Location of Construction:	Owner:		Phone:	Permit No: 980472
273 State St	Finch, Joan		780-4125	Ferning 100.7 0041 C
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
273 State St Apt #1 Ptld, ME				
Contractor Name:	Address:	Phone	· · · · · · · · · · · · · · · · · · ·	Permt Issued:
Sentry Protective	536 Riverside St P	tld, ME 04103	797-7799	MAY 1 1 1998
Past Use:	Proposed Use:	COST OF WORK	X: PERMIT FEE:	
		\$ 4,335.00	\$ 40.00	
		FIRE DEPT.	Approved INSPECTION:	<b>CITY OF PORTLAND</b>
			benied Use Group: Type:	
			ose oroup. Type.	Zone: CBL:
		Signature: H	M Signature:	036-Е-002
Proposed Project Description:	L		CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
I J I				102-35/6/99
		1	Approved	Special Zone or Reviews:
Install Fire Alarm System	Approved with Conditions:			
		L		
		Signatura	Dete	□ Flood Zone □ Subdivision
		Signature:	Date:	☐ Subdivision ☐ ☐ Site Plan maj ⊡minor ⊡mm ⊡
Permit Taken By: Mary Gresik	Date Applied For:	May 1998		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
				□ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				□ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and stop all work				
				Denied
				Historic Preservation
WITH REQUIREMENTS Conduction				□ Not in District or Landmark
Win PED.				□ Does Not Require Review
	- Th	DMIT	4	BRequires Review 1,00
NEDU SSU				in in District but All
CORFOLD CONT.				Action: interior work de
WEAR				ANY ext work Needs
CERTIFICATION				DAppoved A Sep, revue
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				Approved with Conditions,
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,				, Denied 5/6/8
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				1
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				Date:
06 M 1000				
SIGNATURE OF APPLICANT	ADDRESS:	06 May 1998		_
SIGNATORE OF AFFLICANT	Αυυκερο:	DATE:	PHONE:	
				<u> </u>
<b>RESPONSIBLE PERSON IN CHARGE OF WORK</b>	K. TITLE		PHONE:	
	·			CEO DISTRICT 5
White-Pe	rmit Desk Green–Assessor's Cana	ry–D.P.W. Pink–Put	olic File Ivory Card-Inspector	

## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 74-8703, FAX 874-8716

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector