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: 59 Ocean Avenue Scott Freedman 781-4615 991223 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA N/A 12 Kelly Road Falmouth, ME N/A Permit Issued: Phone: Contractor Name: Address: *ADT Security ATtn: Phil Hamil P.O. Box 1239 Scarborough, ME 369-5700 COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: NOV - 5 1,050.00 36.00 FIRE DEPT. Approved INSPECTION: Commercial Same Use Group: 12 Type 14 ☐ Denied 129-H-004 Signature: Zoning Approval; Proposed Project Description: PEDESTRIAN ACTIVITIES Action: Approved Special Zone or Review Approved with Conditions: Install Fire Alarm System □ Shoreland (1) Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: NW 11-4-99 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Dehied ***Send To: ADT Security Attn: Phil Hamil Historic Preservation P.O. Box 1239 Not in District or Landmark Scarborough, ME 04074 □ 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 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, □ Denie¢* 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 11-4-99 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEÒ DISTRICT** ub