City	of Portland, Maine	e - Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 (Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-	8716	2014-01412		048 F014001	
Locati	on of Construction:	Owner Name:		Owner Address:		Phone:		
521 CUMBERLAND AVE			519-521 CUMBERLAND AVENUE LLC		110 MARGINAL WAY STE 292 PORTLAND, ME 04101			
Busine	ess Name:							
Lessee	/Buyer's Name	Phone:			it Type:	Zone:		
					e Alarm System	R6		
Past U		Proposed Use:	Proposed Use: Same: Three residential units		rmit Fee: Cost of Work:		CEO District:	
Thre	e (3) residential units	Same: Three r	esidential units	INCD	\$40.00 \$2,000.0 NSPECTION:		000.00 4	
					INSPECTION:			
Propo	sed Project Description:	•						
Insta	ll Fire alarm for 3 unit.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.				
							(P.A.D.)	
				Action: Approved Approved		ved w/Conditions Denied		
				S	ignature:		Date:	
Permi	t Taken By:	Date Applied For:		Zoning Approval				
bjs		06/27/2014						
	This permit application d		Special Zone or Reviews Shoreland		Zoni	ing Appeal	Historic Preservation	
	Applicant(s) from meetir Federal Rules.	ng applicable State and			☐ Variano	ce	Not in District or Landmar	
	Building permits do not i septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	onal Use	Requires Review	
	False information may in permit and stop all work.	Subdivision		Interpre	etation	Approved		
		Site Plan		Approv	red	Approved w/Conditions		
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
			CERTIFICA	A TION	N T			
I here	by certify that I am the c	owner of record of the n				is authorized h	y the owner of record and tha	
							all applicable laws of this	
							rial's authorized representative	
	have the authority to ente permit.	er all areas covered by s	uch permit at any re	easona	ble hour to enfo	rce the provisi	on of the code(s) applicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RESP	ONSIBLE PERSON IN CHAR	RGE OF WORK, TITLE				DATE	PHONE	