City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	Issue Date:	CBL:
2013-01242		045 B023001

Location of Construction:	Owner Name:	Owner Address:	Phone:
91 STATE ST	MERCY HOSPITAL	144 STATE ST PORTLAND, ME 04101	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
	Residential Fire Protection /Stan Camic jlevesque@rfpllc.net	64 Daggett Hill Road Greene ME 04236	(207) 946-3473
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
		Fire Suppression Water Based	R6- ch

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
10 Unit apartment house	Same10 Unit apartment house	$280.00	$26,000.00	3

INSPECTION:

Proposed Project Description:

Install Fire supression system

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
bjs	06/14/2013

1. This permit application does not 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..

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☐ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date:	Date:	Date:

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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE