

Water-Based Fire Suppression System Permit Application

Address/ Location of Construction	n: 4 MILK Street	
Total Square Footage of Proposed 3 200	Structure:	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: Address DEAN AND ALLYN 116 LEWISTON Rd City, State & Zip GRAY Me 04039	Telephone: 2339105 Email: 17King@MAINE.RR.
Lessee/ Owner Name : (if different than applicant) Address:	Contractor Name: (if different from Applicant) Address:	Cost Of Work: \$ 7900
City, State & Zip: Telephone & E-mail:	City, State & Zip: Telephone & E-mail:	Fees: first \$1000 = \$30 fee + \$10 for every other \$1000 of Cost of work Total Fees: \$
Is property part of a subdivision? \(\lambda_i \) Project description :		
Who should we contact when the perm		Dean and Allyn
City, State & Zip:	Ston Rd RAY ME 04039 Maine.rr.com	
Please submit all of the inform	ation outlined on the applicable checkliuses an automatic permit denial.	st. Failure to do so
Department may request additional in lownload copies of this form www.portlandmaine.gov, or stop by the hereby certify that I am the Owner proposed work and that I have been au gree to conform to all applicable land poplication is issued, I certify that the	inderstands the full scope of the project, the information prior to the issuance of a permit and other applications visit the Inspections Division office, room 315 City Hard of record of the named property, or that the athorized by the owner to make this application was of this jurisdiction. In addition, if a per Code Official's authorized representative shall be conable hour to enforce the provisions of the conable hour to enforce	For further information or to ections Division on-line at all or call 874-8703. owner of record authorizes the n as his/ her authorized agent. I mit for work described in this all have the authority to enter all
Signature: H. Cu	Date: 12-8	8-14
This is not a permit; yo	u may not commence ANY work until the per	mit is issued.