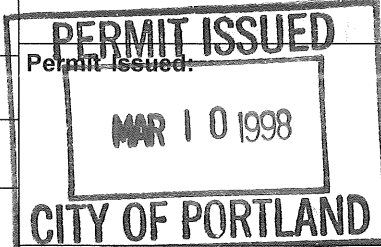


| | | | | | | | |
|---|--|--|--|--|--|---------------------------------|--|
| Location of Construction: 701 Forest Ave | | Owner: Kite Aid of Maine, Inc. | | Phone: | | Permit No: 980196 | |
| Owner Address: P.O. Box 3165 Harrisburg, MA 01710 | | Lessee/Buyer's Name: | | Phone: | | Business Name: | |
| Contractor Name: Sprinkler Systems, Inc. | | Address: R.O. Box 1285 Lewiston, ME 04243 | | Phone: 782-0104 | | Permit Issued: MAR 10 1998 | |
| Past Use: Dept Store | | Proposed Use: Same | | COST OF WORK: \$ 9,000.00 | | PERMIT FEE: \$ 65.00 | |
| | | | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | |
| | | | | Signature: <i>[Signature]</i> | | Signature: | |
| Proposed Project Description: Install Sprinkler System | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | |
| | | | | Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> | | | |
| Permit Taken By: Mary Gresik | | | | Date Applied For: 04 March 1998 | | | |
| | | | | Signature: _____ Date: _____ | | | |



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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

04 March 1998

SIGNATURE OF APPLICANT *Via Mail* ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zone: CBL: 129-B-003

Zoning Approval: *3414*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

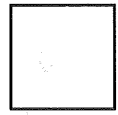
Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT



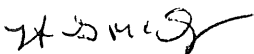
PORTLAND FIRE DEPARTMENT

Review Date: 3/9/98 Contractor: Sprinkler Systems, Inc

Address: 701 Forest Ave. CBL: _____

Please note marked Conditions of Approval

- * The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm per sq ft of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4" copper or 1" steel. Maximum coverage area of a residential sprinkler in 144 sq ft per sprinkler.
- * All required fire alarm systems shall have the capacity of zone disconnect via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
- * All remote annunciators shall have a visible trouble indicator along with the fire alarm zone indicators.
- * Any master box connected to the municipal fire alarm system shall have a supervised municipal disconnect switch.
- * All master box locations shall be approved by the Fire Dept. Director of Communications.
- * A master box shall be located so that the center of the box is five feet above finished floor.
- * All master box locations are required to have a Knox box.
- * A fire alarm acceptance report shall be submitted to the Portland Fire Department.
- * All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Protection and Regulation (Chapter 691).
- * No cutting of tanks on site. Cutting of tanks to be done at an approved disposal site.
- * The fire dispatcher must be notified at least 48 hrs in advance of removal or transportation of tanks.
- * All above ground L/P tanks shall be located in accordance with NFPA 58 standards.
- * Any tank located near the path of vehicle movement shall be protected.
- * All piping shall be protected from possible mechanical damage and vandalism.
- * A 4" storz fire department connection is required.
- * Any renovation of sprinkler system over 20 heads must have State Fire Marshall approval.
- ⊛ A sprinkler performance test shall be submitted to the P.F.D. after completion of work.
- * State Fire Marshall approval is required for this project.


Lt. Gaylen Mc Dougall
Portland Fire Prevention Bureau

SPRINKLER SYSTEMS INC.

P.O. Box 1285
LEWISTON, ME 04243-1285

Letter of Transmittal

(207) 782-0104 FAX (207) 783-4865

| | |
|-----------------------|------------------|
| DATE 2-24-98 | JOB NO. 98013 |
| ATTENTION | |
| RE: Portland Ride Aid | |
| | |
| | |
| | |
| | |
| | |

TO City of Portland Code Enforcement
32 Thomas Drive
Portland, ME.

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

| COPIES | DATE | NO. | DESCRIPTION |
|--------|---------|-----|---------------|
| 2 | 2-2-98 | | Plans |
| 1 | 2-23-98 | | calls. |
| 1 | 2-24-98 | | check \$65.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO File

SIGNED: Jane Davis