City of Portland, M	aine - B	building or Use 1	Permit Applica	tion	P	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-	8716		2013-02235			083E E460001			
Location of Construction: Owner Name				Owne	er	Address:			Phone:	
18 MCKINLEY CT GDI		INN AT DIAM LLC	INN AT DIAMOND COVE LLC		470 FORE ST PORTLAND, MI			04101		
Business Name:		Contractor Name	Contractor Name:			ctor Address:	Phone			
			Seabee Electric Johnv@seabeeelectric.com		84 Pleasant Hill Road Scarborough ME 04074				(207) 883-5448	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Fire Alarm System				Zone:	
Past Use:		Dwanagad Ligas	Proposed Use:			Fee:		IR-3 CEO District:		
22 Hotelminiums		Same: 22 Hote	Iminiume	Perii	ші			00.00	1	
					INSPECTION:					
Proposed Project Description	:									
To Install Fire Alarm		PEDESTRIAN ACTIVITIES DISTRICT (P.A.			(P A D)					
		Action: Approved Approved w/					nditions Denied			
		Signature:				Date:				
Permit Taken By: bjs		Zoning Approval								
bjs 10/03/2013 1. This permit application does not preclude the			Special Zone or Reviews		Zoning Appeal			Historic Preservation		
Applicant(s) from n Federal Rules.				☐ Variance		Not in District or Landmar				
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	Miscellaneous		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			Conditional Use			Requires Review	
False information n permit and stop all	late a building	building Subdivision		☐ Interpretation		tation	Approved			
			Site Plan			Approve	ed		Approved w/Conditions	
	Maj Minor MM]	Denied			Denied			
			Date:			Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the own if a perm	er to make this appl it for work describe	ication as his authord in the application	hat the orized a	ago	ent and I agreed, I certify that	to conform to the code offic	all app all's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICAN	Т		ADE	ORESS			DATE		PHONE	