City of Portland, N		O			Permit No:	Issue Date:	CBL:
389 Congress Street,	04101 Tel: ((207) 874-8703	, Fax: (207) 874-8		2014-00010		013 G008001
Location of Construction: 229 CONGRESS ST		Owner Name: NAA PROPERTIES LLC			r Address: BOX 3793 POR 14	Phone:	
Business Name:		Contractor Name: Freedom Fire Protection, Inc wwales@maine.rr.com -Bill			actor Address: Quaker Ridge R 5	Phone (207) 627-4109	
Lessee/Buyer's Name		Phone:			t Type:	Zone:	
Past Use:		Proposed Use:		Fire Suppression Water Based Permit Fee: Cost of Work:			B2b CEO District:
1st floor (229 Congress) is retail; 1		Same: 1st floo			\$670.00	\$65,00	
Montgomery is 4 DU; 3 Montgomery is 4 DU; 5 Montgomery is 4DU		Montgomery is 4 DU; 3 Montgomery is 4 DU; 5 Montgomery is 4 DU		INSPECTION:			
Proposed Project Description							
install new fire sprinkle		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Signature: Date			(D. 4. D.)		
					1	Date:	
Permit Taken By: Date Applied For: 01/03/2014				Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoniı	ng Appeal	Historic Preservation
Applicant(s) from Federal Rules.	-			☐ Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	neous	Does Not Require Review
3. Building permits a within six (6) mon	e of issuance.	Flood Zone		Condition Condition	onal Use	Requires Review	
False information permit and stop all		e a building	Subdivision		Interpre	ation	Approved
			Site Plan		Approve	ed	Approved w/Conditions
			Maj Minor MM		Denied		Denied
			Date:		Date:		Date:
I have been authorized jurisdiction. In addition	by the owner on, if a permit f	to make this appl or work describe	lication as his authord in the application	hat the porized and is issue	proposed work i gent and I agree ed, I certify that	to conform to the code offici	y the owner of record and tha all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE