City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						rmit No: 09-0904	Issue Date:		CBL: 027 A00	CBL: 027 A001001	
Location of Construction: Owner Name:			Owner		ner Address:			Phone:			
			TREET LLC			FORE ST STE					
Business Name:			Contractor Name: Denali Fire Protection Inc			Contractor Address: 78 Roller Rink Oxford			Phone 2075394226		
		Phone:			Permit Type: Fire Suppression System				Zone:		
Past Use: Commercial / POWER PAY		Proposed Use: Commercial / "	Proposed Use: Commercial / "POWER PAY" - Fire Suppression System Permit		Permit Fee: Cost of Wo \$340.00 \$32,89						
		Suppression S			Approved			NSPECTION: Jse Group: Type			
Proposed Project Description: "POWER PAY" - Fire Suppression System Permit						Signature:		Signature:			
					Action Approved Approved Approved						
			Signature:			norea w	Date:				
	mit Taken By: lobson	Date Applied For: 08/21/2009		Zoning Approval							
1.	This permit application do	oes not preclude the	Spec	cial Zone or Revi	ews	Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may inv permit and stop all work		Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition		
			Maj Mino MM			☐ Denied			☐ Denied		
			Date:			Date:		D	Date:		
I ha juri sha	ereby certify that I am the over twe been authorized by the of sdiction. In addition, if a pe Il have the authority to ente uch permit.	owner to make this appliermit for work described	med projection in the	as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	o conform t se code offic	o all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	SNATURE OF APPLICAN			ADDRES	S		DATE		P	НО	

Location of Construction: 320 CUMBERLAND AVE	Owner Name: 25 PREBLE STREET LLC		Owner Address: 280 FORE ST STE 301	Phone:	
Business Name:	Contractor Name: Denali Fire Protection Inc		Contractor Address: 78 Roller Rink Oxford	Phone 2075394226	
Lessee/Buyer's Name	Phone:		Permit Type: Fire Suppression System		Zone:

Dept: 08/25/2009 Zoning Status: Approved **Reviewer:** Marge Schmuckal **Approval Date:** Ok to Issue: Note: 08/28/2009 Dept: **Building Status:** Approved with Conditions Reviewer: Chris Hanson **Approval Date:** Note: Ok to Issue: 1) Suppression system must meet Section 903 of the IBC 2003 Dept: Fire **Status:** Approved with Conditions Reviewer: Capt Keith Gautreau **Approval Date:** 08/26/2009 Note: Ok to Issue:

- 1) The Fire Department will require knox locking caps on all Fire Department Connections on the exterior of the building.
- 2) 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.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 4) The sprinkler system shall be installed in accordance with NFPA 13.

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO