## Fire Alarm **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.

Address/Location of Construction:	11 Diamond Street	
Total Square Footage of Proposed Struc	ture: 44,722	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#  23 - E - 6	Applicant Name: Clunningham Security Address 10 Princes Point Rd City, State & Zip Uarmouth, Ms. Offogle	Telephone:  846-3350  Email:  Mperkins acuning hosewing hosewing company.
Lessee/Owner Name: A D Boarery (if different than applicant) Address: 43 Washington Rue, City, State & Zip: Portland, ME. 04101 Telephone & E-mail:	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone & E-mail:	Sost Of Work:  Solution  Fees: first \$1000 = \$30 fee + \$10 for every other \$1000 of Cost of work  Total Fees: \$
If vacant, what was the previous use?  Proposed Specific use:		
	existing finalar	n System.
Who should we contact when the permit is r		
	(d	
City, State & Zip: Uarmouth, WE	· 04096	
E-mail Address: Merking & C	unninghamsecurity	1. com
Telephone: 846-3350	_	
Please submit all of the information	outlined on the applicable checklis	t. Failure to do so
	an automatic permit denial	

causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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: W Chelle toling	Date: 7/9/13	
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This is not a permit; you may not commence ANY work until the permit is issued.



## PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Jeff Levine, AICP, Director Director of Planning and Urban Development Tammy Munson Director, Inspections Division

## Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a *legal signature* per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are *paid in full* to the Inspections Office, City of Portland Maine by method noted below:

×	Within 24-48 hours, once my complete permit appraperwork has been electronically delivered, I intend to car 207-874-8703 and speak to an administrative representation card over the phone.	all the Inspections Office at
	Within 24-48 hours, once my permit application and c been electronically delivered, I intend to <b>hand deliver</b> Inspections Office, Room 315, Portland City Hall.	
	I intend to deliver a payment method through the U.S. Popermit paperwork has been electronically delivered.	ostal Service mail once my
Applicant Sig	nature: Michelle Parkins	Date: 4 9 1 1 3
I have provided digital copies and sent them on:		Date: 4/9/13

NOTE: All electronic paperwork must be delivered to <u>buildinginspections@portlandmaine.gov</u> or by physical means ie; a thumb drive or CD to the office.