City of Portland, M	Iaine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:		
389 Congress Street, 0	(207) 874-8703	07) 874-8703, Fax: (207) 874-8		2014-00027		040	E003001		
Location of Construction:		Owner Name:		Owner Address:			Phone:		
311 COMMERCIAL ST		BROWN J B & SONS		PO BOX 207 PORTLAND, ME 04112			04112		
Business Name:		Contractor Name:		Contractor Address:			Phone		
Courtyard Marriott		Cintas Fire Protection quinnj@cintas.com		3 Tallwood Drive Bow NH 03103			(603)	717-7300	
Lessee/Buyer's Name		Phone:		Permit Type:					
				Hood Systems, Commerical			B5b		
Past Use:	1	Proposed Use:		Perm	Permit Fee: Cost of Work:		CEO District:		
131 Hotel Rooms with retaurant and 14 Residential DU above		Same: 131 Hotel rooms with restaurant and 14 residential DU above		\$40.00 \$2,000.00 2 INSPECTION:					
Proposed Project Description	n:			1					
Installation of Ansul Fi	taurant Kitchen								
Hood to protect applian	ices.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					ved w/Conditions	Denied			
Permit Taken By: Date Applied For:							Date:		
bjs 01/08/2014				Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from Federal Rules.			☐ Shoreland		Varianc	Variance		District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous	☐ Does N	ot Require Review	
3. Building permits as within six (6) mont	ths of the date	e of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		es Review	
False information repermit and stop all		e a building			Interpre	Interpretation		Approved	
			Site Plan		Approv	Approved		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	by the owner of the state of the owner owner of the owner	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agreeded, I certify that	e to conform to t the code office	all applicable cial's authorized	laws of this d representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	