	y of Portland, Maine - Bu Congress Street, 04101 Tel	O			Permit No: 2014-00994	Issue Date:	CBL: 038 B001007	
	ntion of Construction:	Owner Name:	o, rax. (207) 674-6			Ţ		
	ORTLAND SQ - 6th FLOOR	9	PS ONE REALTY LLC		r Address: E CITY CENTE TLAND, ME(Phone:		
Busi	ness Name:	Contractor Name	Contractor Name:		actor Address:	Phone		
Low Income Housing - 6th floor		Sprinkler Serv	Sprinkler Services Inc.		Box 809 Windha	(207) 892-1415		
Less	ee/Buyer's Name	Phone:	Phone:		t Type:	Zone: B3		
Doct	Use:	Proposed Use:	Proposed User		Fire Suppression Water Based Permit Fee: Cost of Work:		CEO District:	
	nk with offices above	_	ith offices above	th offices above			00.00 2	
					\$40.00 \$2,000.00 2 INSPECTION:			
-	oosed Project Description: novate an existing NFPA #13 W	I /et Sprinkler Syste	em for new tenant					
fit ı	_	PEDESTRIAN ACTIVITIES DIST		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
				ved Approv	ved w/Conditions Denied			
				Si	gnature:		Date:	
Pern bjs	nit Taken By: Date 05.		Zoning Approval					
1.	This permit application does n	ot preclude the	Special Zone or R	Special Zone or Reviews		ng Appeal	Historic Preservation	
Applicant(s) from meeting application Federal Rules.			☐ Shoreland		☐ Varianc	e	Not in District or Landman	
2.	Building permits do not include septic or electrical work.	Miscell			aneous	Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	onal Use	Requires Review	
	False information may invalid permit and stop all work	Subdivision		Interpre	tation	Approved		
			Site Plan		Approv	ed	Approved w/Conditions	
		Maj Minor MM		☐ Denied		Denied		
			Date:		Date:		Date:	
			CERTIFICA	ATION	1			
I ha juris shal	reby certify that I am the owner ve been authorized by the owne sdiction. In addition, if a permit I have the authority to enter all a permit.	r to make this appl t for work describe	lication as his autho ed in the application	rized a is issu	gent and I agreeded, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	
SIG	NATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RES	SPONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE	