fee: \$
	1	•	90
	207-	883-8345	C of O Fee: \$
Current legal use (i.e. single family)		1-2.000000	
If vacant, what was the previous use? Proposed Specific use: OFFICE	RIE A	DMINISTRATION	1.
		yes, please name	
Project description:	1	l , , , , , , , , , , , , , , , , , , ,	111
Project description:	x Sys	the- Maine 116	althe Cathery -
L:11)
Kitche Stor	ud 4100	s lear-	
Contractor's name, address & telephone:		plicant Above	
Who should we contact when the permit is read	dy: Lew	IS R. KENSHWEN	Tuhnson Junons Propil Man.
Mailing address:	Phone: _2	07-883-8345	Propol Man.
Johnson JORDAN FINC.			
18 Mussky Roads Scarborough, ME, 0407	1//		
Please submit all of the information out		~ ~	Checklist.
Failure to do so will result in the automa	atic denial o	f your permit.	
In order to be sure the City fully understands the ful	ll scope of the p	project the Planning and Develo	nment Department may
request additional information prior to the issuance			
other applications visit the Inspections Division on-			
room 315 City Hall or call 874-8703.			
		OCT :	2 0 2010
I hereby certify that I am the Owner of record of the nam	ned property, or th	nat the owner of record authorizes t	he proposed work and that I have
been authorized by the owner to make this application as	his/her authorize	d agent. I agree peopform to all a	pplicable laws of this jurisdiction.
In addition, if a permit for work described in this application authority to enter all areas covered by this permit at any re	10n 1s 1ssued, I cer easonable hour to	rtify that the Code Official's authoric	zed réprese atative shall have the
, 25.0000 by time permit at any to	Jimoic nour to	Provisions of the codes	apparation to the permit
Signature of an alicent	DD		- 10-1
Signature of applicant:	KK	Date: /	0/20/10
This is not a permit; you may	not commen	ce ANV work until the nerr	nit is issued



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.

com	pliance with the attached information.
Тур	e of System:
	Type I
	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.
Гур	e of Materials:
	Is the hood Stainless steel or other type of steel? 430 Stainless If Other, who
	Type?
	Is the duct work Stainless steel or other type of steel? If Other what type? Steel. Thickness of the steel for the hood /& GA
	Thickness of the duct for the hood
	Type of Hood and Duct Supports Angle Team + All Thread Strel Ros
	Type of seams and Joints //oob welder NFPA 96
	Type of seams and Joints //ood welder NFPA 96 Duct welder

Grease Gutters provided?	YES	(see submitte	1)
Hood Clearance reduction to C	ombustibles desi	gn /specs:	
2" BACK STAND (SEE AHACK	OFF plus	3" jatenual	STAND OFF
Duct Clearance reduction to Co Completely WRAPPED with 2 layers 1'12"	ombustibles design 3m fire Ba	n /specs; which duct was	15A
Vibration Isolation System:			
Hanzing Isolators			
Air Velocity within the duct sys	stem	1 14" ROON	D Duct
Grease accumulation prevention		73006	F IVI
YES (S.	ee Susmitt	(a L)	
Cleanouts No Duct	5 /4" ROUND	, straight an	only 3'10
Grease Duct enclosure			
Exhaust Termination Roof		•	
Fire Suppression System	S WE	T CHEMICAL	
Exhaust fan mounting and clear			
Roof Corb 3'8" ro	of to exhaust	exit 33"exh	austarit to
Exhaust fan distance from prope	erty lines /o	+ to stray	apet. of edge
Exhaust fan distance from other			
Exhaust fan distance from adjac			-
Exhaust fan height above adjoin	ing grade	3 '+	
Specs			
Style of Hood WALL	PANOPY		
Style of Hood WALL Type of Filter 5taniless	Steel bat	The with ha	uellas
Height of filter above nearest co	oking surface	55"	
Capacity of hood CFM	_		
Make up Air system description			
N/A	1 √		