City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: ** C & T Associates 129 Grant Street Portland ME 04101 774-5358 *** 990755 Owner Address: Lessee/Buyer's Name: BusinessName: Phone: 200 High Street Portland ***** Contractor Name: ADT Security Service Permit Issued: Address: Phone: COST OF WORK: Proposed Use: PERMIT FEE: Past Use: 90.00 FIRE DEPT. Approved INSPECTION: Multi family same ☐ Denied Use Group: **CBL:** 048-A-018 14117 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Install Fire Alarm System Approved with Conditions: ☐ Shoreland П Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Κ. July 14, 1999 K. Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ Not in District or Landmark PERMIT ISSUED ☐ Does Not Require Review WITH REQUIREMENTS ☐ Requires Review **CERTIFICATION** ☐ Appoved ☐ Approved with 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 ☐ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit July 14,1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 2 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**