389 Congress Street, 04101 Tel: (207) 874-8703			3, Fax: (20/) 8/4-8/			140 C012001		
Location of Construction: Owner Name: 182 Ocean Ave Berenson Jack			Owner Address: M 39 Lawn Ave			Phone:		
Business Name: Contractor Name				Contractor Address	 	207-773-1062 Phone		
		uipement of Maine	75 York Street P		2077737376			
Lessee/Buyer's Name Phone:			Permit Type:	Ortiana .	Zone:			
				Hood Systems,		<u></u>		
Past		Proposed Use:		Permit Fee:	Cost of Work:			
Gro	ocery Store/Sandwich Shop	Whew local ex	/Sandwich Shop	\$58.00	\$4,450.00			
Prop	osed Project Description:			▼ Approved	PECTION: Group: Aype	, 02		
Rep	place existing local exhaust s	ystem		Signature: PEDESTRIAN ACT		ature: (III)	\triangleleft	
				Action: Appro	oved Approved	w/Conditions Deni	ied	
				Signature:		Date:	<u>.</u>	
jm	· i	Oate Applied For: U8/19/2002	Zoning Approval					
1.			Special Zone or Revi	r Reviews Zoning Appeal		Historic Preservation		
1.	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance ☐ Miscellaneous		Not in District or Landma	
2.			Wetland	Miscell				
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		☐ Flood Zone ☐ Conditional Use		ional Use	Requires Review		
			Subdivision		etation	Approved		
			Site Plan	Approv	/ed	Approved w Condi	itions	
			Maj Minor MM Denied			Denied Denied		
			Date: 4 27 1 Date:			Date:		
			CERTIFICATI	ION				
l hav jurise shall	eby certify that I am the own we been authorized by the own diction. In addition, if a peri- have the authority to enter a permit.	ner to make this appli mit for work described	ication as his authorize d in the application is i	d agent and I agree ssued. I certify that	to conform to all the code official	applicable laws of this authorized represent	is tative	

2-0938

All Purpose Building Permit Application

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

Total Square Footage of Proposed Structu 2600	- <u> </u>	Square Footage of Lot 3500		
Tax Assessor's Chart, Block & Lot Chart#/40 Block# (Lot#/2	Owner: 7	adc Berenson		Telephone: 207773/62
Lessee/Buyer's Name (If Applicable) Applicant name, address & telephone: GARY Beress on 39 Ldwn Ave Portion, he 773-10				ost Of Ork: \$ 4450 - e: \$ 58 -
Current use: Grovery store and s If the location is currently vacant, what wo	and wich.			ORC+ SANA
Approximately how long has it been vaca Proposed use: REPCACE Project description:	int: $\frac{Q}{Exc}$	MONTHS. SFNG LOG SYST	A	L EX44 U
Contractor's name, address & telephone:			1	
Who should we contact when the permit Mailing address:	\sim	estaurant Eguipa	B	9 mare 1450 15
We will contact you by phone when the preview the requirements before starting ar and a \$100.00 fee if any work starts before	permit is reac ny work, with	ly. You must come in and a Plan Reviewer. A stop	d pick work	up the permit and order will be issued

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the province the province to this permit.

	DEPICITY
Signature of applicant: GARY P Berenson	Date: 8 - 12-19 2004
This is NOT a permit, you may not commence AN	IY work until the permit is itsube.

re in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Half.



Restaurant Equipment of Maine

P.O. Number

75 York Street Portland, Maine 04101 207-773-7376 fax 207-874-8074

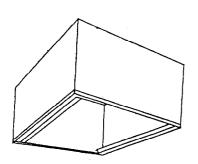
Purchase Order

TO: Ve Name Address City Phone	endor Name	State FAX:	ZIP		Date Order No. Rep FOB		
Qty	I+EM#	Descriptio	n		Unit Price	TOTAL	
the	PCropa	, 00	182	OCC	D AVE	Porthad	
is Repl	06,39	AN OLD	GAL	NAW 17	rp 8 F	HOOD	
W174	A Neu	N 8 #	STAIN	Less S	Tech b	400D USIJ	S
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DROP/SHIP	TO:		7	Shippi Taxes	SubTotal ng & Handling State		
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				Cus	tomer Phone No	ımber:	

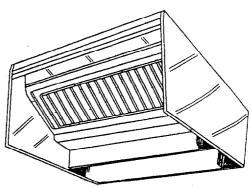


CUSTOM HOODS

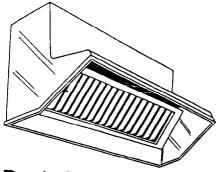
We Manufacture It All With No Extra Lead Time



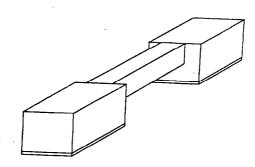
Condensate Hood



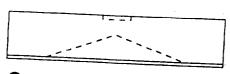
Pizza Canopy



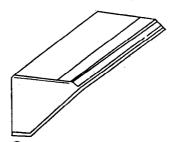
Back Shelf Ventilator



Conveyor Canopy #3



Conveyor Canopy #2



Concession Trailer Hood

AMERICAN HOOD SYSTEMS, INC.

Call Factory For Pricing 440-365-4567









