	ty of Portland, Mair Congress Street, 0410		O			2014-00999	Issue Date:		041 A016001	
	ation of Construction:	J1 161. (.	Owner Name:	, rax. (207) 674-6		r Address:			Phone:	
252 COMMERCIAL ST			WATERFRONT MAINE			r Address: MAINE ST BRU 11	Prione:			
Business Name: Kings Head Pub			Contractor Name: RB Allen rballen@rballen.com			actor Address:	Phone			
						Box 770 - 131 L npton NH 0386	(603) 964-8140			
Lessee/Buyer's Name			Phone:		Permit Type: Fire Alarm System			Zone: WCZ		
Past Use:			Proposed Use:			Permit Fee: Cost of Work:		CEO District:		
Suite 100 - unit "L" is restaurant use			Same: Suite 10 restaurant use	00 - uit "L" is	INSP	\$40.00 ECTION:	\$2,000.00		2	
	posed Project Description:	and Win								
Install Fire Alarm system for the Kings Head Pub.				PEDESTRIAN ACTIVITIES DISTRIC		TIEC DICTRICT	T(PAD)			
				Action: Approved Approved w				nditions Denied		
					S	ignature:		Da	te:	
Permit Taken By: Date Applie bjs 05/12/20			_	Zoning Approval						
1.	This permit application does not		preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applic Federal Rules.				Shoreland		☐ Varianc	Variance		Not in District or Landmar	
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	aneous		Does Not Require Review	
3.	Building permits are vowithin six (6) months of	of issuance.	ssuance.		Conditi	onal Use		Requires Review		
False information may invalidate a burpermit and stop all work			a building	Subdivision Site Plan		Interpre	tation		Approved	
						Approv	Approved		Approved w/Conditions	
				Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:	Date:		Date:		
I ha juri	ereby certify that I am the tive been authorized by the sdiction. In addition, if a Il have the authority to e	ne owner to a permit fo	o make this appl or work describe	ication as his authord 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 app	licable laws of this horized representative	
	h permit.		•	-			•			
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE