Cit	y of Portland, Ma	ine - Buil	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
	Congress Street, 04		O			2014-02734			040 E003001	
Loca	ation of Construction:		Owner Name:			r Address:	*		Phone:	
311 COMMERCIAL ST			BROWN J B & SONS			PO BOX 207 PORTLAND, ME 041		04112		
Busi	iness Name:				<u> </u>					
Lessee/Buyer's Name			Phone:		Permit Type:				Zone:	
					Fire Suppression Water Based				B5b	
Past Use:			Proposed Use:	P		it Fee:	Cost of Work:		CEO District:	
Restaurant			Restaurant		\$80.00 \$6,000.00 2 INSPECTION:					
_	posed Project Description:	/ D 1	E'm C man i	o Control Con TIOA						
	r the installation of a wille	ater-Based	Fire Suppression System for TIQA		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					Action: Approved Approved w/Conditions Denied					
						<u> </u>			te:	
dr	nit Taken By: nc		1/2014			Zoning	g Approval			
This permit application does not Applicant(s) from meeting application application application does not Applicant(s) from meeting application app			preclude the	Special Zone or Reviews  Shoreland		Zoni	Zoning Appeal  Variance		Historic Preservation	
						☐ Variance			Not in District or Landmar	
<ol> <li>Building permits do not include plu septic or electrical work.</li> <li>Building permits are void if work is within six (6) months of the date of False information may invalidate a permit and stop all work</li> </ol>			plumbing,	☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
			of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Conditi	Conditional Use  Interpretation  Approved		Requires Review	
			a building			Interpre			Approved	
						Approv			Approved w/Conditions	
				Maj Minor MM		Denied	Denied		Denied	
				Date:		Date:		Date:		
I ha juri shal	ereby certify that I am the lawes to be authorized by sdiction. In addition, it is the lawes the authority to he permit.	the owner to a permit fo	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all appl all's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT				ADDI	RESS		DATE		PHONE	