City of Portland, Maine - Build 389 Congress Street, 04101 Tel: (2		rmit No: 06-1434	Issue Date:		CBL: 326 B00	CBL: 326 B009001			
Location of Construction: Owner Name:				Owne	Owner Address: 100 INDUSTRIAL WAY			Phone:	
Business Name: Contractor Na Langford & L		me:		Contractor Address: PO Box 662 Portland				Phone 2077975141	
Lessee/Buyer's Name Phone:		Permit Type: Commercial			Zone		Zone:		
Past Use: Vacant Proposed Use: Commercial 12 Plant		2,350 sf bldg Brewing			Permit Fee: Cost of Wo \$12,995.00 \$1,289,10 FIRE DEPT: Approved Denied)2.00 5 INSPECTION:		Туре
Proposed Project Description: 12,350 sf bldg Brewing Plant					STRIAN ACTI		,	.A.D.)	Denied
			Action Approved Appro				Date:		
Permit Taken By: Date Applied For: 09/26/2006				Zoning Approval					
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, 		Special Zone or Reviews Shoreland		Zoning Appeal Variance		[Historic Preservation Not in District or Landn		
		☐ Wetland		Miscellaneou			☐ Does Not Require Revie		
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			☐ Flood Zon		Conditional Us			Requires Review	
			Subdivision		☐ Interpretati			Approved	
		Site Plan			Approved			Approved w/Condition	
			Ma Mino M		Denied			☐ Denied	
			Date:		Date:			Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are to such permit.	make this appli work described	med proication a	as his authorized application is is	ne prop d agen sued, I	t and I agree t certify that th	o conform to ne code office	o all app cial's aut	plicable laws of horized repres	of this sentative
SIGNATURE OF APPLICAN			ADDRES	S		DATE	E	P	НО

50 INDUSTRIAL WAY	50 INDUSTRIAL WA	YLLC	Owner Address: 100 INDUSTRIAL WA	Y	Phone:		
Business Name:	Contractor Name:		Contractor Address:	Phone			
	Langford & Low, Inc.		PO Box 662 Portland	2077975141			
Lessee/Buyer's Name	Phone:		Permit Type:		Zo	one:	
			Commercial				
Dept: Zoning Stat	us: Approved with Condition	ns Reviewer	: Marge Schmuckal	Approval Dat	te: 10/03/2	2006	
Note:					Ok to Issue:	✓	
1) This permit is being approve that work.	red on the basis of plans subm	nitted. Any devi	ations shall require a sep	parate approval b	efore starting		
2) Separate permits shall be re	quired for any new signage.						
Dept: Building Stat	us: Pending	Reviewer	: Mike Nugent	Approval Dat	te:		
Note:					Ok to Issue:		
Dept: Fire Stat	us: Approved with Condition	ns Reviewer	: Cptn Greg Cass	Approval Dat	te: 10/04/2	2006	
Note:	as. Tippioved with Condition	ns reviewer	· Cpin Greg Cass		Ok to Issue:	Δ	
					0 == 10 ====	_	
2) Fire Alarm system shall com	only with NFPA 72						
-							
3) Application requires State I							
4) All means of egress shall te	rminate at a public way						
Comments:							
10/3/2006-mes: need a stamped	approved site - e-mailed Jean	F.					
10/11/2006-ldobson: Left mess	age w/ design professional - N	/like Hayes - nee	d Geo report, statement	of special inspect	ions per MJN		
10/30/2006-gg: Plans have issu	es:						
Wood frame stairs not allowed	in type 2 construction						
open risers not allowed need UL lsitings for fire separat	ion assemblies						
need "fire glass" info (ASTM T							
Need Com Check							
Need Steel AISC Cert. Need Mechanical/Plumbing and	l electrical plans						
Spoke with Both Langford and	_						
Spoke with Both Langiord and	Lowe and write Hayes.						
		CERTIFICATIO	N)				
I hereby certify that I am the ow				orized by the ow	ner of record a	nd that	
I have been authorized by the ov	vner to make this application	as his authorized	l agent and I agree to cor	nform to all appli	cable laws of th	his	
jurisdiction. In addition, if a per							
shall have the authority to enter to such permit.	an areas covered by such per	iiiit at any reasoi	nable nour to enforce th	e provision of the	z code(s) applic	cable	

ADDRESS

SIGNATURE OF APPLICAN

DATE

PHO