

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 3 St John St		Owner: Sweetser Children's Services		Phone:		Permit No: <b>970375</b>
Owner Address:		Lessee/Buyer's Name:		Business Name:		
Contractor Name: Sprinkler Services		Address: P.O. Box 809 5 Lamb St Windham, ME 04062		Phone: 800-400-1415		<b>PERMIT ISSUED</b> Permit Issued: <b>APR 29 1997</b> <b>CITY OF PORTLAND</b>
Past Use: Clinic		Proposed Use: Same		COST OF WORK: \$ 8,000.00 PERMIT FEE: \$ 60.00		
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type:		Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Install Sprinkler System				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		Zone: <b>B-2</b> CBL: 070-C-002 Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: Mary Gresik		Date Applied For: 22 April 1997				

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

**PERMIT ISSUED WITH REQUIREMENTS**

**CERTIFICATION**

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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Scott Garland* ADDRESS: *SAME AS ABOVE* DATE: *22 April 1997* PHONE: *892-1415*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review  
 Action: *Alteration subject to separate review*

Date: *4/23/97*

*[Signature]*  
 CEO DISTRICT **3**  
*T. Munson*