City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 9 5 Owner Address: Leasee/Buyer's Name: Phone: BusinessName: Permit Issued: Phone: Contractor Name: Address: Sprinkler Systems Inc P. O. Box 1285 Lewiston, ME 782-0104 OCT 3 1 1995 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$5,000.00 \$ 45.00 Office bldg. Office bldg FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Zone: Signature Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Reviews: renovate existing indoor sprinkler system Approved with Conditions: ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: Permit Taken By: ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: October 24, 1995 Zoning Appeal ☐ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 ☐ Denied 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, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT DATE:10/24/95 PHONE: -0104 ADDRESS: 0. Box 1285 Lewiston, ME RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRIC

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

SPRINKLER SYSTEMS INC.

P.O. Box 1285 LEWISTON, ME 04243-1285

(207) 782-0104 FAX (20	7) 702 4065	ATTENTION 111 95 JOB NO 95049	
City of PortL	and, Dep't of Juspe,	511 Congress	street
PortLawD, M	E,		
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