



Water-Based Fire Suppression System Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction: <u>22 BRAMHALL ST / 4TH LEVEL MECH ROOM</u>		
Total Square Footage of Proposed Structure: <u>VARIABLES</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>053 0007 001</u>	Applicant Name: <u>DEAN & ALLYN INC.</u> Address: <u>116 Lewiston Road</u> City, State & Zip: <u>Gray, ME 04039</u>	Telephone: <u>207-657-5646</u> Email: <u>Scotee</u> <u>deanandallyn.com</u>
Lessee/Owner Name: <u>MMC</u> (if different than applicant) Address: <u>22 Bramhall Street</u> City, State & Zip: <u>Portland ME 04102</u> Telephone & E-mail:	Contractor Name: (if different from Applicant) Address: <u>SAME</u> City, State & Zip: Telephone & E-mail:	Cost Of Work: <u>\$ 47,000</u> Fees: first \$1000 = \$25 fee + \$11 for every other \$1000 of Cost of work Total Fees : \$ <u>531</u>
Current use (i.e. single family) <u>MACH ROOMS</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>MACH ROOMS</u> Is property part of a subdivision? <input type="checkbox"/> If yes, please name _____ Project description: <u>ADD Sprinkler Protection Below New Duct Penetrations</u>		
Who should we contact when the permit is ready: <u>SCOTT COLE</u>		
Address: <u>116 Lewiston Road</u>		
City, State & Zip: <u>Gray, ME 04039</u>		
E-mail Address: <u>scotee@deanandallyn.com</u>		
Telephone: <u>207-657-5646</u>		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature:	Date: <u>10/5/15</u>
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This is not a permit; you may not commence ANY work until the permit is issued.