	y of Portland, Maine - B	U			Permit No:	Issue Date:	CBL:
	Congress Street, 04101 Te		, Fax: (207) 874-8		2013-01896		010 H004001
	ation of Construction: COVE ST	Owner Name: FLETCHER-F	Owner Name: FLETCHER-RITTER LLC		er Address: COVE ST POR	Phone:	
Business Name:		Cunningham S	Contractor Name: Cunningham Security Systems mperkins@cunninghamsecurity.c		ractor Address: Prince Point Road	Phone (207) 846-3350	
Lessee/Buyer's Name Mibile Fitness		Phone:	Phone:		it Type: e Alarm System	Zone:	
	Use:	Proposed Use:	Proposed Use:		nit Fee:	CEO District:	
Recreational use (personal trainer) and light industrial artists and warehousing		) Same: Recreat	Same: Recreational use, light industrial artists and warehousing		\$60.00 ECTION:	\$4,00	0.00 1
_	oosed Project Description: tallation of additional fire alary	n devices for "Mob	ile Fitness"				
			PEDESTRIAN ACTIVITIES DISTRICT		TIES DISTRICT (F	(P.A.D.)	
				Action: Approved App		ved Approved	d w/Conditions Denied
				S	ignature:		Date:
Pern bjs	nit Taken By: Dat		Zoning Approval				
1.	This permit application does		Special Zone or Reviews		Zoniı	ng Appeal	Historic Preservation
1.	Applicant(s) from meeting ap Federal Rules.		Shoreland		☐ Variance	e	Not in District or Landman
2.	Building permits do not incluseptic or electrical work.	<ul><li>☐ Wetland</li><li>☐ Flood Zone</li><li>☐ Subdivision</li></ul>		Miscella	aneous	Does Not Require Review	
3.	Building permits are void if within six (6) months of the control			Condition	onal Use	Requires Review	
	False information may invalid permit and stop all work			Interpre	tation	Approved	
			☐ Site Plan  Maj ☐ Minor ☐ MM ☐		Approve	ed	Approved w/Conditions
					Denied		Denied
			Date:		Date:		Date:
I ha juris shal	reby certify that I am the owne ve been authorized by the own sdiction. In addition, if a perm I have the authority to enter all n permit.	er to make this appl it for work describe	lication as his authored in the application	at the ized a is issu	proposed work in agent and I agreed ued, I certify that	to conform to a t the code officia	all applicable laws of this al's authorized representative
SIG	NATURE OF APPLICANT		ADDR	ESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARGE (	OF WORK, TITLE				DATE	PHONE