City of Portland, Maine - B	_			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel	l: (207) 874-8703	3, Fax: (207) 874-8		2014-02117		029 L004001
Location of Construction: Owner Name:				Address:		Phone:
80 MIDDLE ST	80-90 CORPS	100 S 04104		SILVER ST PORTLAND, ME 4		E
Business Name:						
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:		Zone:
Past Use:	Proposed Use:	Proposed Use:		Fire Alarm System Permit Fee: Cost of Work:		B3 CEO District:
•		level in rear = real		\$47.00		00.00
offices	estate offices	ate offices		ECTION:	7-,-	
Middle Street is restaurant(s) with offices above		Middle Street is restaurant(s) with offices above				
Proposed Project Description:			-			
Fire Alarm System - For the install	l fire alarm devices,					
due to expansion.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D Action: Approved Approved w/C			(P.A.D.)	
					red w/Conditions Denied	
		Signature:			Date:	
rmit Taken By: Date Applied For: 09/12/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	eviews	Zonin	g Appeal	Historic Preservation
		Shoreland		☐ Variance		Not in District or Landmar
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscellar	neous	Does Not Require Review	
3. Building permits are void if w within six (6) months of the day	Flood Zone		Condition	nal Use	Requires Review	
False information may invalid permit and stop all work	Subdivision		☐ Interpreta	ntion	Approved	
	Site Plan		Approved	d	Approved w/Conditions	
	Maj Minor MM		Denied		☐ Denied	
	Date:		Date:		Date:	
		CERTIFICA	TIO	N		
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 such permit.	er to make this app t for work describe	amed property, or the lication as his authored in the application	at the rized a is issu	proposed work is agent and I agree aed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE