	ty of Portland, Maine -	O			Permit No:	Issue Date:	CBL:
	Congress Street, 04101	<u>`</u>	, Fax: (207) 874-8	8716	2014-01474		033 K001001
Location of Construction: 351 CUMBERLAND AVE		Owner Name: CITY OF POR	Owner Name: CITY OF PORTLAND		er Address: CONGRESS ST 01	Phone:	
Business Name: Portland Public School			Contractor Name: Hebert Construction		ractor Address: ould Road Lewis	Phone: (207) 783-2091	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Fire Suppression Water Based		Zone: B3
Past Use: Portland Public School Offices & West Program		& Proposed Use: & Portland Publi & West Progra	c School Offices	Permit Fee: Cost of Work: \$0.00 \$14,9 INSPECTION:		CEO District: 063.00 4	
Prop	posed Project Description:						
	r the installation of a Water-		•				
waived, per City Project - per Building Permit).				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved App		ved Approv	ved w/Conditions Denied
				S	ignature:		Date:
Pern dn	•	Date Applied For: 07/08/2014		Zoning Approval			
1.	-	permit application does not preclude the		Special Zone or Reviews		ng Appeal	Historic Preservation
1.	Applicant(s) from meeting Federal Rules.		Shoreland		☐ Variano	re	Not in District or Landman
2.	Building permits do not inc septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. 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			☐ Flood Zone ☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM ☐			onal Use	Requires Review
					Interpre	etation	Approved
					Approv	ed	Approved w/Conditions
					Denied		Denied
			Date:		Date:		Date:
I ha juris shal sucl	we been authorized by the orsdiction. In addition, if a pell have the authority to enter h permit.	wner to make this appl rmit for work describe	lication as his authord in the application uch permit at any re	hat the orized a i is issu easonal	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic rce the provision	cial's authorized representative on of the code(s) applicable to
SIG	NATURE OF APPLICANT		ADD	RESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARG	E OF WORK, TITLE				DATE	PHONE