	y of Portland, Maine -		O			Pe	ermit No: 09-1230	Issue Dat	e:	CBL: 142 C0	01001	
	Congress Street, 04101	Tel: (2		Fax: (2	207) 874-8716						01001	
Location of Construction: 1025 FOREST AVE			Owner Name: NEPTUNE PROPERTIES INC			Owner Address: 120 EXCHANGE ST				Phone:		
			Contractor Name: High Tech Fire Proctection			Contractor Address:				Phone 20799825	551	
			Phone:	re Proctection		P.O. Box 156 Minot Permit Type:				2019962.	Zone:	
							e Suppression	System				
	Use:		Proposed Use:					Cost of Wo				
Commercial Office Connected w/permit#09-0909				ffice - accommodate sting fire suppression		\$70.00   FIRE DEPT:			00.00 4 INSPECTION:			
			system for new space					Approved Denied	Use G		Type	
Dnor	posed Project Description:											
_	commodate and adjust exist	ing fire	suppression sys	stem for new space		Signature:		Signature:				
arra	angement					PEDESTRIAN ACTIVITIES DIST			FRICT (			
						Action Approved Approv			proved w	ved w/Condition Denied		
						Signa	ature:			Date:		
Permit Taken By: Date Applied F Ldobson 11/02/2009			_	Zoning Approval								
1.	This permit application does not preciapplicant(s) from meeting applicable Federal Rules.  Building permits do not include plumb septic or electrical work.		preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation			
			able State and	☐ Sh	Shoreland		☐ Variance			Not in District or Landr		
2.			lumbing,	☐ Wetland			Miscellaneous			Does Not Require Revie		
3.	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 Zon			Conditional Us			Requires Review		
				Subdivision			☐ Interpretatio			Approved		
				Site Plan			Approved			☐ Approved w/Condition ☐ Denied		
				Мај [	Mino MM	☐ Denied						
				Date:			Date:		D	Date:		
I ha	reby certify that I am the over the converse of the converse o	owner to	make this appli	med pro	as his authorized	ne pro d ager	oposed work is nt and I agree	to conform	by the	owner of reco	of this	
shal	I have the authority to ente											
SIG	NATURE OF APPLICAN				ADDRES	S		DATE	Ξ	]	PHO	

Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC		Owner Address: 120 EXCHANGE ST	Phone:	
Business Name:	Contractor Name: High Tech Fire Proctection		Contractor Address: P.O. Box 156 Minot	Phone 2079982551	
Lessee/Buyer's Name	Phone:		Permit Type: Fire Suppression System	Zone:	

**Dept:** Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 11/03/2009 **Note: Ok to Issue:** ✓

1) This property shall remain Back Offices as defined in the Zoning Ordinance. This is NOTapproved as a general office use. 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:
 11/10/2009

 Note:
 Ok to Issue:
 ✓

1) Sprinkler systems to be designed and installed per IBC 2003 standards Sec. 903.3.1

 Dept:
 Fire
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 11/02/2009

 Note:
 Ok to Issue:
 ✓

- 1) Sprinkler protection shall be maintained.
  - Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 3) Any cutting or welding operations require a seperate permit from the Fire dept.
- 4) The sprinkler system shall be installed in accordance with NFPA 13.
- 5) Application requires State Fire Marshal approval.
- 6) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

## 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	PHO