•	,	Building or Use Pe Tel: (207) 874-8703,			Pe	rmit No: 09-1081	Issue Date	e:	CBL: 116 D00	1001
		Owner Name: MIHALAKIS I)wner Name: MIHALAKIS DESPINA & THEODO		Owner Address: 61 MAIN ST				Phone:	
			Contractor Name: Lebels Sheet Metal		Contractor Address: 221 Lincoln Street Lewiston				Phone 2072124019	
Lessee/Buyer's Name P		Phone:	Phone:			ermit Type: Hood Systems, Commerical				Zone:
Past Use: Commercial - Restaurant connected w/ permit# 090940			Proposed Use: Commercial - Restaurant - install a 8' and 20' Hood system w/ make-up air			mit Fee: Cost of Work: \$17,500.00		00.00	EO District: 2]
					FIRE DEPT: Approved		INSPECT Use Grou	SPECTION: se Group: Type		
Proposed Project Description: install a 8' and 20' Hood system w/ make-up air			-		Signature:		,	CT (P.A.D.)		
					Signa	iture:		D	ate:	
Permit Taken By:Date Applied For:Ldobson09/28/2009				Zoning Approval						
1. This permit application does not preclude the		Special Zone or Review		ews	ws Zoning Appeal		H	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			Variance			Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			Does Not Require Revie	
 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 			Flood Zon		Conditional Us			Requires Review		
			Subdivision		Interpretatio			Approved		
			🗌 Sit	te Plan		Approve	ed		Approved w/	Condition
			Maj [Mino MM		Denied			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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 408 FOREST AVE	Owner Name: MIHALAKIS DESPINA & THEODO		Owner Address: 61 MAIN ST	Phone:		
Business Name:	Contractor Name: Lebels Sheet Metal		Contractor Address: 221 Lincoln Street Lewiston		Phone 2072124019	
Lessee/Buyer's Name	Phone:]	Permit Type: Hood Systems, Commen	rical	Z	Zone:
Dept:ZoningStatus:ANote:1)1)The maximum noise allowances us regulations.2)All conditions on the original perm3)Separate permits shall be required4)This permit is being approved on work.	hit are still in force. for any new signage.	ALL BE met at		rtland strictly en	Ok to Issue: forces the sou	ınd
Dept: Building Status: A Note: 1) Equipment must be installed in co	pproved with Condition			Approval Dat	e: 11/10 Ok to Issue:)/2009 ☑
2) The Hood shall be installed per IMC 2003 and NFPA 96 This permit is approved based on the plans submitted and updated for reductions in the cleaances based on the application of a UL approved fire wrap or equivalent assembly per code.						
 Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans. 						
Dept: Fire Status: A Note: 1) Install shall comply with all manu 2) Install shall comply with NFPA 96 A compliance letter is required		ns Reviewer:	Capt Keith Gautreau	Approval Dat	e: 10/06 Ok to Issue:	5/2009 V
Comments: 11/10/2009-jmb: Left vcmsg with Paul Called back to confirm there is 18" to -jmb:				ing has masonry	walls. Paull I	R.

CERTIFICATION

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО