## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No Q 575 Forest Ave Johansen, Carole 871-9910 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Contractor Name: Address: Phone: 892-1415 Sprinkler Services/Scott Garland P.O. Box 809 04062 Windham, ME COST OF WORK: PERMIT FEE: Past Use: Proposed Use: MAR 2 2 1999 \$ 11,580.00 80.00 Bed & Breakfast Same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Signature: Zoning Appraval: 447 Chr Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Install Sprinkler System Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: UB 19 March 1999 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules, ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved ☐ Denied Historic Preservation Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved 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 ☐ Approved with Conditions □ Denied 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 22 March 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

TM/I/C