

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 020531

This is to certify that City Center Properties Llc / Applicanthas permission to Install Fire Alarms, smoke detectors and pull stationsAT 8 City Ctr

032 P004001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or enclosed-in. **HEAR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. APR 15 1991

Health Dept. _____

Appeal Board _____

Other _____

Department Name



Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 02-0531		Issue Date: 12/01/02		CBL: 032 P004001	
Location of Construction: 8 City Ctr		Owner Name: City Center Properties Llc		Owner Address: 6 City Center Ste 201	
Business Name:		Contractor Name: Applicant		Contractor Address: Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Building Miscellaneous	
Past Use:		Proposed Use: Day Care		Zone: B-3	
Proposed Project Description: Install Fire Alarms, smoke detectors and pull stations.		Permit Fee: \$44.00		Cost of Work: \$2,668.00	
		CEO District: 1			
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: N/A	
		Signature: [Signature]		Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature: [Signature] Date: [Signature]			
Permit Taken By: jmy		Date Applied For: 05/20/2002		Zoning Approval	
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 		Special Zone or Reviews		Zoning Appeal	
		<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan		<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
		Historic Preservation			
		<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Date:		Date:	

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	

8/3/04

don

alman