City of Portland, Maine - Buil	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703   Owner Name:	, Fax: (207) 874-8		2014-00288	ļ	021 E019001
Location of Construction: 267 CONGRESS ST	Owner Address:  154 CUMBERLAND AVE PORTLAND, ME 04101		Phone:			
Business Name:  Contractor Name Dean & Allyn hking@deana		Inc. 116 Lev		ractor Address: Lewiston Road	Gray ME 0403	Phone (207) 657-5646
Lessee/Buyer's Name	Phone:		Permit Type: Fire Suppression Water Based			Zone: B2b R6
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Place of Assembly (synagogue) & Place of Assembly (synagogue) & Wuseum		mbly (synagogue)	vnagogue) \$420.00 \$40,000.0  INSPECTION:		00.00 2	
Proposed Project Description: instal a water based Fire Suppression	systam		_			
instal a water based File Suppression		Signature:			P.A.D.)	
					ed w/Conditions Denied	
Descrit Telese Desc	1				Date:	
	plied For: /2014		Zoning Approval			
3		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	e	Not in District or Landman
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscella	neous	Does Not Require Review
		Flood Zone		Condition		Requires Review
		☐ Subdivision ☐ Site Plan		Interpre	tation	Approved
	Approve			ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to the code offici	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE