

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

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT  
**PERMIT**

<b>PERMIT ISSUED</b>	
Permit Number: 081076	
SEP 4 2008	
CITY OF PORTLAND	

This is to certify that MERCY HOSPITAL /Gilbert / Michael

has permission to Cafeteria 3 Kitchen Hoods

AT 175 FORE RIVER PKWY

073 A001001

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 written permission procured before this building or part thereof is altered or closed-in. **48 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. Craig Cross

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*James Burke* 9/4/08  
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: 08-1076	Issue Date:	CBL: 073 A001001
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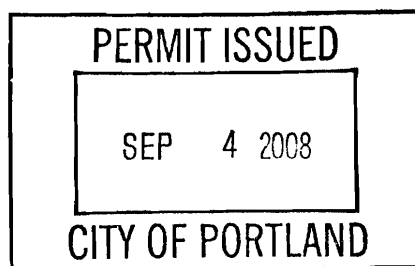
Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone: 207-252-4292
Business Name:	Contractor Name: Gilbane / Michael Poulin	Contractor Address: 900 Elm St Manchester	Phone: 6036990076
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone: C-26

Past Use: Mercy Hospital	Proposed Use: Mercy Hospital - Cafeteria 3 Kitchen Hoods	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 96	INSPECTION: Use Group: I-2 Type: Hoods IMC-2003	

Proposed Project Description: Cafeteria 3 Kitchen Hoods	Signature: <i>W. Cass</i>	Signature: <i>JMB 9/4/08</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: lmd	Date Applied For: 08/26/2008	<b>Zoning Approval</b>		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>	<p><b>Special Zone or Reviews</b></p> <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: <i>OK 8/27/08</i>	<p><b>Zoning Appeal</b></p> <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: _____	<p><b>Historic Preservation</b></p> <input checked="" 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 Date: <i>S</i>
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**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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 08-1076	<b>Date Applied For:</b> 08/26/2008	<b>CBL:</b> 073 A001001
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<b>Location of Construction:</b> 175 FORE RIVER PKWY	<b>Owner Name:</b> MERCY HOSPITAL	<b>Owner Address:</b> 144 STATE ST	<b>Phone:</b> 207-252-4292
<b>Business Name:</b>	<b>Contractor Name:</b> Gilbane / Michael Poulin	<b>Contractor Address:</b> 900 Elm St Manchester	<b>Phone:</b> (603) 699-0076
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Hood Systems, Commerical	

<b>Proposed Use:</b> Mercy Hospital - Cafeteria 3 Kitchen Hoods	<b>Proposed Project Description:</b> Cafeteria 3 Kitchen Hoods
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 08/27/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 09/04/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) The Hood shall be installed per IMC 2003 and NFPA 96 This permit is approved based on the plans submitted for reductions in the cleaances based on the application of a UL approved fire wrap or equivalent assembly per code.				
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Greg Cass	<b>Approval Date:</b> 09/02/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) Install shall comply with NFPA 96. A compliance letter is required				



# 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: <u>175 Fore River Parkway</u>		
Total Square Footage of Proposed Structure <u>152,000</u>		Square Footage of Lot <u>34.89 ACRES</u>
Tax Assessor's Chart, Block & Lot Chart# <u>1</u> Block# <u>See Attached</u> Lot# <u>See Attached</u>	Owner: <u>Mercy Hospital</u>	Telephone: <u>207 252 4292</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>MICHAEL PAULIN</u> <u>GILBANE</u> <u>175 Fore River Parkway</u>	Cost Of Work: \$ <u>5,000</u> Fee: \$ _____ C of O Fee: \$ _____
Current legal use (i.e. single family) <u>HOSPITAL KITCHEN</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>PERMIT FOR KITCHEN HOODS-3</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Michael Paulin</u> Mailing address: _____ Phone: <u>207 252-4292</u> <u>xxcell</u>		

AUG 28 2008

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

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 [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by 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 proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify 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 of applicant: Michael Paulin

Date: 8/26/08

**This is not a permit; you may not commence ANY work until the permit is issued.**

**From:** Steve Bushey [SBushey@DelucaHoffman.com]  
**Sent:** Thursday, July 20, 2006 10:11 AM  
**To:** Poulin, Michael G.  
**Subject:** RE: Scan

Hi Mike,

the property is a compilation of many different tax map properties. the following table outlines how the tax maps previously identified the property prior to the purchase by Mercy.

Previous Owner	Tax Map-block-Lot Number
Merrill Industries Inc.	73-A-1
Merrill Industries Inc.	73-B-2 (Mud Flats)
Merrill Industries Inc.	74-A-2
Merrill Industries Inc.	74-A-22
Portland Terminal Company	74-A-1
Portland Terminal Company	74-A-3 (Mud Flats)
Portland Terminal Company	74-A-30 (Mud Flats)
Portland Terminal Company	74A-A-1 (Mud Flats)
Portland Terminal Company	75-A-3
Portland Terminal Company	75A-A-1 (Mud Flats)
Portland Terminal Company	75A-A-17
Portland Terminal Company	76-A-1
Portland Terminal Company	76-A-33

trust this helps.

Steve Bushey

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND****BUILDING INSPECTION****PERMIT**

Permit Number: 061801

Please Read  
Application And  
Notes, if Any,  
Attached

This is to certify that MERCY HOSPITAL /Gilbane Building Company / Michael Poulinhas permission to Build a new Short Stay Surgical Unit - for Mercy HospitalAT 50 ST JOHN ST

CBL 073 A001001

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 written permission procured before this building or part thereof is lathed or otherwise 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. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Michael Poulin*  
3/5/17  
Director, Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://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? Stainless Steel If Other, what Type? \_\_\_\_\_

Is the duct work Stainless steel or other type of steel? Stainless Steel If Other, what type? \_\_\_\_\_

Thickness of the steel for the hood \_\_\_\_\_

Thickness of the duct for the hood 16 GA

### Type of Hood and Duct Supports

Duct is supported w/ trapeze hangers

Type of seams and Joints Welded Seams

? Hood Clearance reduction to Combustibles design /specs:

N/A

Duct Clearance reduction to Combustibles design /specs:

horizontal duct is wrapped w/ 2" R insulation - duct shaft is

Vibration Isolation System:

2hr rated

Air Velocity within the duct system 3000 FPM

Grease accumulation prevention system:

CLEANOUTS EVERY 12'-0"

Cleanouts

Grease Duct enclosure vertical shaft is a 2hr enclosure

Exhaust Termination Roof  Wall \_\_\_\_\_

Fire Suppression System

Exhaust fan mounting and clearance from the roof / wall or Combustibles:

FAN IS LOCATED ON THE ROOF

Exhaust fan distance from property lines N/A

Exhaust fan distance from other vents or openings 25'-0"

Exhaust fan distance from adjacent buildings N/A

Exhaust fan height above adjoining grade N/A

### Hood Specs

Style of Hood CUSTOM BUILD FOR THIS KITCHEN

Type of Filter KSA EXTRACTORS

Height of filter above nearest cooking surface 48"

Capacity of hood CFM 2324

Make up Air system description and capacity

55°F SUPPLY AIR FROM BUILDING AIR  
HANDLING UNIT



SCHEDULE OF EQUIPMENT

ITEM QTY.	DESCRIPTION	MANUFACTURER	MODEL NO.	REMARKS
1	REMOTE CONDENSING UNIT	ACTIC	QUSTON	F23 COOLER #1
2	REMOTE CONDENSING UNIT	ACTIC	QUSTON	F23 COOLER #2
3	REMOTE CONDENSING UNIT	ACTIC	QUSTON	F23 FREEZER #1
4	SPARE NUMBER			
5	DRY STORAGE SHELVING	F23RO	MAX 0	
5	DRY RACK	F23RO	Q04	
7	COOLER/REFRIGERATOR	ACTIC	QUSTON	
9	REFRIGERATION SYSTEM	F23RO	SEA-3	
5	TEMPERATURE ALARM SYSTEM	COPPER ALKINS	TOP 15K	
38	SPARE NUMBER			
31	ROLLER COLL	ACTIC	QUSTON	F23 COOLER #1
12	MOBILE WASH RACK	F23RO	REF 1N	4.3 RIN
13	DIAMETER COLL	ACTIC	QUSTON	F23 COOLER #2
14	ROLLER COLL	ACTIC	QUSTON	F23 FREEZER
15	TRASH RECEPTACLE			BT JAMES
16	HAND SINK W/STOVE SPINDLES	KEONG	HS-14	RESERVE BT P.C. BLOU
17	BAKERS/PARTITION TABLE	FABRICATION	QUSTON	
18	3 QTY. TABLE			BT JAMES
19	SPARE NUMBER			
20	SPARE NUMBER			
21	MOBILE INCUBATOR BINS	CARBON	18-27	
22	SMART WALL FLUS	F23RO	QUS 1N	
23	DISHWASHER W/CONTROL	STANDARD	120 IN 2.5 WASHLE	W/ # 3 B 4135
24	FOOD PROCESSOR	ROBOT COUPE	RIN	
25	SMART WALL FLUS	F23RO	QUS 1N	
26	MOBILE SLICER STAND	FABRICATION	QUSTON	
27	SLICER	H-SHIRT	PA12	
28	REFRIGERATOR	CELL-FIELD	SEA-5	
29	UMBRELLA CASE W/STAND	TABBO STIC	C3	1.50L ; FT-10C
30	GRIDDLE W/CONNECTION ONLY	HARBERT	Q033-385	
31	FRONTS HOOD	H-TEN	QUSTON	
32	DOUBLE STEWER	C-ELE-940	SEA-3.2	
33	DOUBLE CONNECTION DRAIN	B-DORSETT	DF-G-290C	
34	1/2 GAL. KETTLE W/STAND	C-ELE-940	KOT-121T	
35	+LINE SUPPRESSION SYSTEM	PS98L	R-182	5/8" I.D. * 43"
36	MOBILE COOK HODD	E-10-5-84M	1802-1H-1	5" TALL
37	PIZZA TOWNSHIP	QUSTON	TC-100	W/STONS
38	5/8" DRAIN GLASS	FABRICATION	QUSTON	
39	COOK BOILER W/STAND	LANQUA	KB-435-05	W/3X3X3 HOLE DIA 1
40	LOFT W/REFRIGERATOR ASSEMBLY	F23RO	REF 1N-55	W/7" X 1" S * 1
41	ASSEMBLY COUNTER	FABRICATION	QUSTON	W/7" X 1" S * 1
42	3 SHELL HOT FOOD UNIT	ALLS	MO-380-17-48	
43	TOASTER	STOR	5102	
44	REFRIGERATED SMOOTHIE UNIT	CFRIFRO	4443N-13	
45	MOBILE HEATED PLATE LOADRAIS	C-AMU14	UM82	W/10" X 41.33
46	PLATE CABINET	FABRICATION	QUSTON	PLATE C. 11" X 41
47	BOAT HEIGHT	H-ADINA	106-368	

SCHEDULE OF EQUIPMENT

ITEM QTY.	DESCRIPTION	MANUFACTURER	MODEL NO.	REMARKS
48	MOBILE OVERSIZING SECTION	FABRICATION	QUSTON	PLATE C. 11" X 41
49	REFRIGERATOR	FRONTS HOOD	QUSTON	
50	FRONTS HOOD	H-TEN	QUSTON	
51	MOBILE FRONT REFRIGERATOR CABINETS	QUSTON	11-807-210-5140	7.500 ; 14 CORRECTIVE
52	ICE STORAGE BIN	HSHIZAKI	B-38065	
53	COFFEE MAKER	HSHIZAKI	KB-5807W	W/5.00-20C * 30024 01
54	BEVERAGE COUNTER	FABRICATION	QUSTON	
55	SMART WALL FLUS	F23RO	QUSTON	
56	MOBILE DRY-GLASS RACK DOLLY	F23RO	Q0210C	
57	ICE BIN BRICKER			BT JAMES
58	COFFEE MAKER			BT JAMES
59	1/2 S/S JAIL FLASHING	FABRICATION	QUSTON	
60	1/2 S/S JAIL FLASHING	FABRICATION	QUSTON	
61	REFRIGERATOR	CELL-FIELD	SEA-5	
62	3-COMPARTMENT SINK	FABRICATION	QUSTON	
63	SMART WALL FLUS	F23RO	QUSTON	
64	CHEMICAL SHELF	F23RO	SE BRITIC	
65	MOBILE TROUGH RUCK			BT JAMES
66	CON WASHING SINK	F23RO	UK-28-1	
67	SOILED DISHWASHER	TRAYTON	QUSTON	W/1" CONDUCT
68	MOBILE SINK	TRAYTON	QUSTON	
69	MOBILE SINK			BT JAMES
70	CELLING MOUNTED HOSE REEL	I & S	B-2339	
71	SOILED TRAY RETURN CABINET	QUSTON	TR-140	14" H * 28" D * 11" T
72	DISHWASHER W/CONTROL	STANDARD	120 IN 2.5 WASHLE	W/ # 3 B 4135
73	EXHAUST DUCTS	FABRICATION	QUSTON	
74	IRON POWDER SHELF	TRAYTON	QUSTON	PLATE C. 11" X 41
75	RUN DOWN DRAIN	LANQUA	QUSTON	
76	SLIDER AND SAND SHOWER	TRAYTON	QUSTON	
77	DISH WASHING W/CONTROL	H-SHIRT	Q05-281A	
78	REFRIGERATOR	H-TEN	C-38	
79	IRON DRYER	SEN RAME	PP-100T	
80	1/2" TEE/TEE	1" TEE/TEE	QUSTON	SIZE AS SHOWN IN PLAN
81	CHEM DISHWASHER	TRAYTON	QUSTON	
82	MOBILE WASH DOLLY	TRAYTON	QUSTON	
83	IRON POWDER SHELF	TRAYTON	QUSTON	
84	IRON POWDER SHELF	TRAYTON	QUSTON	
85	STORAGE SHELVING	H-TEN	QUSTON	
86	IRON POWDER SHELF	H-TEN	QUSTON	
87	WASH DOWN STATION	SEN RAME	H-SHIRT	W/1" X 1" S * 1
88	WASH DOWN STATION	H-SHIRT	QUSTON	W/1" X 1" S * 1
89	SILVER COUNTER	FABRICATION	QUSTON	
90	DAILY SPECIAL COUNTER	FABRICATION	QUSTON	
91	AIR CATION REFRIGERATOR	STRAYTON	Q0578R	
92	FRONT STOCK W/ COUNTER	FABRICATION	QUSTON	
93	SILVERWARE BINS	5" SHELL SILL	S-588	
94	SMART OVERSIZING COUNTER	FABRICATION	QUSTON	

GENERAL NOTES

1. DIMENSIONS SHOWN ARE FOR DESIGN PURPOSES ONLY AND ARE TO BE CONSIDERED FROM ANCHORS AND BRACKETS.
2. ALL DIMENSIONS ARE LISTED TO BE USED IN CONNECTION WITH THE LISTED MANUFACTURER'S SPECIFICATIONS AND TO BE USED AS A GUIDE ONLY.
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4. CONNECTIONS SHALL BE MADE BY THE MANUFACTURER'S RECOMMENDED METHODS AND MATERIALS.
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## GENERAL SPECIFICATIONS

- HOOD CONSTRUCTION AND DESIGN NOTES (INTERIM MECHANICAL AND TYPICAL HOOD)
  - HOOD IS NSF AND ETL LISTED
  - ALL SURFACES OF HOOD ARE FINISHED WITH #16 STAINLESS STEEL. CORNERS AND CONTIGUOUS SURFACES RADIUS 1/8"
  - ALL INST. PARTS WORK TO AS SPECIFIED BY QUALIFIED PERSONS WHO IN ACCORDANCE WITH STATE AND LOCAL BUILDING CODE REQUIREMENTS
  - THE INSTALLATION SHALL BE IN ACCORDANCE WITH NFPA 96, PERMITS, CODES AND INTERFERENCE (WIPERS) FROM COMMERCIAL COOKING EQUIPMENT
  - HOOD IS PROVIDED FOR AND WITH CHEMICAL FIRE SUPPRESSION.
  - ALL EXHAUST DUCTWORK AND TERMINATIONS ARE TO BE PROVIDED BY THE HOOD CONTRACTOR
  - THE CONTRACTOR SHALL PROVIDE CONTROL AND PROTECTIVE SYSTEMS AS REQUIRED
  - CONTACT WITH HOOD AND DUCTS IS COMPOSITE MATERIAL SHALL BE PER APPLICABLE BUILDING CODES
  - FOR PROPER OPERATION OF THE HOOD SYSTEM TO BE THE CONTRACTOR SHALL HAVE THE HOOD RAISED AND TESTED TO ENSURE THE HOOD IS RAISED AND DUCTS ARE PROTECTED FROM THE HOOD ARE MET

## INSTALLATION REQUIREMENTS

### FOODSERVICE EQUIPMENT CONTRACTOR'S REQUIREMENTS

- PROVIDE DRAWINGS OF APPROXIMATE FRAMES, REFERRED TO AS "FRAMES" AND "FRAMES" (ANSI SYMBOL 1.1)
- DELIVER, ASSEMBLE AND INSTALL ALL PARTS AND SYSTEMS
- CONDUCT WELDING AND ALL OTHER WORK TO END USER
- THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE COVERAGE FOR THE PROJECT

### ELECTRICAL CONTRACTOR'S REQUIREMENTS

- PROVIDE ALL ELECTRICAL WORK TO END USER
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## HOOD INFORMATION TABLE

HOOD NO.	MODEL	QTY	SIZE			AIR FLOW REQUIREMENTS											HOOD CONSTRUCTION	
						EXHAUST CFM	T.A.B INCHES W.C.	TOTAL HOOD INCHES W.C.	EXHAUST COLLAR SIZE			GREASE EXTRACTOR SIZE			CAPTURE CFM	STATIC PRESSURE		
			L	W	H				QTY	L	W	H	QTY	L				H
31	KVE	1	168"	51"	24"	4968	.81'	1.08'	2	17"	12"	8	20"	16"	KSA	70	.23'	304 S.S. EXPOSED
50L	KVE	1	102"	51"	24"	3016	.77'	1.02'	1	21"	12"	5	20"	16"	KSA	43	.24'	304 S.S. EXPOSED
50R	KVE	1	102"	51"	24"	3016	.77'	1.02'	1	21"	12"	5	20"	16"	KSA	43	.24'	304 S.S. EXPOSED
118	KVE	1	72"	51"	24"	910	.20'	.34'	1	10"	8"	3	20"	13"	KSA	30	.24'	304 S.S. EXPOSED

TOTAL EXHAUST= 11910

NOTE: VERIFICATION REQUIRED FOR EXHAUST. WILL EACH HOOD REQUIRE AN E FAN OR SHARE A COMMON FAN.

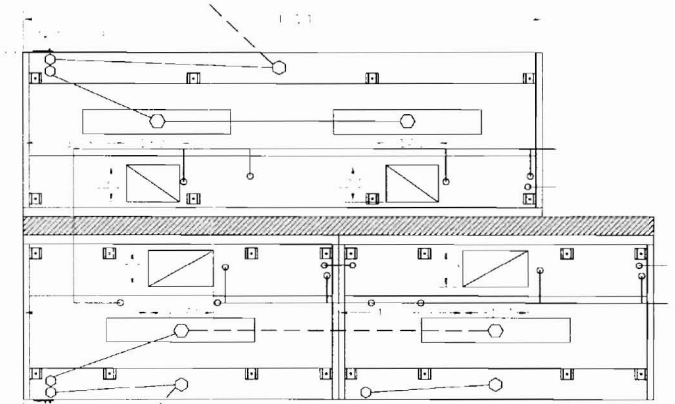
## HOOD INFORMATION TABLE

HOOD NO.	QTY	LIGHTS	SWITCH PANEL	M.C.P.	STAND-OFF	BACKSPLASH	CEILING CLOSURES	FIRE						
		TYPE	LOCATION # OF SWITCHES	LOCATION	WIDTH	LOCATION	HEIGHT		LENGTH	INSULATED	HEIGHT	# OF SIDES	TYPE	
31	2	48"L FLUORESCENT T-8	HOOD LIGHT		3"	REAR							ANSUL R102	6 GA
50L	1	48"L FLUORESCENT T-8	HOOD FAN/LIGHT		3"	REAR								
50R	1	48"L FLUORESCENT T-8			3"	REAR								
118	1	48"L FLUORESCENT T-8	HOOD FAN/LIGHT		3"	REAR								3 GA

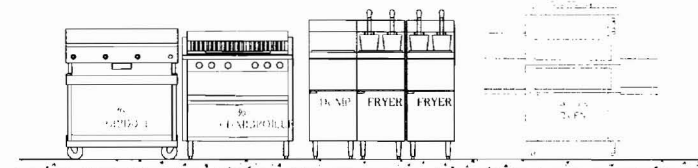
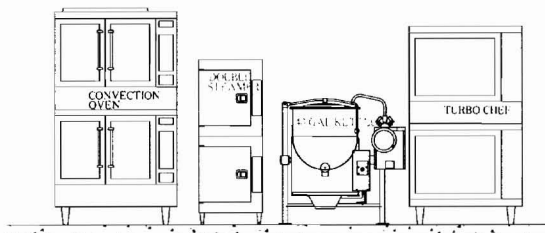
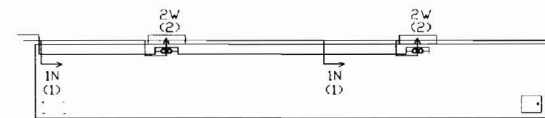
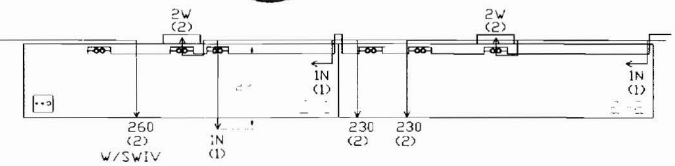
HANGER BRACKET DETAIL



ITEM #31



ITEM #50



NOTE: LOCATION OF HEAVY OUTDOOR  
LOADS (ELECTRICAL, ETC.) TO BE  
REMOVED AT THE MODIFICATION.

