City of Portland, Maine - Bui	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: ((207) 874-8703	8, Fax: (207) 874-8		2014-00111		039 A037001	
Location of Construction:	Owner Name:		Owner Address:			Phone:	
106 HIGH ST	THIDWICK I			X 411 100 COMN XTLAND, ME 04			
Business Name:	Contractor Name:		Contractor Address:			Phone	
		Cunningham Security Systems mperkins@cunninghamsecurity.c		rince Point Road 96	E (207) 846-3350		
Lessee/Buyer's Name	Phone:	Phone:		t Type:	Zone:		
			Fire Alarm System		В3		
artist studios, 3rd floor change of use pending from storage to dance all artist studio change of use				t Fee: Cost of Work:		CEO District:	
		st floor restaurant/bar, 2nd floor		\$120.00 \$10,000.00		00.00 3	
			INSPI	ECTION:			
Proposed Project Description: install an addressable Fire Alarm Sys	etom						
mstan an addressable file Alailli Sys		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Action: Approved Approved w/C			P.A.D.)		
					ed w/Conditions Denied		
			Si	ignature:		Date:	
	it Taken By: Date Applied For: 01/21/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Ro	eviews	Zonin	g Appeal	Historic Preservation	
		Shoreland		☐ Variance		☐ Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscellar	neous	☐ Does Not Require Review		
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	nal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpreta	ation	Approved		
	Site Plan		Approved	i	Approved w/Conditions		
	Maj Minor MM		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 ar such permit.	to make this app or work describe	lication as his authored in the application	at the rized a is issu	proposed work is gent and I agree ed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	