City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				Pe	Permit No:Issue Date:07-0890		e:	CBL: 125 M003001	
Location of Construction: 646 FOREST AVE			Owner Address: PO BOX 324				Phone:		
Business Name:	s Name: Contractor Name: Lebels Sheet Metal			Contractor Address: 221 Lincoln Street Lewiston				Phone 2072124019	
Lessee/Buyer's Name	Phone:				it Type: od Systems, C	ommerical			Zone:
Past Use: Commercial		Commercial Connected w/ Per 070589, install new hood syste		-	Appioved				Туре
Proposed Project Description: install new hood system for 1st floor cafe					STRIAN ACTI		proved w/C	D.)	Denied
Permit Taken By: ldobson	Date Applied For: 07/24/2007	Zoning Approval							
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		S Zoning Appeal			Historic Preservation		
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 Subdivision		Conditional Us			 Requires Review Approved 		
		Sit	te Plan			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: 646 FOREST AVE	Owner Name: COLIN GREIG GENER		Owner Address: PO BOX 324		Phone:	
		AL CONTRA			DI	
Business Name:	Contractor Name: Lebels Sheet Metal		Contractor Address: 221 Lincoln Street Lewi	ston	Phone 207212401	19
Lessee/Buyer's Name	Phone:		Permit Type: Hood Systems, Comme	erical		Zone:
Dept: Zoning Status: A	pproved with Condition	ns Reviewer	: Marge Schmuckal	Approval Dat	te: 07/	/30/2007
Note:			C		Ok to Issu	e: 🔽
1) This permit is being approved on work.	the basis of plans subm	itted. Any devi	ations shall require a sep	arate approval b	efore starting	ng that
2) This hood shall meet the noise req generated shall not exceed sixty (6 not exceed fifty-five (55) decibels when complaints are received.	50) decibels on the A sca	ale. And betwee	n the hours of 9:00 pm ar	nd 7:00 am noise	generated s	shall
Dept: Building Status: A	pproved with Condition	ns Reviewer	: Jeanine Bourke	Approval Dat	te: 10/	/03/2007
Note:					Ok to Issu	e: 🗹
1) All penetratios through rated asse ASTM 814 or UL 1479, per IBC 20	-	ed by an approv	ed firestop system instal	led as tested in a	ccordance	with
2) The Hood shall be installed per IM This permit is approved based on approved fire wrap or equivalent a	the plans submitted and	l updated for re	ductions in the cleaances	based on the app	plication of	a UL
 Separate permits are required for a Separate plans may need to be sul 	• • •	•				
4) This permit is approved based on	the plans submitted as o	of 10/3/07				
Dept: Fire Status: A Note:	pproved with Condition	ns Reviewer	: Capt Greg Cass	Approval Dat	te: 09/ Ok to Issu	/03/2007 e: ☑
 Install shall comply with NFPA 96 A compliance letter is required 						
Comments: 7/30/2007-jmb: Sent email to John Os the details.	sie, FMCadd for details.	see attached er	nail with permit docs. Jo	hn said that LeBe	el's would s	ubmit
9/12/2007-jmb: Left msg at LeBel's for	Paul to call me					
9/12/2007-jmb: Paul Roy called back						
9/13/2007-jmb: Paul Roy called, the h what was needed. He will contact FM separation system for submittal.						
		CERTIFICATIO	DN			
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit.	record of the named pro make this application a work described in the a	operty, or that that the second se	ne proposed work is authors agent and I agree to con sued, I certify that the cod	form to all applic le official's autho	cable laws orized repres	of this sentative

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction: 646 FOREST AVE			Owner Address: PO BOX 324	Phone:	
Business Name:	Contractor Name: Lebels Sheet Metal		ntractor Address:Phone21 Lincoln Street Lewiston20721240		.9
Lessee/Buyer's Name	Phone:		Permit Type: Hood Systems, Commerical		Zone:

9/18/2007-jmb: Received email with drawings from John O.

9/19/2007-jmb: Emailed John O. With review response and additional requirements

9/28/2007-jmb: Received revisions via email from John O., the plans still do not show the specs on the wall assembly, the distance of exhaust to air intake and the spec on the reduction to combustible.

10/3/2007-jmb: Received the new plans showing the shaft wall construction, this will need to be reconstructed in the field, ok to issue

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