

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |                    |                            |
|------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>10-0869 | <b>Issue Date:</b> | <b>CBL:</b><br>137 C009001 |
|------------------------------|--------------------|----------------------------|

|  |   |  |                            |
|--|---|--|----------------------------|
| <b>Location of Construction:</b><br>843 Forest Ave | <b>Owner Name:</b><br>FOREST AVENUE BUILDING LL | <b>Owner Address:</b><br>849 FOREST AVE            | <b>Phone:</b>              |
| <b>Business Name:</b>                              | <b>Contractor Name:</b><br>Firesafe Equipment   | <b>Contractor Address:</b><br>P.O. Box 1355 Auburn | <b>Phone</b><br>2077847525 |
| <b>Lessee/Buyer's Name</b>                         | <b>Phone:</b>                                   | <b>Permit Type:</b><br>Fire Suppression System     | <b>Zone:</b>               |

|  |  |   |  |                           |
|--|--|---|--|---------------------------|
| <b>Past Use:</b><br>Commercial Retail  | <b>Proposed Use:</b><br>Retail Bakery per Cof U permit #10-0492/ Install non-water-based suppression system. | <b>Permit Fee:</b><br>\$40.00   | <b>Cost of Work:</b><br>\$1,800.00     | <b>CEO District:</b><br>4 |
| <b>Proposed Project Description:</b><br>Install non-water-based suppression system                                       |  | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group: Type: |                           |
|  |  | Signature:  | Signature:                             |                           |
| <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>   |  |   |  |                           |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |  |   |  |                           |
| Signature: Date:   |  |   |  |                           |

|                               |  |                        |  |  |
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| <b>Permit Taken By:</b><br>gg | <b>Date Applied For:</b><br>07/22/2010 | <b>Zoning Approval</b> |  |  |
|-------------------------------|--|------------------------|--|--|

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|---|---|---|---|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>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.

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|                        |         |      |       |
|------------------------|---------|------|-------|
| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
|------------------------|---------|------|-------|

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|   |      |       |
|---|------|-------|
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | DATE | PHONE |
|---|------|-------|

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|--|---|--|----------------------------|
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| <b>Lessee/Buyer's Name</b>                         | <b>Phone:</b>                                   | <b>Permit Type:</b><br>Fire Suppression System     | <b>Zone:</b>               |

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 07/22/2010

**Note:** **Ok to Issue:**

- 1) This property shall remain a retail bakery per the change of use permit # 10-0492. Any change of use shall require a separate permit application for review and approval.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 08/03/2010

**Note:** **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 07/29/2010

**Note:** **Ok to Issue:**

- 1) A letter of compliance will be required at the time of final inspection stating:  
the date the system was tested for operation, fuel gas shut off, and fire alarm connection if applicable.
- 2) Hood suppression system shall comply with NFPA 17A, 96, and UL 300. Activation of the suppression system shall activate the fire alarm system if available. A puff test is required. The Class K fire extinguisher and proper signage should be located at the suppression system pull station.

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE