

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED		Permit No: 02-0334	CBL: 171 A005001
----------------------	--	--------------------	------------------

Location of Construction: 901 Washington Ave	Owner Name: Brown J B & Sons	Owner Address: Po Box 207	Phone:
Business Name:	Contractor Name: Interstate Fire Protection	Contractor Address: P.O. Box 4788 Augusta	Phone: 8006499881
Lessee/Buyer's Name	Phone:	Permit Type: Building Miscellaneous	Zone: B-2

Past Use: office building	Proposed Use: fire suppression system	Permit Fee:	Cost of Work: \$39,200.00	CEO District:
Proposed Project Description: install fire suppression system		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2c	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 4/29/02	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: jodinea	Date Applied For: 04/10/2002	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MIM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: <i>[Signature]</i>	Date: _____	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.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

02-0334

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.

Location/Address of Construction: <u>901 WASHINGTON AVE</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>171</u> Block# <u>A</u> Lot# <u>005</u>	Owner: <u>J.B. BROWN + SONS</u> <u>PO BOX 207 PORTLAND 04103</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>DRMS</u>	Applicant name, address & telephone: <u>INTERSTATE FIRE PROTECTION BOX 4788</u> <u>AUGUSTA, ME 04330</u>	Cost Of Work: \$ <u>39,200</u> Fee: \$ <u>303.00</u>
Current use: <u>INSURANCE MANAGEMENT</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>OFFICE BUILDING</u>		
Project description: <u>EMERGENCY CLEAN AGENT FIRE SUPPRESSION SYSTEM FOR DATA ROOM / F.P. ROOM & FILE STORAGE ROOM</u>		
Contractor's name, address & telephone: <u>WRIGHT RYAN PORTLAND, ME</u>		
Who should we contact when the permit is ready: <u>INTERSTATE FIRE PROTECTION TX</u>		
Mailing address: <u>PO BOX 4788 AUGUSTA, ME 04330</u> <u>200-649-9881</u> <u>Call</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

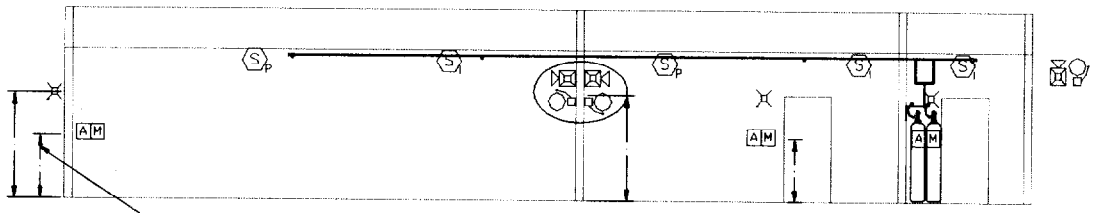
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 provisions of the codes applicable to this permit.

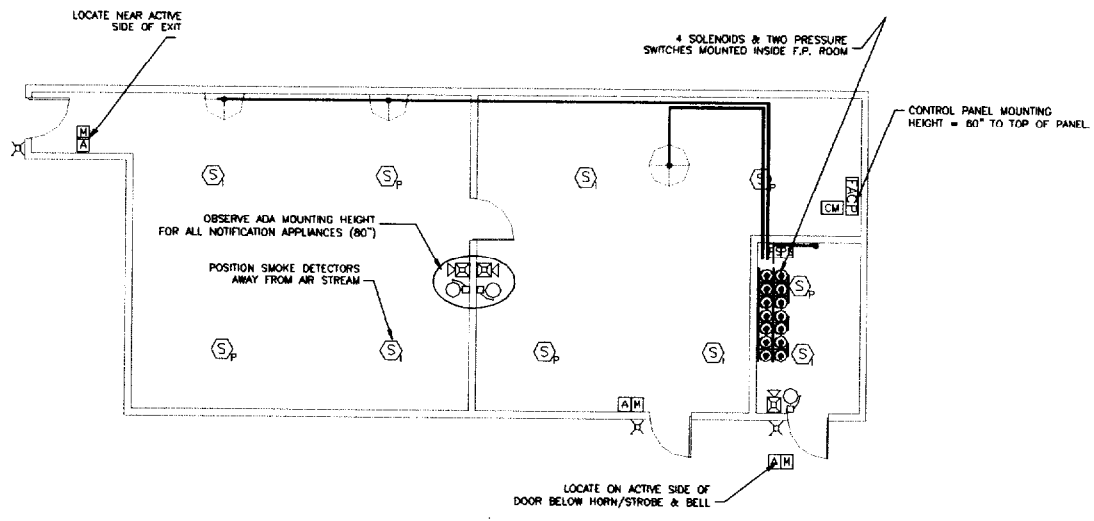
Signature of applicant: <u>[Signature]</u>	Date: <u>4-8-02</u>
--	---------------------

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

11x17



OBSERVE ADA MOUNTING HEIGHTS FOR NOTIFICATION APPLIANCES (80") AND INITIATING DEVICES (48").



LOCATE NEAR ACTIVE SIDE OF EXIT

4 SOLENOIDS & TWO PRESSURE SWITCHES MOUNTED INSIDE F.P. ROOM

CONTROL PANEL MOUNTING HEIGHT = 80" TO TOP OF PANEL

OBSERVE ADA MOUNTING HEIGHT FOR ALL NOTIFICATION APPLIANCES (80")

POSITION SMOKE DETECTORS AWAY FROM AIR STREAM

LOCATE ON ACTIVE SIDE OF DOOR BELOW HORN/STROBE & BELL

