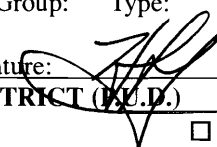


Location of Construction: 311 Congress St		Owner: Noyes	Phone:	Permit No: 951130
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> OCT 3 1 1995 </div> CITY OF PORTLAND </div> Zone: CBL: 37-D-002 Zoning Approval:
Contractor Name: Sprinkler Systems Inc	Address: P. O. Box 1285, Lewiston, ME	Phone: 782-0104		
Past Use: Office bldg	Proposed Use: Office bldg.	COST OF WORK: \$ 5,000.00	PERMIT FEE: \$ 45.00	
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: renovate existing indoor sprinkler system		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature:  Signature: _____ Date: _____
Permit Taken By: Victoria A. Dover	Date Applied For: October 24, 1995			Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

CERTIFICATION

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 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 Scott Garland	ADDRESS: O. Box 1285 Lewiston, ME	DATE: 10/24/95	PHONE: 782-0104
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

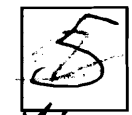
Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

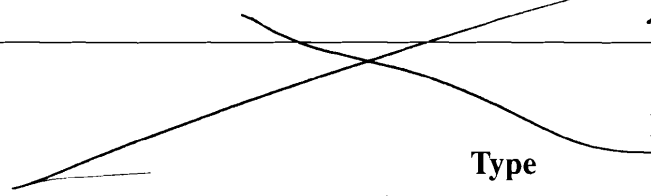
CEO DISTRICT 

APB W 1 9 9 5

COMMENTS

Lined area for handwritten comments.

*Checked + certified
by Fire
Prevention
12/95
LAW*



Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____