	y of Portland, Maine	O			Permit No:	Issue Date:	CBL:	
	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8		2014-00086		037 C01701A	
Location of Construction: 545 CONGRESS ST (unit 1C)		Owner Name: R & J 545 PA	Owner Name: R & J 545 PARTNERS LLC		er Address: BOX 275 BRO	Phone:		
Business Name:		Firesafe Equip	Contractor Name: Firesafe Equipment dchapman@fire-safe.com		ractor Address: . Box 1355 Aub	Phone (207) 784-7525		
Less	ee/Buyer's Name	Phone:	Phone:		it Type: e Suppression N	Zone:		
Past	Use:	Proposed Use:	Proposed Use:		it Fee:	Cost of Work:	CEO District:	
	sement storage & trash roo or retail, restaurant & PDD		Basement storage & trash room; 1st floor retail, restaurant & PDD; floors 2-6 are 14 residential condos		\$30.00 ECTION:	\$1,0	000.00 4	
	ors 2-6 are 14 residential co	ondos PDD; floors 2						
_	oosed Project Description: n-Water-Based Fire Supp	ression for West End De	eli - retail take out					
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action:		action: Appro	Approved Approved w/Conditions Denied		
		T	,	Signature:			Date:	
Permit Taken By: Date Applied For: 01/15/2014				Zoning Approval				
1.	This permit application d	l	Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
1.	Applicant(s) from meetin Federal Rules.		☐ Shoreland ☐ Wetland		Variano	ce	Not in District or Landma	
2.	Building permits do not i septic or electrical work.	nclude plumbing,			Miscell	aneous	Does Not Require Review	
3.	Building permits are void within six (6) months of t	Flood Zone		Conditi	onal Use	Requires Review		
	False information may in permit and stop all work.		a building Subdivision		Interpre	etation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
I ha juris shal	ve been authorized by the esdiction. In addition, if a p	owner to make this applermit 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 offic	y the owner of record and tha all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RES	SPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE	PHONE	