

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 071117

This is to certify that RGT ASSOCIATES /Bourgeois & Sons

has permission to install kitchen hood system

AT 106 HIGH ST

C 039 A037001

PERMIT ISSUED

OCT - 9 2007

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cass

Health Dept. _____

Appeal Board _____

Other _____

Department Name

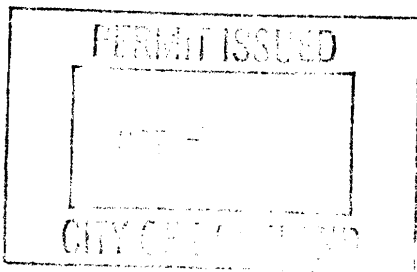
Janie Bonke 10/4/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1117		Issue Date:	CBL: 039 A037001
Location of Construction: 106 HIGH ST / 117 Spring St.	Owner Name: RGT ASSOCIATES	Owner Address: 44 OAK ST	Phone:
Business Name: Flask	Contractor Name: Bourgoin & Sons	Contractor Address: 123 Davis Road Durham	Phone: 2077491878
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone: B-3
Past Use: Commercial - "Flask" - bar/burger was Spring St. Lounge	Proposed Use: Commercial - "Flask" - install kitchen hood system	Permit Fee: \$150.00	Cost of Work: \$12,362.00
Proposed Project Description: install kitchen hood system		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TE NFPA 96	INSPECTION: Use Group: A-2 Type: 3B IMC-2003
		Signature: <i>Gregory Carr</i> Signature: <i>JMB 10/4/07</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:	
Permit Taken By: Idobson	Date Applied For: 09/12/2007	Zoning Approval	
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.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..		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:
		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 9/18/07 <i>STH</i>	
			

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