

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:		
Total Square Footage of Proposed Struct	ture:	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: Address City, State & Zip	Telephone: 603.964.8140 Email: TimBiron@rballen.com
Lessee/Owner Name: (if different than applicant) Address: One Monument Square Suite 200 City, State & Zip: Portland, ME 04101 Telephone & E-mail: 207.772.2257 / dfuller@finardproperties.com	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone & E-mail:	Cost Of Work: \$ Fees: first \$1000 = \$25 fee + \$11 for every other \$1,000 of Cost of work Total Fees: \$
Is property part of a subdivision? If yes Project description: Renovation of 9th & Who should we contact when the permit is re	s, please name 10th Floors for Bank of America	
Address:		
City, State & Zip: E-mail Address:		
Telephone: Please submit all of the information	outlined on the applicable chec n automatic permit denial.	cklist. Failure to do so
In order to be sure the City fully underson Department may request additional inform download copies of this form and www.portlandmaine.gov , or stop by the Inspection	ation prior to the issuance of a p other applications visit the	ermit. For further information or to Inspections Division on-line at
I hereby certify that I am the Owner of re- proposed work and that I have been authori- agree to conform to all applicable laws of application is issued, I certify that the Code areas covered by this permit at any reasonable	zed by the owner to make this apple f this jurisdiction. In addition, if e Official's authorized representative	ication as his/her authorized agent. a permit for work described in thi we shall have the authority to enter al
Signature:	Date:	