City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				-	Pe	ermit No: Issue Date: 09-0741		CBL: 137 C003001		
Location of Construction:Owner Name:799 Forest AveSang Sothearan		n P Oum &		Owner Address: 10 Duquette St			Phone:			
Business Name: Contractor Nam Blue Cold Distr				Contractor Address: 323 Pine Point road Scarborough			ıgh	Phone 2078850107		
Lessee/Buyer's Name Phone:				Permit Type: Hood Systems, Commerical				Zone:		
Commercial restauant "Acropolis" Comm			pposed Use: pmmercial - restaurant -			nit Fee: \$120.00	Cost of Wo \$13,0	00.00	CEO District: 4	
		Sargon - Inst System	"Saigon" - Install Type I Hood System		Approved			SPECTION: se Group: Type		
Proposed Project Description: Install Type I Hood System				PEDESTRIAN ACTIVITIES DIST		TRICT (
					Action Approved Approv			proved w	ed w/Condition Denied Date:	
Permit Taken By:Date Applied For:tmm07/16/2009			Zoning Approval							
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		ews	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			Conditional Us			Requires Review	
					Interpretatio			Approved		
			Site Plan		Approved			Approved w/Condition		
			Maj 🗌	Mino 🗌 MM		Denied			Denied	
			Date:			Date:		D	Pate:	

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:	Owner Name:		Owner Address:	Phone:			
799 Forest Ave	Sang Sothearan P Oum &		10 Duquette St				
Business Name:			Contractor Address:	Phone			
	Blue Cold Distributors		323 Pine Point road Scarborough		2078850107		
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:		
			Hood Systems, Commer				
Dept: Zoning Status: A Note:	Approved with Condition	ns Reviewer:	Ann Machado	Approval Dat	te: 07/ Ok to Issue	/17/2009 e: ☑	
1) Separate permits shall be required for any new signage.							
Dept: Building Status:	Approved with Condition	ns Reviewer:	Chris Hanson	Approval Dat	t e: 07/	/31/2009	
Note: Ok to Issue: 🗹						e: 🔽	
 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. 							
 Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process. 							
Dept: Fire Status: A	Approved with Condition	ns Reviewer:	Capt Keith Gautreau	Approval Dat	t e: 07/	/22/2009	
Note:					Ok to Issu	e: 🔽	
1) Install shall comply with all many	afacture's specifications.						
2) Install shall comply with NFPA 9 A compliance letter is required	5.						

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