

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|------------------------------|--------------------|----------------------------|
| Permit No: 05-1323 | Issue Date: | CBL: 111 A010001 |
|------------------------------|--------------------|----------------------------|

| | | | |
|--|---|---|----------------------------|
| Location of Construction: 425 FOREST AVE | Owner Name: FLETCHER IRENE E & WENDALL | Owner Address: 48 REVERE ST | Phone: |
| Business Name: | Contractor Name: HardyPond Construction | Contractor Address: 1039 Riverside St Suite 11 Portland | Phone 2077976066 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: |

| | | | | |
|--|--|---|---------------------------------------|---------------------------|
| Past Use: Vacant Space / Convenience Store | Proposed Use: Pizza Restaurant / Tenant fit-up / | Permit Fee: \$537.00 | Cost of Work: \$48,335.00 | CEO District: 1 |
| Proposed Project Description: Pizza Restaurant / Tenant fit-up / | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type | |
| | | Signature: | Signature: | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied | | | | |
| Signature: Date: | | | | |

| | | | | |
|------------------------------------|--|------------------------|--|--|
| Permit Taken By: Idobson | Date Applied For: 09/12/2005 | Zoning Approval | | |
|------------------------------------|--|------------------------|--|--|

| | | | |
|--|--|--|--|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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.. | Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |
| | Date: | Date: | Date: |

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 |

| | | | |
|--|---|---|----------------------------|
| Location of Construction: 425 FOREST AVE | Owner Name: FLETCHER IRENE E & WENDALL | Owner Address: 48 REVERE ST | Phone: |
| Business Name: | Contractor Name: HardyPond Construction | Contractor Address: 1039 Riverside St Suite 11 Portland | Phone 2077976066 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: |

| | | | |
|---|---|----------------------------------|---|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Marge Schmuckal | Approval Date: 10/04/2005 |
| 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. | | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Mike Nugent | Approval Date: 10/06/2005 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) A handwash sink must be installed in the food prep area. | | | |
| The applicant proposes to utilize the existing Kitchen Exhaust system. | | | |
| Dept: Fire | Status: Approved | Reviewer: Jay Kelley | Approval Date: 10/04/2005 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Hood system required for pizza oven. | | | |
| 2) Maintzin all NFPA life safety codes Emergency lighting./ exit signs /fire extinguishers/ etc. | | | |

| |
|---|
| Comments: |
| 10/5/2005-mjn: Need seating plans, local exhaust info (or cooking equipment info) grease trap??? Spoke w/ GC and left two messages w/owner. |
| 10/5/2005-ldobson: Received floor plan and possible info on grease trap. Gave him the sheet for Hood System said he doesn't think he needed it gave it to him anyway said Hood system is existing. LJD put permit back in MJN Bin |

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 |