City of Portland, Maine - Build	ing or Use	Permi	t Application	Permit No:	Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87				I			048 E027001		
Location of Construction: Owner Name:				Owner Address:		Phone:			
553 Cumberland Ave RICE GEOFF		REY I		658 CONGRESS ST 1ST FLO		OOR	)R		
Business Name:	Contractor Name:			Contractor Address:			Phone		
	Norris, Inc.			2257 W Broadway, PO Box 2551 So			out 2078833473		
Lessee/Buyer's Name Phone:				Permit Type: Fire Alarm System				<b>Z</b> опе:	
							R-L		
Past Use: Proposed Use:				Permit Fee:	Permit Fee: Cost of Work:		CEO District;		
Commercial/Multi family - 27	Commercial/Multi family - 27			\$420.00 \$40,000.00		0.00	2		
<u> </u>	dwelling units - intall a Fire alarm system		FIRE DEPT: Approved INS		INSPECTION	SPECTION:			
			W/waters Denied Us 4/24/10 I		Use Group:	PECTION: Group: P 2 Type: Pre Alarm DSC-2003  nature: WB 96/8			
Proposed Project Description:			4/24/10			DBC-	DBC-2003		
27 dwelling units - intall a Fire alarm system				Signature: Byourself Si		Signature:	Signature: WB \$6/8		
			Action: Approved Approved Approved		TVITIES DISTI	•			
					roved w/Conditions Denied				
Dannie Takon Bus Date Applied Four			Signature:				Date:		
Permit Taken By: Date Applied For: 04/06/2010			Zoning Approval						
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Review		vs Zoning Appeal			Historic Preservation		
		☐ Shoreland			☐ Variance		Not in District or Landmar		
Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscell	Miscellaneous		Does Not Require Review		
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			ood Zone	☐ Condit	Conditional Use		Requires Review		
			ubdivision	☐ Interpre	☐ Interpretation		Approved		
		│ □ Si	te Plan	Approv	ved		Approved w	Conditions	
PERMIT ISSUED			Minor MM	Denied			☐ Denied		
			alcondular				214		
			116110 1790	Date:	Date:		Date:		
CITY OF PORTLAND  I hereby certify that I am the owner of re I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all areas such permit.	make this appl work describe	med pr ication d in the	as his authorized application is is	ne proposed work and I agree assued, I certify that	to conform to the code office	o all appli cial's auth	cable laws orized rep	of this resentative	
SIGNATURE OF APPLICANT			ADDRES	<u> </u>	DATE		РНС	ONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE