

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1631 Issue Date: NOV 13 2006 CBL: 341 G021001			
Location of Construction: 2 CARRIAGE LN	Owner Name: DA BRACKETT & COMPANY INC	Owner Address: 84 COUNTRY LN	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Dwellings	Zone: R-5
Past Use: Duplex	Proposed Use: Duplex - install 1 500 Gallon propane tank	Permit Fee: \$35.00	Cost of Work: \$2,750.00
		CEC District: 5	INSPECTION: Use Group: R3 Type: SR IRC 2003
Proposed Project Description: install 1 500 Gallon propane tank		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: Jm 11/13/06
		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: Idobson	Date Applied For: 11/07/2006	Zoning Approval	

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"/> Date: 11/9/06	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"/> Denied Date:
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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

12-0938

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.

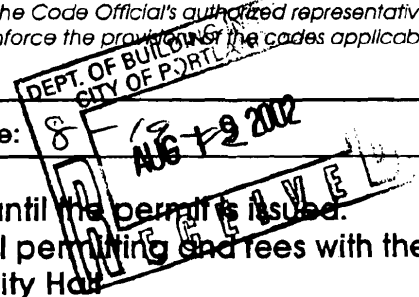
Location/Address of Construction: <u>182 Ocean Avenue</u>		
Total Square Footage of Proposed Structure <u>2600</u>	Square Footage of Lot <u>3500</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>140</u> Block# <u>C</u> Lot# <u>12</u>	Owner: <u>Jack Berenson</u>	Telephone: <u>2077731062</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>GARY Berenson</u> <u>39 Edna Ave</u> <u>Portland, ME 773-1062</u>	Cost Of Work: <u>\$4450-</u> Fee: \$ <u>50-</u>
Current use: <u>Grocery store and sandwich shop</u>		
If the location is currently vacant, what was prior use: <u>GROCERY STORE + SANDWICH SHOP</u>		
Approximately how long has it been vacant: <u>9 MONTHS.</u>		
Proposed use: <u>REPLACE EXISTING LOCAL EXHAUST SYSTEM</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Restaurant Equipment of Maine</u> <u>(450) 584</u>		
Mailing address: <u>CALL MR. BERENSON</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. PHONE: <u>2077731062</u>		

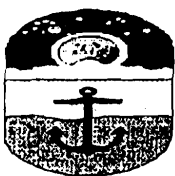
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>GARY P Berenson</u>	Date: <u>8-19 AUG 19 2002</u>
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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 4th floor of City Hall





Restaurant Equipment of Maine

75 York Street
Portland, Maine 04101
207-773-7376 fax 207-874-8074

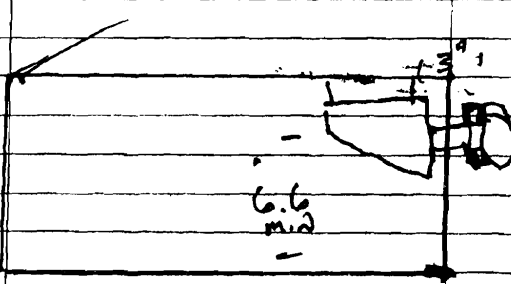
P.O. Number _____

Purchase Order

TO: Vendor Name _____

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ FAX: _____

Date _____
Order No. _____
Rep _____
FOB _____

Qty	ITEM #	Description	Unit Price	TOTAL
		The Property at 182 Ocean Ave Portland is Replacing An OLD GALVANIZED 8' HOOD WITH A NEW 8' STAINLESS STEEL HOOD USING EXISTING HOLE AND HANGER NO NEW CONSTRUCTION IS TAKING PLACE EXTERIOR BLOCK		
				

DROP/SHIP TO:

SubTotal _____
Shipping & Handling _____
Taxes _____ State _____

TOTAL \$ _____

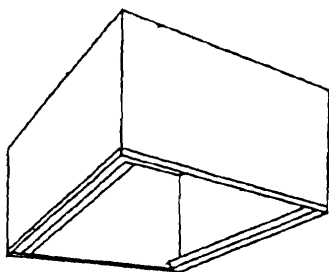
(Office Use Only) Customer Name _____

Customer Phone Number: _____

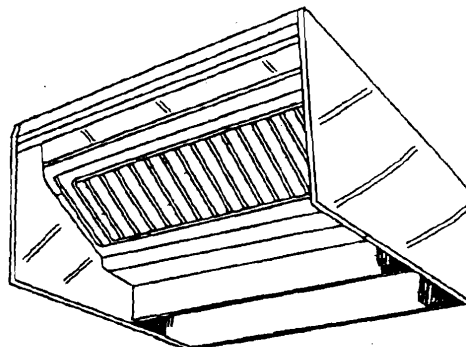


CUSTOM HOODS

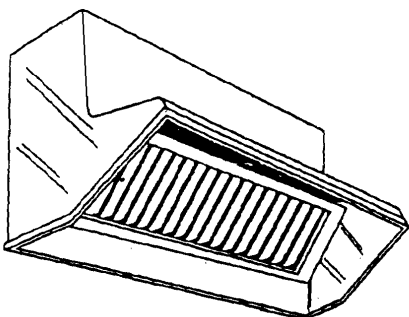
We Manufacture It All With No Extra Lead Time



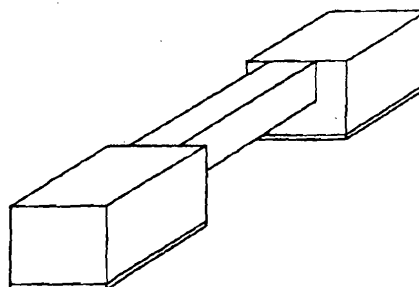
Condensate Hood



Pizza Canopy



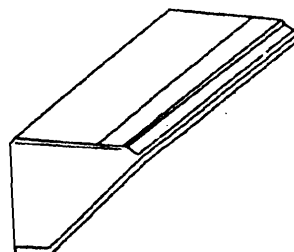
Back Shelf Ventilator



Conveyor Canopy #3



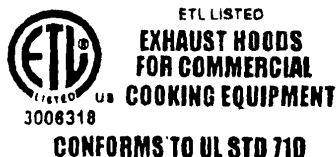
Conveyor Canopy #2



Concession Trailer Hood

AMERICAN HOOD SYSTEMS, INC.

Call Factory For Pricing **440-365-4567**



FANS

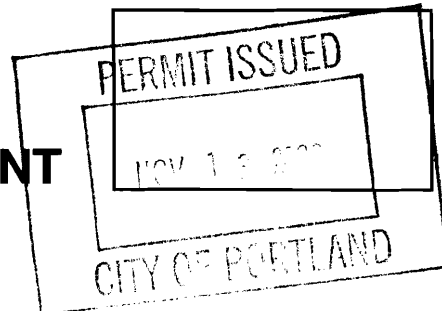


AMERICAN HOOD SYSTEMS, INC. • P.O. BOX 1377 • ELYRIA, OHIO 44036-1377
(440) 365-4567 • 1-800-854-3267 • FAX (440) 365-2100



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 341-6-21 Use of Building RESIDENTIAL Date 11-7-06
Name and address of owner of appliance DWIGHT BRACKETT
2A & 2B CARRAGE LANE
Installer's name and address DEAD RIVER COMPANY
PO BOX 467 SCARBOROUGH, ME 04074 Telephone 883-9515

Location of appliance:

- ☐ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☐ Gas ☐ Oil ☐ Solid

Appliance Name: _____U.L. Approved ☐ Yes ☐ No

Will appliance be installed in accordance with the manufacture's installation instructions? ☐ Yes ☐ No

IF NO Explain: _____**The Type of License of Installer:**

- ☐ Master Plumber # _____
☐ Solid Fuel # _____
☐ Oil # _____
☒ Gas # 1449
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined

Factory built _____

- ☐ Metal

Factory Built U.L. Listing # _____

- ☐ Direct Vent

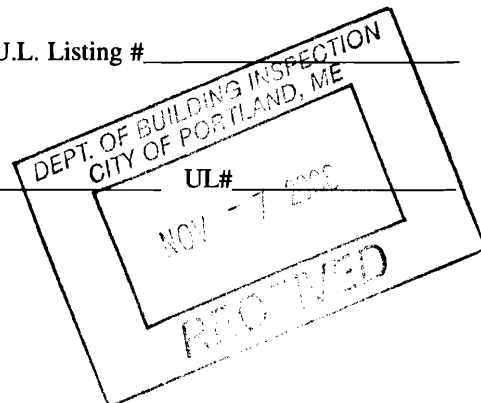
Type _____

Type of Fuel Tank

- ☐ Oil
☒ Gas

Size of Tank 500 GALLONNumber of Tanks 1Distance from Tank to Center of Flame +30 feet.Cost of Work: \$ 2750.00

Permit Fee: \$ _____

**Approved**

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- ☐ See attached letter or requirement

Signature of Installer DEAD RIVER COMPANY BY [Signature] Inspector's Signature _____ Date Approved _____

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

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Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone (207) 883-9515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Dwellings	

Proposed Use: Duplex - install 1 500 Gallon propane tank	Proposed Project Description: install 1 500 Gallon propane tank
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/09/2006
Note: **Ok to Issue:** ☒

Dept: Building **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 11/13/2006
Note: **Ok to Issue:** ☒

- 1) The installation must comply with the State of Maine Gas Regulations.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

