

Location of Construction: 1000 1/2 St		Owner: J. J. ...		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: Sprinkler Systems, Inc.		Address: 244 Avon St P.O. Box 1125 Lewiston, ME 04243-1025		Phone: 781-6104	
Past Use:		Proposed Use: Subst		COST OF WORK: \$25,000.00 PERMIT FEE: \$ 145.00	
		FIRE DEPT.: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		INSPECTION: Use Group: Type: Signature:	
Proposed Project Description: Install Sprinkler System		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:			
Permit Taken By: Mary Green		Date Applied For: 05 Oct 95			

Permit No: **951066**

PERMIT ISSUED
 Permit Issued:
OCT 10 1995
CITY OF PORTLAND

Zone: B-3 **CBL:** CBL-1-11
Zoning Approval:
 Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: 11/5/95

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.

2. Building permits do not include plumbing, septic or electrical work.

3. 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.

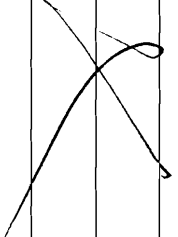
CERTIFICATION

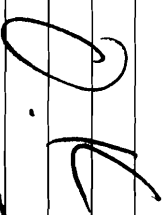
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: _____ DATE: 05 Oct 95 ADDRESS: _____ PHONE: _____
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

CEO DISTRICT 2

COMMENTS

Jan 96 - OK to close out per Lt. Mac. 

Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: 	_____
Other: _____	_____