Cit	y of Portland, Mai	ne - Buil	ding or Use 1	Permi	t Application	ı P	ermit No:	Issue Date	:	CBL:	
389	Congress Street, 041	01 Tel: (2	207) 874-8703	, Fax: ((207) 874-871	5	10-0869			137 C0	09001
Location of Construction: Owner Name:						Owner Address:				Phone:	
			FOREST AVE	ENUE BUILDING LL			849 FOREST AVE				
Busi	ness Name:		Contractor Name: Firesafe Equipment			Contractor Address:				Phone	
						P.O. Box 1355 Auburn				20778475	2077847525
Less	ee/Buyer's Name	Phone:			Permit Type:					Zone:	
						Fir	re Suppression	n System			
Past Use: Proposed Use:						Permit Fee:		Cost of Wor	Cost of Work: CEC		
				Bakery per Cof U permit #10-			\$40.00		00.00	00 4	
			0492/ Install non-water-based suppressionsystem.			FIRE DEPT: Approved II		INSPEC	NSPECTION:		
								Use Gro	Use Group: Type:		
								,			
Prop	posed Project Description:										
Ins	tall non-water-based sup	pressionsy	ystem						Signatur	•	
						PEDESTRIAN ACTIVITIES DISTRICT (P.A.			A.D.)		
						Action: Approved Approved w/Conditions				Conditions	Denied
									Deter		
			T		Signature:				Date:		
	nit Taken By:		plied For:			Zoning Approval					
gg	07/22/201			Special Zone or Revie		ws Zoning Appeal			Historic Preservation		
1.	1 11 1								Historic Freservation		
	Applicant(s) from mee Federal Rules.	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			Variance			Not in District or Landmark	
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Review			
3.		Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditional Use			Requires Review	
False information may invalidate a building permit and stop all work				☐ Subdivision ☐ Site Plan			☐ Interpretation			Approved	
	-						Approved			Approved w/Conditions	
				Maj [Minor MM	Denied			Denied		
				Date:			Date:		Da	Date:	
							1				
				C	CERTIFICATI	ON					
that this repr	reby certify that I am the I have been authorized jurisdiction. In addition resentative shall have the e(s) applicable to such p	by the owr n, if a perm e authority	ner to make this nit for work desc	applica cribed in	tion as his authon the application	orizeo i is is	d agent and I assued, I certify	agree to con that the co	form to de offici	all applicable al's authorized	laws of
SIG	NATURE OF APPLICANT				ADDRES	S		DATE		PHO	NE

	FOREST AVENUE B Contractor Name: Firesafe Equipment	UILDING LL	849 FOREST AVE Contractor Address:		Phone	
	Firesafe Equipment					
			P.O. Box 1355 Auburn		2077847525	5
	Phone:		Permit Type:	7	Zone:	
			Fire Suppression System	n		
Status: A	Approved with Condition	ns Reviewer	Marge Schmuckal	Annroval Dat	te: 07/22	/2010
Status. 1	ipproved with condition	is iterievel	· Warge Semindenar			V
11	11.1 4.1	c	10.0402 4 1 6			_
		of use permit #	10-0492. Any change of	use shall require	a separate	
on for review and	approval.					
Status: A	Approved with Condition	ıs Reviewer	: Jeanine Bourke	Approval Date	te: 08/03/	/201
2000	-FF	2201201102	• • • • • • • • • • • • • • • • • • • •			
11 1		1 A	1 ' C			
	information provided by	y applicant. Any	deviation from approved	d plans requires	separate revi	ew
ioi to work.						
Status: A	Approved with Condition	ns Reviewer	: Capt Keith Gautreau	Approval Da	te: 07/29	/2010
				(Ok to Issue:	✓
liance will be rec	uired at the time of final	l inspection stat	ing.			
	•		•	ble.		
on system shall co	omply with NFPA 17A,	96, and UL 300	. Activation of the suppr	ession system sh	nall activate t	he
n if available. A	puff test is required. Th	e Class K fire e	xtinguisher and proper si	gnage should be	located at th	e
11	Status: A roval based upon rior to work. Status: A bliance will be recem was tested for system shall co	status: Approved with Condition roval based upon information provided by rior to work. Status: Approved with Condition of the condition of th	status: Approved with Conditions Reviewer roval based upon information provided by applicant. Anyrior to work. Status: Approved with Conditions Reviewer Re	Status: Approved with Conditions Reviewer: Marge Schmuckal mall remain a retail bakery per the change of use permit # 10-0492. Any change of the conformation for review and approval. Status: Approved with Conditions Reviewer: Jeanine Bourke moval based upon information provided by applicant. Any deviation from approved for to work. Status: Approved with Conditions Reviewer: Capt Keith Gautreau movements of the conditions of the suppose on system shall comply with NFPA 17A, 96, and UL 300. Activation of the suppose the conditions of the conditions of the suppose the conditions of the co	Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Da nall remain a retail bakery per the change of use permit # 10-0492. Any change of use shall require on for review and approval. Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Da roval based upon information provided by applicant. Any deviation from approved plans requires rior to work. Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Da oliance will be required at the time of final inspection stating: em was tested for operation, fuel gas shut off, and fire alarm connection if applicable. on system shall comply with NFPA 17A, 96, and UL 300. Activation of the suppression system sh	Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 07/22/Ok to Issue: all remain a retail bakery per the change of use permit # 10-0492. Any change of use shall require a separate on for review and approval. Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 08/03/Ok to Issue: roval based upon information provided by applicant. Any deviation from approved plans requires separate revierior to work. Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 07/29/Ok to Issue:

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 APPLICANT	ADDRESS	DATE	PHONE