

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, if Any, Attached

CITY OF PORTLAND

Permit Number: 051297

OCT 8 2004

PERMIT ISSUED

This is to certify that Ross S Byrl Enterprises Inc/ Interstate Fire Protection

has permission to add dry chemical fire suppression system and canopy

AT 1911 Forest Ave

327A A006001

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 when permission procured before this building or part thereof is occupied or otherwise closed-in. 4 HOUR NOTICE REQUIRED.

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

#### OTHER REQUIRED APPROVALS

Fire Dept. Corey Cass PFD 9-9-05

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

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

<b>Permit No:</b> 05-1297	<b>Issue Date:</b>	<b>CBL:</b> 327A A006001
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<b>Location of Construction:</b> 1911 Forest Ave	<b>Owner Name:</b> Ross S Byrl Enterprises Inc	<b>Owner Address:</b> Po Box 1646	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Interstate Fire Protection	<b>Contractor Address:</b> PO Box 187 Augusta	<b>Phone</b> 8006499881
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Fire Suppression System	<b>Zone:</b>

<b>Past Use:</b> Commercial/7 eleven	<b>Proposed Use:</b> 7 Eleven/ add dry chemical fire suppression system to Gas Island Canopy	<b>Permit Fee:</b> \$84.00	<b>Cost of Work:</b> \$6,500.00	<b>CEO District:</b> 5
<b>Proposed Project Description:</b> add dry chemical fire suppression system to Gas Island Canopy		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 09/07/2005	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zon  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>  Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Us  <input type="checkbox"/> Interpretatio  <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma  <input type="checkbox"/> Does Not Require Revie  <input type="checkbox"/> Requires Review  <input type="checkbox"/> Approved  <input type="checkbox"/> Approved w/Condition  <input type="checkbox"/> Denied  Date:
	Date:	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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<b>Location of Construction:</b> 1911 Forest Ave	<b>Owner Name:</b> Ross S Byrl Enterprises Inc	<b>Owner Address:</b> Po Box 1646	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Interstate Fire Protection	<b>Contractor Address:</b> PO Box 187 Augusta	<b>Phone</b> 8006499881
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Fire Suppression System	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Not Applicable	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 09/30/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 09/30/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 09/09/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Install as designed, with NFPA 17 as referance.			

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\_\_\_\_\_  
SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO

\_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

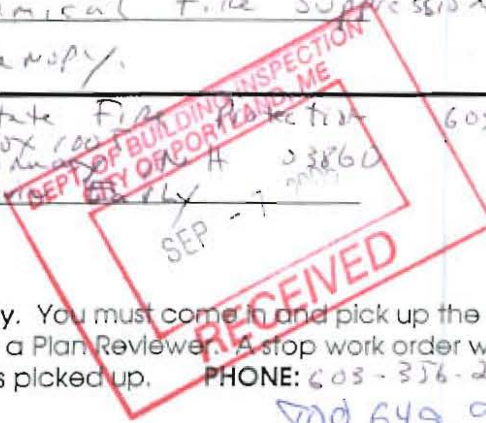
\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO

# 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>1917 Forest Ave, Portland</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>327</u> Block# <u>AA</u> Lot# <u>6</u>	Owner: <u>7/11 Stores</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Interstate Fire Protection</u> <u>P.O. Box 1005</u> <u>N2. Co. Hwy, NH 03860</u> <u>603-356-2407</u>	Cost Of Work: \$ <u>6,500</u> Fee: \$ <u>840/00</u>
Current use: <u>Retail convenience / Gas station</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Installation of Dry chemical fire suppression system</u> Project description: <u>in Gas Island canopy.</u>		
Contractor's name, address & telephone: <u>Interstate Fire Protection</u> <u>603-356-2407</u> <u>P.O. Box 1005</u> <u>N2. Co. Hwy, NH 03860</u>		
Who should we contact when the permit is ready: <u>Ken Early</u>		
Mailing address: <u>SAME</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. <b>PHONE: 603-356-2407</b> <u>700 649 9881</u>		



**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: Ken Early      Date: 9/7/05

**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 4<sup>th</sup> floor of City Hall



September 9, 2005

Lannie Dobson  
CITY OF PORTLAND  
PLANNING & DEVELOPMENT DEPARTMENT  
389 Congress Street  
Portland, ME 04101

RE: 7-11 Convenience Store, 1917 Forest Ave., Portland, ME

Lannie,

Pursuant to your request, please find a set of plans for a Gas Island Fire Suppression System my company plans to install at the above captioned location.

Should you require additional information, please do not hesitate to contact me at 1-800-717-6454.  
Thank you for your attention to this matter.

Sincerely,

Kevin A. Early (SIC-TM)  
Kevin A. Early  
INTERSTATE FIRE PROTECTION

KE:tm  
Encl.

OS 1297  
327AA6



# CITY OF PORTLAND, MAINE

Department of Building Inspections

20

Received from Timothy Dale Tree Protection

Location of Work 1917 Forest

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 81<sup>00</sup>/00

Building (IL) \_\_\_\_\_ Plumbing (15) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other Fire System

CBL: 227AA6

Check #: 9201

Total Collected \$ 81<sup>00</sup>/00

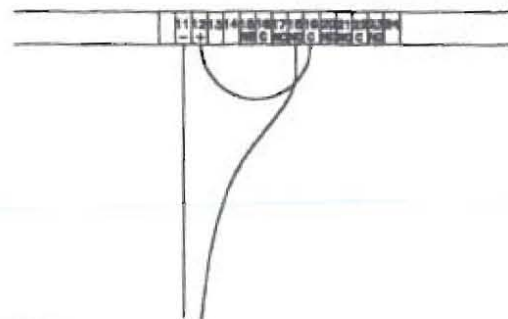
## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

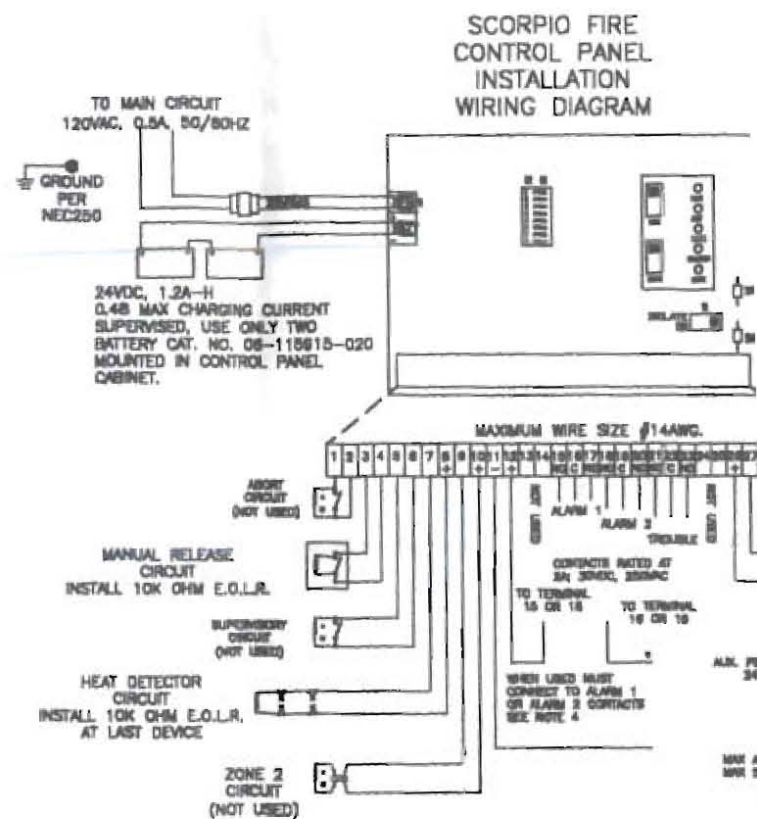


PUMP SHUT-DOWN RELAY WIRING

24VDC- FROM TERMINAL 11  
TO RELAY FOR PUMP SHUTDOWN.  
24VDC+ FROM TERMINAL 18  
(ALARM #2).  
CONNECT 24VDC+ FROM  
TERMINAL 12 TO COMMON  
ALARM #2 (TERMINAL 18.)

### JUNCTION BOX REQUIREMENTS

QTY.	DEVICE	BACK BOX REQUIREMENT
2	THERMAL	2 X 4" OUTDOOR
1	MANUAL STATION	SINGLE GANG / DOUBLE DEEP
0	ABORT STATION	SINGLE GANG / DOUBLE DEEP
0	BELLS	4" SQUARE
0	HORN/STROBE	4" SQUARE
0	STROBE ONLY	4" SQUARE
1	6 PIN RELAY	4" SQUARE
0	XPC-5 MODULE	BB-25 (PROVIDED)
0	KEYED MAINT. SWITCH	4" SQUARE WITH W/T ADAPTER
0	SOLENOID ACTUATORS	SINGLE GANG W./ FLEX CONDUIT



### NOTES:

1. END OF LINE RESISTORS ARE 10K OHM.
2. MAXIMUM NUMBER OF HEAT DETECTORS
3. THE NON-SUPERVISED AUX POWER CIRCUIT SUPPLY UP TO 0.25A TO POWER A COPY 24VDC. MORE THAN ONE RELAY MAY BE PUMP SHUT-DOWN, ALARM ACTIVATION.
4. THE TROUBLE CONTACTS ARE MARKED W NORMAL IN ITS NORMAL STATE.
5. ALL CIRCUITS MUST TERMINATE WITH END
6. LOAD ALL UNUSED CIRCUITS WITH END
7. INITIATING WIRING SHALL BE STYLE B ON OF CIRCUITS ALLOWED AT ANY TIME.

