City of Portland, Maine - I	Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Te	el: (207) 874-8703	8, Fax: (207) 874-8	3716	2014-01439		037 A046001
Location of Construction:			Owner Address:		Phone:	
7 FOREST AVE	D & D PART	NERS LLC	7 Forest Avenue PORTLAND, M 04101		RTLAND, ME	E (207) 329-8041
Business Name:						
Lessee/Buyer's Name Phone:		Permit T				Zone:
D & D Partners	, ,	(207) 329-8041		Fire Alarm System  Permit Fee: Cost of Work:		B3c
Past Use: Unit 2B retail (art gallery)- rest of	_	Proposed Use: Same: Unit 2B retail (art				CEO District:
building offices		gallery)- rest of building offices		\$170.00 \$14,449.00 4 INSPECTION:		
<b>Proposed Project Description:</b> For the installation of a new Fire	Alarm System.					
		PEDE	PEDESTRIAN ACTIVITIES DISTRIC		Γ (P.A.D.)	
		Action: Approved Approved Approved Signature:		ved Approv	ved w/Conditions Denied	
					Date:	
rmit Taken By: Date Applied For: 07/02/2014		Zoning Approval				
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		☐ Varianc	ee	Not in District or Landmar
2. Building permits do not incluse septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if within six (6) months of the	Flood Zone		Conditi	onal Use	Requires Review	
False information may invaling permit and stop all work	Subdivision		Interpre	etation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	ATION	Ī		
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a permitable have the authority to enter all such permit.	ner to make this app nit for work describe	lication as his autho ed in the application	rized a is issu	gent and I agreeded, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE
RESPONSIBLE PERSON IN CHARGE	OF WORK, TITLE				DATE	PHONE