City of Portland, Main	ne - Building or Use I	Permit Applicat	tion	Permit No:	Issue Date	•	CBL:
389 Congress Street, 0410	-			2013-00311			047 C035001
Location of Construction: Owner Name:		Owner Address:				Phone:	
681 CONGRESS ST (206	Shar) LF ASSOCIA	LF ASSOCIATES LLC		170 NEWBURY ST STE 1 BOSTON, MA 02116			
Business Name:	Contractor Name	Contractor Name:		Contractor Address:			Phone
	Eastern Fire S	Eastern Fire Services		170 Kittyhawk Ave, PO Box 1582 Auburn ME 04211			(207) 784-1507
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Fire Alarm System			Zone: B3 R6
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Multi family	Multi family			\$770.00 \$75,000.00			3
					Approved Denied N/A	INSPECTI Use Group	
D I D D	`		-				
Proposed Project Description: Fire alarm system; 206 Stat		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D Action: Approved Approved w/C Signature:			Signature:		
						ate:	
Permit Taken By: bjs	Date Applied For: 02/15/2013		Zoning Approval			al	
1. This permit application	does not preclude the	Special Zone or R	leviews	views Zoning Appeal			Historic Preservation
	ing applicable State and	Shoreland		☐ Varianc	ee	3	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		☐ Miscell	Miscellaneous		Does Not Require Review
3. Building permits are vowithin six (6) months of	Flood Zone		☐ Conditi	Conditional Use		Requires Review	
False information may permit and stop all wor	•	Subdivision Site Plan		☐ Interpretation ☐			Approved
				Approved			Approved w/Conditions
	Maj Minor MM		Denied	1 —		Denied	
	Date: \$ 1913 VRM Date		Date:	Date: Date		Angexherenock requires as upon what! approved whirtpure preserved	
			,			(circul: approval,
						-Hv	v hirbor preserved
		CERTIFICA	TION	Į			
I hereby certify that I am the that I have been authorized this jurisdiction. In addition representative shall have the code(s) applicable to such p	oy the owner to make this , if a permit for work desc authority to enter all area	application as his au ribed in the applicat	thorize	ed agent and I a issued, I certify	gree to conf that the cod	orm to all e official's	applicable laws of authorized
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE		PHONE