

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 031084

Please Read Application And Notes, If Any, Attached

This is to certify that Portland Housing Authority/ Heating and Ventilating
has permission to Install Kitchen Ventillation, Exhaust and Fire Systems
AT 1 Josslyn St 274 H001001

provided that the person or persons firm or person accepting this permit shall comply with all of the provisions of the Statutes of this State 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.

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

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

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 10/2/03
Director - Building & Inspection Services

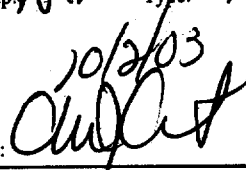

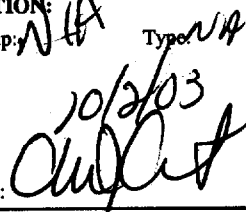
PENALTY FOR REMOVING THIS CARD

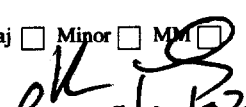
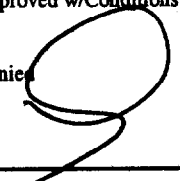
City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1084	Issue Date:	CBL: 274 H001001
-----------------------	-------------	---------------------

Location of Construction: 1 Josslyn St	Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd	Phone: 774-6837
Business Name:	Contractor Name: Aero Heating and Ventilating	Contractor Address: 378 Presumpscot Portland	Phone: 2077612092
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: RS

Past Use: Daycare Center/Commercial	Proposed Use: Daycare Center/Commercial	Permit Fee: \$111.00	Cost of Work: \$9,453.00	CEO District: 3
Proposed Project Description: Install Kitchen Ventillation, Exhaust and Fire Systems		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: N/A Type: N/A 10/2/03 Signature: 	
		Signature: 	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: gad	Date Applied For: 09/04/2003	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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"/> Date:  9/10/03	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 Date:	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"/> Denie  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



Commercial 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>1 Josslyn Street</u> Sagamore Village/21 Popham St., Portland, ME		
Total Square Footage of Proposed Structure Existing	Square Footage of Lot Existing	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>274 H 001</u>	Owner: Portland Housing Authority	Telephone: Prop Contact: Shani McGill 774-6837
Lessee/Buyer's Name (If Applicable) PROP Program Attn: Linda Lajoie	Applicant name, address & telephone: Aero Heating & Ventilating 378 Presumpscot Street Portland, ME 04103 (207) 761-2092	Cost Of Work: <u>\$9,453.00</u> Fee: <u>\$111.00</u>
Current Specific use: <u>Daycare Center</u>		
Proposed Specific use: <u>Same</u>		
Project description: Providing Materials & labor for kitchen ventilation and exhaust systems with Fire Protection system.		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Pete Collard</u> Mailing address: Aero Heating & Ventilating, Inc. 378 Presumpscot Street Portland, ME 04103 Phone: (207) 761-2092		

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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>Peter T. Collard</u>	Date: <u>09/03/03</u>
---	-----------------------

Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

Proposal AERO HEATING & VENTILATING 378 PRESUMPCOT STREET PORTLAND, ME 04103 (207) 761-2092		Proposal No. 1 R Sheet No. 1 Date: 6.19.03
Proposal Submitted To		Work To Be Performed At
<i>Name</i> : Prop—Attn: Linda Lajoie		<i>Street</i> Sagamore Village
<i>Street</i> : 510 Cumberland Ave.		<i>City - State</i> Westbrook, ME
<i>City</i> : Portland		<i>Date of Plans</i>
<i>State</i> : ME 04101		<i>Architect</i>
<i>Telephone Number</i> : 1-800-698-4959		New Construction
<i>We hereby propose to furnish all materials and perform all labor necessary for the completion of:</i> work is to be completed with in 60 days of acceptance Kitchen exhaust system with Fire Protection system.		
<i>All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workman like manner for the sum of Dollars (\$ 9,453.00) Nine thousand four hundred fifty three dollars and no cents.</i>		
<i>With payments to be made as follows: 50% deposit / 50% net 30 days after completion</i>		
<i>Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strike~, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by:</i>		
<p style="text-align: right;"> <i>Respectfully submitted: _____ Pete Collard</i> <i>Per: _____ Aero Heating & Ventilating, Inc.</i> </p>		
<i>Note - This proposal may be withdrawn by us if not accepted within 30 days</i>		
ACCEPTANCE OF PROPOSAL		
<i>The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.</i>		
<i>Accepted</i>		
<i>Signature-</i>		<i>Date-</i>

CAPTIVE-AIRE HOODS ARE BUILT IN COMPLIANCE WITH NFPA #96 AND ARE RECOGNIZED BY NSF INTERNATIONAL.

CAPTIVE-AIRE HOODS / MODEL 9624 HAS OPTIONS CLEARANCE REDUCTION SYSTEMS AVAILABLE AS FOLLOWS:

NATIONAL	CLEARANCE REDUCTION SYSTEM
NON-COMBUSTIBLE	NONE REQUIRED
LIMITED-COMBUSTIBLE	3" UNINSULATED STANDOFF
COMBUSTIBLE	3" INSULATED STANDOFF

- TABLE 1**
- ALL ELECTRICAL TESTS CONDUCTED AND RELATED INTERPRETATIONS BY LICENSED CONTRACTOR.
 - ALL FINISHES TESTS CONDUCTED AND RELATED INTERPRETATIONS BY LICENSED CONTRACTOR.
 - ALL ARCHITECTS SHOULD CONSULT WITH LICENSED CONTRACTOR.
 - IF LONG FINISHES LOCATED AND WELDED WIPERS REMOVED AS SHOWN ON PLAN.
 - ALL CONDUITS MUST BE CAPED AND GROUND FOR THE PLANE BY LICENSED CONTRACTOR.
 - ALL HOODS SHALL BE INSTALLED BY CAPING-INC. ALL ELECTRICAL WIRING FOR THE PLANE. INTERFERENCES SHOULD BE MARKED AND TO SURFACE BY LICENSED CONTRACTOR.
 - LIGHT FOR HOOD PROVIDED BY INSTALLING CONTRACTOR.
 - SEALING JOINTS ARE RESPONSIBILITY OF INSTALLING CONTRACTOR.
 - INSTALLER CONFIRMS ABOVE ALL RELATED RESPONSIBILITY FOR VERIFICATION OF DIMENSIONS. SEE ALSO HOOD ON THIS DRAWING FOR RELATED DIMENSIONS AND DIMENSIONS OF HOOD DIMENSIONS TO VERIFY HOOD TO FIT. RELEASE FOR PRODUCTION OF MANUFACTURING.
 - SEAL AND "OFFICIAL" COPY OF THE DRAWING MUST BE RETURNED BY THE CUSTOMER PRIOR TO COMMENCEMENT OF CONSTRUCTION.
 - MINIMUM HOOD DIMENSIONS AS SHOWN ON DRAWING.

GENERAL NOTES

CUSTOMER APPROVAL TO MANUFACTURE:

Approved as Noted

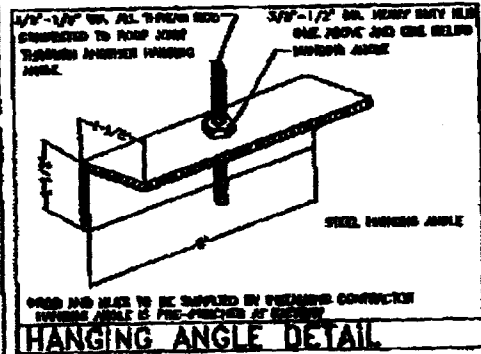
Approved with NE Exception Taken

Revised and Resubmitted

SIGNATURE: *[Signature]*

Your Title: _____ Date: 8/20/03

IT IS THE RESPONSIBILITY OF THE ARCHITECT/OWNER TO ENSURE THAT THE HOOD CLEARANCE FROM LIMITED-COMBUSTIBLE AND COMBUSTIBLE MATERIALS IS IN COMPLIANCE WITH LOCAL CODE REQUIREMENTS

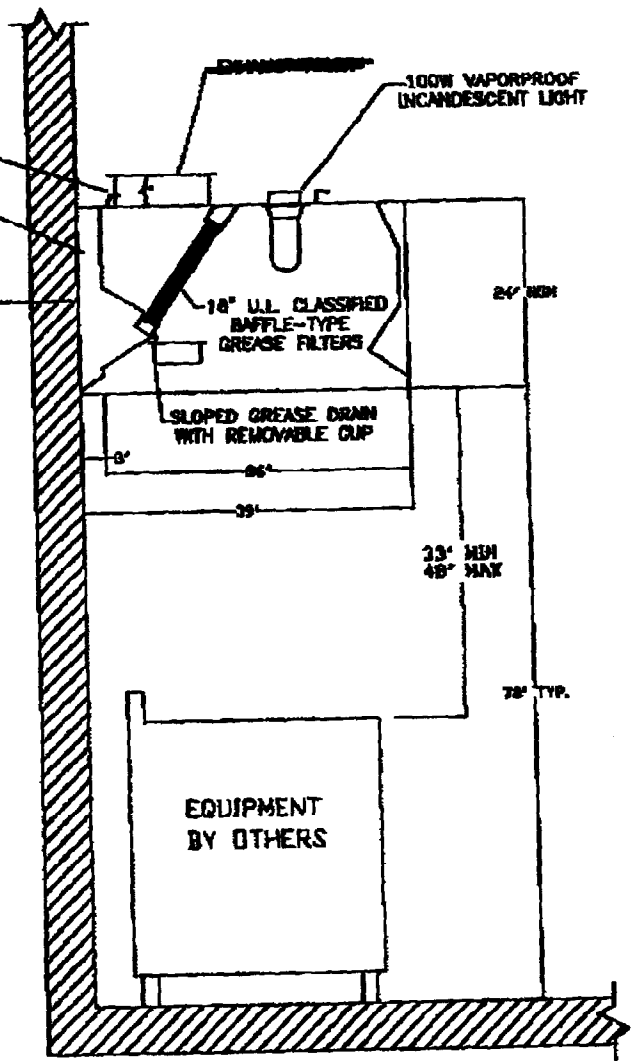


HANGING ANGLE DETAIL

CALCULATIONS UTILIZED

DESIGN CFM - LENGTH OF HOOD X GREASEY LOAD	
SUPPLY CFM - DESIGN CFM X PERCENTAGE REQUIRED	
TOTAL DUCT AREA - 140 X	$\frac{CFM}{1200}$
DUCT LENGTH -	$\frac{TOTAL DUCT AREA}{DUCT DEPTH}$

* CAPTIVE-AIRE VENTILATION HOODS ARE CALCULATED BASED ON MAXIMUM VELOCITY OF 1000-1200 FPM AND A SUPPLY VELOCITY OF 1000 FPM. PLEASE CONSULT FACTORY FOR MAXIMUM ALLOWABLE HOOD SIZES



SECTION VIEW - MODEL 9624-ND



JOB Prop	
LOCATION	
DATE 08/20/2003	JOB # 0
DWG # Prop	DRAWN BY SAC
REV. 1.00	SCALE 8.5" x 11"

AUG-21-2003 12:28 KLUENERS REVISED

HOOD INFORMATION

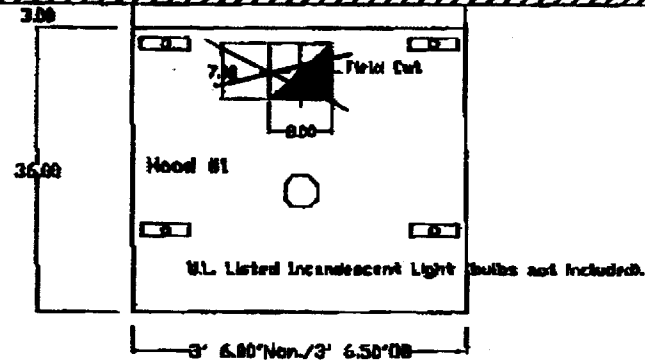
HOOD NO.	MODEL	LENGTH	MAX. COOKING TEMP.	EXHAUST PLENUM					SUPPLY PLENUM					HOOD CONSTRUCTION	HOOD CONFIG.		
				TOTAL EXHL CFM	WIDTH	LENG.	RISERS DIA.	CFM	S.P.	TOTAL SUP. CFM	WIDTH	LENG.	RISERS DIA.		CFM	S.P.	END TO END
1	3624 HB	3' 6.00" Non. 3' 6.50" OD	450 Deg	613	7'	8'		613	-0.1M"	0					304 SS 100%		
2	3624 HB	3' 6.00" Non. 3' 6.50" OD	450 Deg	613	7'	8'		613	-0.1M"	0					304 SS 100%		
3	3624 HB	3' 6.00" Non. 3' 6.50" OD	450 Deg	613	7'	8'		613	-0.301"	0					304 SS 100%		

HOOD INFORMATION

HOOD NO.	FILTER(S)			LIGHT(S)			UTILITY CABINET(S)				FIRE SYSTEM PIPING	HOOD WEIGHT	
	TYPE	QTY	HEIGHT	LENGTH	QTY	TYPE	TYPE	SIZE	ELECTRICAL MODEL #	SWITCHES QUANTITY			LOCATION
1	Alum. Baffle w/ Handles	2	16"	20"	2	Incandescent Light (Bulbs not included).						NO	223 LBS.
2	Alum. Baffle w/ Handles	2	16"	20"	2	Incandescent Light (Bulbs not included).						NO	223 LBS.
3	Alum. Baffle w/ Handles	2	16"	20"	2	Incandescent Light (Bulbs not included).						NO	223 LBS.

HOOD OPTIONS

HOOD NO.	OPTION
1	BACK STANDOFF 3' Wide
2	BACK STANDOFF 3' Wide
3	BACK STANDOFF 3' Wide



PLAN VIEW - 3' 6.00" LONG 3624ND

CUSTOMER APPROVAL TO MANUFACTURE:

Approved as Noted

Approved with NO Exception Taken

Revise and Resubmit

SIGNATURE: *[Signature]*

Your Title: OWNER Date: 8/29/03



JOB	Prop
LOCATION	
DATE	08/20/2003
JOB #	0
DWG #	Prop
DRAWN BY	SAC
REV.	1.00
SCALE	8.5" x 11"