City of Portland, Maine - B	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel		5, Fax: (207) 874-8		2013-02035		153 A017001	
Location of Construction:  298 CANCO RD  Owner Name:  TIMM REAL		ESTATE LLC 5		Owner Address: 5 DEPOT ST STE 24 FREEPORT, ME 04032		Phone:	
Business Name:	Eastern Fire P	Contractor Name: Eastern Fire Protection Co., Inc. malcolmcr@efp-efs.com		actor Address: Kittyhawk Ave. urn ME 04211-	Phone (207) 784-1507		
Lessee/Buyer's Name	Phone:	Phone:		it Type: e Alarm System	Zone:		
Past Use:	Proposed Use:	Proposed Use:		it Fee:	CEO District:		
Offices	Same: Offices	Same: Offices		\$120.00 ECTION:	Cost of Work: \$10,00		
Proposed Project Description:			1				
Fire Alarm system for one tenant s	).						
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					ed w/Conditions Denied		
Permit Taken By: Date	1	Signature:			Date:		
•	Applied For: /10/2013		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 Landman	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscella	aneous	Does Not Require Review	
		Flood Zone		Condition	onal Use	Requires Review	
		☐ Subdivision ☐ Site Plan		Interpre	tation	Approved	
	Approve			ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permi shall have the authority to enter all such permit.	er to make this appl t for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agreed led, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE