City of Portland, Maine	e - Building or Use 1	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 0410	1 Tel: (207) 874-8703	Fax: (207) 874-8	716	2014-02185		033 A007001
Location of Construction:		Owner Address: 165 KLINGER DR SUGARLOAF 18249			Phone:	
79 PORTLAND ST SEVENTY N STREET LLC				INE PORTLAND	SUGARLOAF	F, PA (570) 401-1158
Business Name:			<u>I</u>			
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Past Use:	Proposed Use:	Proposed Use:		e Alarm System	Cost of Work:	B2b CEO District:
1st floor and basement is res	_	Same: 1st floor and basement is restaurant with one dwelling unit on 2nd floor		\$157.00	\$13,00	
with one dwelling unit on 2n				INSPECTION:		
Proposed Project Description: For the installation of a Fire	Alarm System for the ne	w restaurant				
Tor the installation of a PHE	w restaurant.	PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Appr		TIES DISTRICT (T (P.A.D.) roved w/Conditions Denied	
				ved Approve		
			S	ignature:		Date:
Permit Taken By:		Zoning Approval				
 dmc 09/19/2014 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Variano	re	Not in District or Landmar
2. Building permits do not septic or electrical work			Miscell	aneous	Does Not Require Review	
3. Building permits are voi within six (6) months of			Conditi	onal Use	Requires Review	
False information may in permit and stop all work			Interpre	etation	Approved	
			Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CT-DEVELO				
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to entsuch permit.	owner to make this appl permit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHA	RGE OF WORK, TITLE				DATE	PHONE