City of Portland, M						ermit No:	- Issue-Date		- CRP+
389 Congress Street, 0	1101 Tel	: (207) 874-8703	, Fax: (207) 874-8	716	Ľ	2013-00041			114A A001001
Location of Construction: 96 FALMOUTH ST		Owner Name: UNIVERSITY	Owner Name: UNIVERSITY OF MAINE		Owner Address: 107 MAINE AVE BANGOR, ME 04401			ИE	Phone:
Business Name:		Contractor Name NORRIS INC.	Contractor Name: NORRIS INC.		Contractor Address: PO BOX 2551 - 2257 W. BROADV S PORTLAND ME 04106			ADWAY	Phone (207) 883-3473
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Fire Alarm System				Zone: USM over
Past Use:		Proposed Use:	Proposed Use:			Fee:	k:	CEO District:	
USM LUTHER BONNEY		USM LUTHE	R BONNEY	\$50.00 \$3,000			3,000.00	4	
					ED		Approved Denied N/A	INSPECT Use Group	
Proposed Project Description		1							
FIRE ALARM PERMIT	R BONNEY	Sign	atu						
		PEDESTRIAN ACTIVITIES DISTRICT (P.A				СТ (Р.А.D.))		
	Acti					onditions Denied			
Dannit Takan Dya	Dot	Applied For		1					atc.
ermit Taken By: Date Applied For: 01/07/2013			Zoning Approval						
1. This permit applicat			Special Zone or Reviews		Zoning Appeal			Historic Preservation	
Applicant(s) from n Federal Rules.			Shoreland			Variance		[8	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 work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Flood Zone			Conditional Use			Requires Review
			Subdivision		☐ Interpretation ☐ Approved] Approved
			Site Plan						Approved w/Conditions
	Maj Minor Minor		Denied				☐ Denied		
	Date: /// 3			Date:		Date	Date:		
I hereby certify that I am that I have been authorize this jurisdiction. In addit representative shall have code(s) applicable to suc	ed by the of ion, if a p the author	owner to make this a ermit for work desc	application as his au ribed in the applica	at the athoriz	pr zec	d agent and I certify	gree to conf that the cod	orm to all e official'	applicable laws of sauthorized
SIGNATURE OF APPLICANT			ADD	RESS			DATE	3	PHONE
RESPONSIBLE PERSON IN	CHARGE C	DE WORK, TITLE					DATE	<u> </u>	PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE