City of Portland, Maine - Bu	O			2014-00784	Issue Date:	126 D002001	
389 Congress Street, 04101 Tel: Location of Construction:		, rax: (207) 874-8			<u> </u>		
Location of Construction: 563 FOREST AVE Owner Name: EA REALTY		LLC	Owner Address: 276 CANCO RD PORTLAND, ME 04103		Phone:		
Business Name:		Contractor Name: Cunningham Security Systems mperkins@cunninghamsecurity.c		ractor Address: Prince Point Roa 196	Phone (207) 846-3350		
Lessee/Buyer's Name	Phone:	hone:		it Type: e Alarm System	Zone: B2b R3		
Past Use:	Proposed Use:		Permit Fee: Cost of Work:		Cost of Work:	CEO District:	
Dental office (professional office) Same: Dental (professional office)			\$70.00 \$5,0		00.00 7		
Proposed Project Description: Install of Fire Alarm			-				
instan of Fire Alarm		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Condi			(P.A.D.)		
					ed w/Conditions Denied		
Permit Taken By: Date A	1	Signature: Date:			Date:		
•	Date Applied For: 04/18/2014			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landmar	
 Building permits do not include plumbing, septic or electrical work. 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 		☐ Wetland		Miscell	aneous	Does Not Require Review	
		Flood Zone		Condition	onal Use	Requires Review	
		Subdivision		Interpre	tation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	lication as his authored in the application	at the rized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE