City of Portland, Maine - Bu	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703	, Fax: (207) 874-8	716	2014-01086		029 E009001	
ocation of Construction:  Owner Name: 25 PEARL ST  25 PEARL MI		HR LLC	Owner Address: PO BOX 7488 PORTLAND, ME 04112			Phone:	
Business Name:	Sprinkler Syst	Contractor Name: Sprinkler Systems, Inc Scottg@sprinklersystemsinc.com		ractor Address: Box 1285 Lewis	Phone (207) 782-0104		
Lessee/Buyer's Name	Phone:	Phone:		it Type: e Suppression W	Zone:		
Past Use:	Proposed Use:	Proposed Use:		nit Fee:	CEO District:		
1st floor, right side on Pearl St restaurant - other side is Registry o Deeds -offices above -and parking garage	f Pearl St rest is Registry of	Same: 1st floor, right side on Pearl St restaurant - other side is Registry of Deeds -offices above - and parking garage		\$60.00 \$4,000.00 2 PECTION:			
Proposed Project Description:			=				
Renovate existing NFPA #13 Syste	For Burns &						
McDonnell.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					d w/Conditions Denied		
Permit Taken By: Date Applied For:							
	20/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation	
		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.</li> </ol>		Wetland		Miscella	neous	Does Not Require Review	
		Flood Zone			onal Use	Requires Review	
False information may invalidate permit and stop all work	ite a building	Subdivision		☐ Interpret	ation	Approved	
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	lication as his authored in the application	at the ized a	proposed work in agree and I agree along that	to conform to a	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE