City of Portland, Maine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date	1	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703	, Fax: (207) 874-8	8716	2013-00515			054 F001001	
Location of Construction:		Owner Address:				Phone:		
794 CONGRESS ST	BRAMHALL LIMITED PA				JRCH ST WINCHESTER, MA			
Business Name:	Contractor Name:		Contractor Address:				Phone	
	SAI Communications		22 Keewaydin Drive Salem NH 0307			03079	(603) 531-9230	
essee/Buyer's Name Phone:				it Type: erations - Comm	Type: ations - Commercial		Zone: B2b R6	
Past Use: Proposed Use:		Peri		it Fee:	Fee: Cost of Work:		CEO District:	
Apartments w/Wireless	Same			\$620.00			. 3	
Communications (T Mobile)			FIRE		EPT: Approved Use Gro			
				L	J 17/21			
Proposed Project Description:	aguinment room		<b>4</b>		Ci			
Install of wireless communications fa in basement and rooftop antennas etc		Signature:			Signature: CT (P.A.D.)			
•	Action: Approved Signature:			pproved w/Conditions				
			ignature:	ture:		ite:		
crmit Taken By: Date Applied For: 03/15/2013			Zoning Approval			al		
1. This permit application does not	preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting appli Federal Rules.		Shoreland		☐ Variance	☐ Variance		Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscella	Miscellaneous		Does Not Require Review	
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate permit and stop all work	Subdivision		☐ Interpret	☐ Interpretation		Approved		
	Site Plan		Approve	Approved		Approved w/Conditions		
	Maj Minor MM		Denied	☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
		CERTIFICA	ATTON	J				
I hereby certify that I am the owner of that I have been authorized by the ow this jurisdiction. In addition, if a perr representative shall have the authority code(s) applicable to such permit.	ner to make this nit for work desc	med property, or the application as his au ribed in the applica	at the p athoriz tion is	proposed work is ed agent and I ag 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	