

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080006
MAY 15 2008
CITY OF PORTLAND

This is to certify that DELTA AIR LINES INC DEPT 852 CORP TAX TBD
has permission to interior renovations for 2 Jetport restaurants - 1 upper level - 1 lower level
at 1001 WESTBROOK ST CBL 208 A001002

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Craig
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 08-0394	Issue Date:	CBL: 208 A001002
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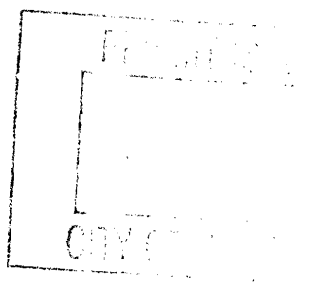
Location of Construction: 1001 WESTBROOK ST	Owner Name: DELTA AIR LINES INC DEPT 85	Owner Address: PO BOX 45852	Phone:
Business Name:	Contractor Name: Arene Contracting, LLC	Contractor Address: 3070 Windward Plz, Suite 265 Portlan	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Hood Systems, Commerical	Zone: A13

Past Use: Portland International Jetport - Restaurants- Connected w/ permit# 08-0006	Proposed Use: Portland International Jetport - Restaurants- Connected w/ permit# 08-0006 - Hood System over cooking equipment north side	Permit Fee: \$110.00	Cost of Work: \$8,698.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 96	INSPECTION: Use Group: A2 Type: Type II Hood DMC-2003	

Proposed Project Description: Hood System over cooking equipment north side	Signature: <i>Corea Cas</i>	Signature:
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: ldobson	Date Applied For: 04/22/2008	Zoning Approval
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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"/> MM <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>04/23/08</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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1001 WESTBROOK ST CBL 208 A001002

Issued to DELTA AIR LINES INC DEPT 852 CORP TAX/Aarene Cont Date of Issue 06/16/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 08-0006, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Shipyard Restaurants 1st and @ 2nd Floors

Restaurant, Type II, Use Group A-2, IMC+ IBC 2003

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

6/16/08 *[Signature]*
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 0 Fore River Pkwy CBL 075 A005001

Issued to LANDMARCK HEALTHCARE FACILITIES/Ledgewood Co Date of Issue 02/28/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1802, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

BASE BUILDING

4 STORY MEDICAL OFFICE BUILDING
B, TYPE 2B
IBC 2003

Limiting Conditions: Temporary Cof O until July 1,2008, until site work is complete. The implementation and maintainance of the revised site utilization/const. Management plan dated Feb. 20,2008., must be followed.

This certificate supersedes certificate issued

Approved:

2/28/08 *[Signature]*
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.