

Location of Construction: 48 State St		Owner: Schadel, Robert		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: Sentry Protective System		Address: 536 Riverside St Ptld, ME		Phone: 04103 797-7799	
Past Use: Multi		Proposed Use: Same		BusinessName:	
Proposed Project Description: Install Fire Alarm System		COST OF WORK: \$ 3,000.00		PERMIT FEE: \$ 35.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Mary Gresik		Date Applied For: 19 August 1996			

Permit No. **960840**

PERMIT ISSUED

Permit Issued:
AUG 27 1996

CITY OF PORTLAND

Zone: CBL: 044-C-020

Zoning Approval: *[Signature]* 8/19/96
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: *w/this project*

- Approved *are provided to*
- Approved with Conditions *appropriate review*
- Denied

Date: *8/19/96*

[Signature]

PERMIT ISSUED WITH LETTER

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

19 August 1996

SIGNATURE OF APPLICANT *Tim Johnson* ADDRESS: DATE: PHONE:

[Signature]
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **3**

A. Powers