

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 051412

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Lafayette Square Limited Partnership Blue Cold Distributors

has permission to Change of Use from retail store to food service and small grocery

AT 638 Congress St Portland, Oregon 045 A003001

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 procured before this building or part thereof is altered or otherwise used-in. **HOURLY NOTICES REQUIRED.**

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

OTHER REQUIRED APPROVALS

Fire Dept. Craig Case PFD 10-13-05

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Handwritten Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1412	Issue Date:	CBL: 045 A003001
-----------------------	-------------	---------------------

Location of Construction: 638 Congress St	Owner Name: Lafayette Square Limited Part	Owner Address: 707 Sable Oaks Dr	Phone: 774-7175
Business Name:	Contractor Name: Blue Cold Distributors	Contractor Address: 323 Pine Point road Scarborough	Phone: 2078850107
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B3

Past Use: Commercial/Retail	Proposed Use: Commercial/Food service	Permit Fee: \$48.00	Cost of Work: \$2,500.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>To NFPA 101</i>	INSPECTION: Use Group: <i>B</i> Type: <i>2B</i> <i>10/13/05</i>	

Proposed Project Description: Change of Use from retail store to food service and small grocery.	Signature: <i>Greg Cress</i>	Signature: <i>[Handwritten Signature]</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: gad	Date Applied For: 09/28/2005	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"/> <i>OK with conditions</i> Date: <i>9/10/05</i>	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 <i>yes - landmark</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>Any exterior work</i> Date: <i>Requires A</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

4/25/06

Inspected w/ Jay K. & MC w/ Habib

Several deficiencies: FSE, BLDG & life safety

- Soap & pt at Hwash & bathroom
- Light Shields over prep area
- Water only 114°
- Need new prep table surface (cracks, disrepair, dirty)
- Need electrical outlet for cutting saw (no extension cords)
- Hang fire extinguishers to code
- Check plumbing permit - all fixtures (new) are on sure vent air admit (3 bay, handwash, grease trap)
- Need table for clean utensil holding

JMB

Location of Construction: 638 Congress St	Owner Name: Lafayette Square Limited Part	Owner Address: 707 Sable Oaks Dr	Phone: 774-7175
Business Name:	Contractor Name: Blue Cold Distributors	Contractor Address: 323 Pine Point road Scarborough	Phone 2078850107
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone:

Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 10/13/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
2) Separate permits shall be required for any new signage.			
3) ANY exterior work requires a separate review and approval thru Historic Preservation. This is a Landmark property.			
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 10/17/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) NO COOKING or COOKING EQUIPMENT OF ANY KIND			
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 10/13/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Life safety systems to comply with NFPA 101			

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO