City of Portland, M	Iaine - Bu	ilding or Use	Permit Applicat	tion	Pe	ermit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	3716	2	2014-00936			033 K001001			
Location of Construction:		Owner Name:	Owner Name:			Address:	-		Phone:	
351 CUMBERLAND AVE		CITY OF PORTLAND		389 CONGRESS ST PORTLAND, MI 04101			, ME			
Business Name:		Contractor Name:		Contractor Address:				Phone		
City of Portland School offices		Hebert Construction LLC Abagley@hebertconstruction.co		9 Gould Rd. Lewiston ME 04240				(207) 783-2091		
Lessee/Buyer's Name		Phone:		Permit Type: Fire Alarm System				Zone: B3		
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			Cost of Work	CEO District:		
Portland Public School offices &		_	d Public School			100.	\$0.00		4	
West Program		offices & West Program		INSPECTION:						
Proposed Project Description	n:	•		1						
Modify fire alarm syste	ool; waived per	d per								
City Project (per buildi	ng permit)				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
	Action: Approved Approved Signature:					nditions Denied				
Permit Taken By:	1				Di	ite.				
bjs	Zoning Approval									
bjs 05/05/2014 1. This permit application does not preclude the			Special Zone or Reviews			Zoning Appeal			Historic Preservation	
Applicant(s) from Federal Rules.			Shoreland		Variance	☐ Variance		Not in District or Landman		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneous			Does Not Require Review		
3. Building permits a within six (6) mon	e of issuance.	of issuance.			Conditional Use			Requires Review		
False information appermit and stop all		te a building	☐ Subdivision		☐ Interpretation			Approved		
			Site Plan			Approved			Approved w/Conditions	
	Maj Minor MM]	Denied			Denied			
			Date:			Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the owner, if a permit	to make this appl for work describe	lication as his authored in the application	at the rized a is issu	e pr age	ent and I agreed, I certify that	to conform to the code offici	all app ial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE	