City of Portland, Maine - Buil	_			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2014-00440		039 A029001	
Location of Construction: Owner Name: STADLER CI		ECILE		Owner Address: 109 HOLLAND DR PHIPPSBURG, ME 04562		Phone:	
Business Name:	Contractor Name: Dean & Allyn Inc. hking@deanandallyn.com		Contractor Address: 116 Lewiston Road Gray ME 04039			Phone (207) 657-5646	
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
Past Use:	Proposed Use:		Fire Suppression Water Based Permit Fee: Cost of Work:			CEO District:	
restaurant on ground floor; 1 DU in	Same: restaurant on ground		1 CI III	\$320.00 \$30,0			
rear of 1st, 2nd, & 3rd floors; 1 DU floor; 1 I		in rear of 1st, 2nd, & DU in front of 2nd		INSPECTION:			
Proposed Project Description:			-				
Install WB fire suppression		PEDESTRIAN ACTIVITIES DISTRICT (P.A			(P A D)		
		Action: Approved Approved w/Co			ed w/Conditions Denied		
		1	S	ignature:		Date:	
·	plied For: Zoning Approval /2014						
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	e	Not in District or Landmar	
 Building permits do not include plumbing, septic or electrical work. 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 		Wetland		Miscell	aneous	Does Not Require Review	
		Flood Zone		Condition	onal Use	Requires Review	
		Subdivision		Interpre	Interpretation Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied	Denied Denied			
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE