City of Portland, Maine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL;	
389 Congress Street, 04101 Tel: ((207) 874-8703	s, Fax: (207) 874-8	716	2014-01683		030 D001001	
Location of Construction:	ion of Construction: Owner Name:		Owner Address:			Phone:	
68 COMMERCIAL ST	MAINE WHA	ARF LLC PO BO		BOX 535 BUXT	ON, ME 0409	93	
Business Name:							
Lessee/Buyer's Name	Phone:	'hone:		Permit Type:		Zone:	
			Fire Alarm System			WCZ	
Past Use:	Proposed Use:	Same: 1st floor restaurant &			Cost of Work:	CEO District:	
1st floor restaurant & retail (see 2014-01013)-& vancant space -2nd	retail (see 2014-01013)-& vancant space -2nd & 3rd floors currently vacant		INSP	\$102.00 ECTION:	\$7,70	00.00 2	
& 3rd floors currently vacant							
Proposed Project Description:							
Installation of an Addressable Fire A	larm System						
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D Action: Approved Approved w/C		P.A.D.)			
				ed w/Conditions Denied			
			S	ignature:		Date:	
	Date Applied For: 07/30/2014		Zoning Approval				
This permit application does not preclude the		Special Zone or R	eviews	Zonin	g Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance		☐ Not in District or Landmar	
2. Building permits do not include septic or electrical work.	Wetland		Miscellar Miscellar	neous	☐ Does Not Require Review		
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	nal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpreta	ation	Approved		
	Site Plan		Approved	d	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
		CERTIFICA	TION	N			
I hereby certify that I am the owner o I have been authorized by the owner of jurisdiction. In addition, if a permit f shall have the authority to enter all ar	to make this appl or work describe	lication as his authored in the application	rized a is issu	agent and I agree ned, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative	
such permit.	-	-			-		
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	