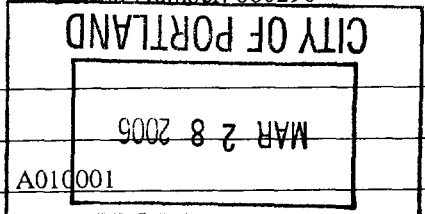


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 060290



This is to certify that FLETCHER IRENE E & W DALL M FLETCHER JR JT of Portland

has permission to install Kitchen exhaust system 2 hoods with up air

AT 425 FOREST AVE

provided that the person or persons perform or supervise the work and in 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.

Classification of inspection must be given and when permission procured before this building or part thereof is occupied or service closed-in. 4
YOUR 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. Cree, Cas 3-6-06

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services 3/28/06

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: 06-0290	Issue Date: MAR 28 2006	CBL: A010001
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Location of Construction: 425 FOREST AVE	Owner Name: FLETCHER IRENE E & WENDAL	Owner Address: 48 REVERE ST	Phone: MAR 28 2006
Business Name:	Contractor Name: Atlantic Restaurant Services	Contractor Address: 34 Albion Road Windham	Phone: 2076530645
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone: CITY OF PORTLAND

Past Use: Commercial	Proposed Use: Commercial/ install Kitchen exhaust system- 2 hoods- 1 w/make up air	Permit Fee: \$138.00	Cost of Work: \$13,000.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 96	INSPECTION: Use Group: KITCHEN EXHAUST Type: 3/28/06
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Proposed Project Description: install Kitchen exhaust system- 2 hoods- 1 w/make up air	Signature: <i>Greg Cass</i>	signature: <i>[Handwritten Signature]</i>
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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: 03/03/2006	Zoning Approval		
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<p>1.</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>	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 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:
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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

Permit No: 06-0290	Date Applied For: 03/03/2006	CBL: 111 A010001
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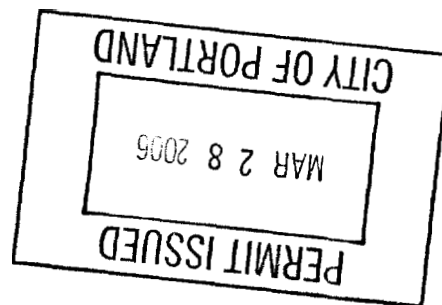
Location of Construction: 425 FOREST AVE	Owner Name: FLETCHER IRENE E & WENDAL	Owner Address: 48 REVERE ST	Phone:
Business Name:	Contractor Name: Atlantic Restaurant Services	Contractor Address: 34 Albion Road Windham	Phone (207) 653-0645
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	

Proposed Use: Commercial/ install Kitchen exhaust system- 2 hoods- 1 w/make up air	Proposed Project Description: install Kitchen exhaust system- 2 hoods- 1 w/make up air
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Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 03/06/2006
Note:	Ok to Issue:		
1) Install shall comply with NFPA 96			

Comments: 3/7/2006-mjn: Advised Mark Weimer that the Truss manufacturer has to certify that the trusses will hold the additional loads. Designer Called 3/24/06 to confirm see note 11 on truss plans.
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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.

425 Forest Ave Portland ME		
Total Square Footage of Proposed Structure 1560 sq ft	Square Footage of Lot 9 sq ft	
Chart# 111	Block# A010001	Lot# Wendall Fletcher 772-2128
Lessee/Buyer's Name (If Applicable) Steve Kambakis 59 Oakley St Portland ME 04103	Applicant name, address & telephone: Steve Kambakis 59 Oakley St Portland ME 04103 DBA House of Pizzas	Cost Of Work: \$ 13,000 - Fee: \$ _____ C of O Fee: \$ 138.00
Current Specific use: _____ Proposed Specific use: _____		
Project description: INSTALL KITCHEN EXHAUST SYSTEM (2 HOODS - 1 w/MAKE UP AIR)		
Contractor's name, address & telephone: ATLANTIC REST. SERVICE MACK WEINER Who should we contact when the permit is ready: Mailing address: 34 ALBION RD WINDHAM, ME 04062 Phone: 603-306-4500 893 1550 0 893 1220 FAX		

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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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: <u>Steve Kambakis</u>	Date: <u>2-27-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.