	y of Portland, Maine - Buil	O			Permit No:	Issue Date:	CBL:	
	Congress Street, 04101 Tel: (, Fax: (207) 874-8	716	2013-02551		013 L022001	
Location of Construction: 135 CONGRESS ST		Owner Name: CONGRESS 135 MARKET LLC		Owner Address: PO BOX 6285 CAPE ELIZABETH, ME 04107			Phone: H,	
Business Name:		Contractor Name: Sprinkler System, Inc Scottg@sprinklersystemsinc.com		Contractor Address: PO Box 1285 Lewiston ME 04243			Phone (207) 775-1521	
Lessee/Buyer's Name		Phone:		Permit Type: Fire Suppression Water Based			Zone:	
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
	floor retail with two dwelling ts above	Same: 1st floor retail with two dwelling units above (note #2013-02268 is to legalize another dwelling unit not issued yet)		\$120.00 \$10,000.00 INSPECTION:			00.00 1	
_	osed Project Description: tall a new NFPA #13R wet sprink	ler system.						
	1		PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved Approved		TIES DISTRICT (Γ (P.A.D.)		
					ved Approv	ed w/Conditions Denied		
				S	ignature:		Date:	
Permit Taken By: Date Applied For: 11/15/2013				Zoning Approval				
1.	This permit application does not	preclude the	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
	Applicant(s) from meeting applications Federal Rules.		Shoreland		☐ Varianc	ee	Not in District or Landmar	
2.	Building permits do not include properties or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	onal Use	Requires Review	
	False information may invalidate permit and stop all work	Subdivision		Interpre	etation	Approved		
			Site Plan		Approv	ed	Approved w/Conditions	
		Maj Minor MM		Denied		Denied		
			Date:		Date:		Date:	
			CERTIFICA	TION	N			
I ha juris shal	reby certify that I am the owner of we been authorized by the owner to sdiction. In addition, if a permit for I have the authority to enter all are a permit.	o make this appl or work describe	ication as his authored in the application	ized a is issu	agent and I agree ued, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative	
SIG	NATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	
RES	SPONSIBLE PERSON IN CHARGE OF W	VORK, TITLE				DATE	PHONE	