Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIP	AL	FRON [®]	TAGE	OF W	/ORK	
Please Read		C	HTY	O	F POR		LAN	D			
Application An Notes, If Any,	d		BU				ION				
Attached				P	PERMI			PER	Mhuper	SSUE	ED
This is to certify	y that CITY ()	F PORTLA	ND /Firesat	qui	ome					0010	
haa permission	toInstall a	Non-Water	based fire s	res	sion tem in	hen			AUG 17		
AT _152-OCEA	ŅAVE						CE 137	A008001	ity of Po	rtland	·
	hat the perso						Pung	una her	11111 3110	in comp	ly with all
-	visions of the uction, main				nd of the Quildings and						
this depart	•	lenance	anu use		andings and	1 50) N	u ies	, anu or	me aht	meation	
	blic Works for st f nature of work ation.		Noti give befo lath	hd w his	buil g or pa	roc	st be cured eof is 1. 24	procure	ed by owr	occupancy ter before	this build-
			HOU		FICE IS REQUI						
	REQUIRED APPR		s		Such at Such as a state of the second se				/		
•				<u>a i n</u>		~) AT	K		
••								/ HA	\sim		
•	Department Name					~ ~ .			Building & Insp	ection Services	
			PENALT	r foi	R REMOVIN	GTH	IIS CARI				

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we are a construction with

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	, tyraine - Du	noing or Use.	Permit Application	on '''	mit No:	Issue Date:	CBL:		
389 Congress Stree	t, 04101 Tel:	(207) 874-8703	, Fax: (207) 874-87	16	10-0967		137 A	008001	
Location of Construction: Owner Name:				Owner Address:			Phone:		
152 OCEAN AVE CITY OF POI		RTLAND	389 (CONGRESS	<u>ST</u>				
Business Name:		Contractor Name		Contractor Address:			Phone		
		Firesafe Equip	Equipment		Box 1355 A	uburn	207784	2077847525	
Lessee/Buyer's Name		Phone:			t Type:	a .		Zone:	
		<u> </u>		Fire	Suppression			<u> </u>	
Past Use:		Proposed Use:		Permi	it Fee:	Cost of Work:	CEO District:		
Ocean Ave Elementa	шу		ementary - Install a sed fire suppression		\$40.00	\$2,000.00			
		system in kitch		FIRE	_		PECTION:	Туре:	
				ļ	Ľ	Denied		type.	
				*	See Cou	Arriana	NEDAN	1	
Proposed Project Descri	otion:			-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- H	1	
Install a Non-Water	-	ession system in	kitchen	Signat	ure: NG) Sign	nature:		
		·		PEDE	STRIANACT	VITIES DISTRIC	Т (Р.А.Д. 🌱	$\overline{}$	
				Action	1: 🗋 Арргом	ved [] Approved	d w/Conditions	Denied	
					L **		_		
			r <u> </u>	Signa			Date:		
Permit Taken By: Idobson		Applied For:)9/2010			Zoning	Approval			
			Special Zone or Rev	iews	Zoni	ng Appeal	Histopic Pr	eservation	
1. This permit app Applicant(s) fro			Shoreland		[] Varianc		F Not in Die	trict or Landma	
Federal Rules.						~			
2. Building permit	s do not include	plumbing.	Wetland		[] Miscella	incous	Does Not I	Require Review	
septic or electric								-	
3. Building permit	s are void if wo	rk is not started	Flood Zone		Conditional Use		Requires Review		
within six (6) m	onths of the date	e of issuance.	{				{		
False information may invalidate a building permit and stop all work		Subdivision		Interpretation		Approved			
permit and stop	ali wurk					_			
			Site Plan			ed		w/Conditions	
PERI	MIT ISS	LIED	 Mai 🗔 Minar 🗆 🛶 🛛		Denied		 	\frown	
•			Maj Minor	<u>"</u>				4	
A.			Date:	フ	Date		Date:	7	
A	UG 17 2010				Date:		Date:		
		1	9/12/10				•		
Cit	y of Portland	ł	l						
		-							
-	-								
			CERTIFICAT	ION					

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, Ma	aine - Building or Use Permit	t		Date Applied For:	CBL:	
89 Congress Street, 04	4101 Tel: (207) 874-8703, Fax: (207) 874-8716	10-0967	08/09/2010	137 A008001	
Location of Construction:	Owner Name:	[Owner Address:		Phone:	
152 OCEAN AVE CITY OF PORTLAND			389 CONGRESS ST	Г		
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Firesafe Equipment		P.O. Box 1355 Aub	u r n	(207) 784-7525	
Lessee/Buyer's Name	Phone:		Permit Type:			
		1 {	Fire Suppression S	ystem	.	
Proposed Use:		Propose	d Project Description:			
system in kitchen						
Dept: Zoning Note:	Status: Approved	Reviewer:	Marge Schmuckal	Approval I	Date: 08/12/2010 Ok to Issue: ✓	
Dept: Building Note:	Status: Approved	Reviewer:	Tammy Munson	Approval I	Date: 08/17/2010 Ok to Issue: ✓	
Dept: Fire Note:	Status: Approved with Condition	ns Reviewer:	Capt Keith Gautre	au Approval I	Date: 08/13/2010 Ok to Issue: 🔽	
•	with NFPA 96.	ns Reviewer:	Capt Keith Gautre	au Approval I		
Note: 1) Install shall comply v A compliance letter is 2) A letter of compliance	with NFPA 96.	I inspection stati	ng:			

PERMIT ISSUED

AUG 17 2010

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City of Portland

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X Final inspection required at completion of work performed by the Fire Department.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

AUG 1 7 2010

CBL: 137 A008001

Building Permit #: 10-0967

City of Portland

- 689- 4806-Joe Platch-Installer



Non-Water-Based Fire Suppression System Permit

If you or the property owner owes real estate or property taxes or user charges on any property within the city, payment arrangements must be made before permits of any kind are accepted.

Installation address: OCEAN AVE	_ CBL: /37A8
Exact location: (within structure) KITCHEN	
Type of occupancy(s) (NFPA & ICC): SCHOOL	
Building owner: CITY OF PORTLAND	
Managing Supervisor: DAVE CHAPMAN	License No: N/A
Supervisor phone: 207-784-7525	E-mail: dchapman@fire-safe.com
Installing contractor: FIRESAFE EQUIPMENT	License No: N/A
Contractor phone: 207-784-7525	E-mail: dchapman@fire-safe.com96
The suppression work to be done will be: New: 💽 Renov	vation: O Addition to existing system: O
This is an amendment to an existing permit: Yes: O NO	Permit no:
System Type: RANGE GAURD/WET	COST OF WORK: 2000.00
NFPA Standard: <u>96</u> Edition: 2008	PERMIT FEE: 40.00
*Non-NFPA systems are not approved for use within the City of Portland.	(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)
Download a new copy of this document from <u>www.portlandmaine.gov/fire</u> for every submittal. Attach all working	
documents as required on electronic PDF's in <u>addition</u> to	GEIVED
full sized plans.	RECEIVED AUG - 9 2010
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	L CDEV
Submit all information to the Building Inspections Department, 389 Cor	AUG Dept. of Building Inspections Dept. of Portland Maine
Submit all information to the Building Inspections Department, 389 Cor	ngress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire protection system, a complete commissioning and acceptance test must be coordinated with

all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with NFPA and the Fire Department Technical Standard(s).

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Applicant signature:		-10
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