

## Water-Based Fire Suppression System Permit Application

Address/ Location of Construction:	901 Washington Au	e
Total Square Footage of Proposed St	ructure: Communication (Communication)	lices
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: DEANTALLYN Address 1/6 Lewston Rd GRAY Me City, State & Zip 04039	Telephone: 6575646 Email: h King @ MAINE_RR.
Lessee/ Owner Name : (if different than applicant) Address:	Contractor Name: (if different from Applicant) Address:	Cost Of Work: \$ 3 8,000
City, State & Zip: Telephone & E-mait:	City, State & Zip: Telephone & E-mail:	Fees: first \$1000 = \$30 fee + \$10 for every other \$1000 of Cost of work  Total Fees: \$
Proposed Specific use:	is ready: Harry Ling	
City, State & Zip: 6 RAY	MAINE 04039	
E-mail Address: HKINGEMA Telephone: 657564	41NE, RRICOM	
Please submit all of the informati	ion outlined on the applicable checkliss an automatic permitdenial.	st. Failure to do so
Department may request additional info sownload copies of this form and www.portlandmaine.gov, or stop by the I hereby certify that I am the Owner of proposed work and that I have been authorized to conform to all applicable laws application is issued, I certify that the Co	erstands the full scope of the project, the immation prior to the issuance of a permit. It is a permit of other applications wisit the Inspense of a permit of the Inspense of the Inspense of the named property, or that the orized by the owner to make this application of this jurisdiction. In addition, if a periode Official's authorized representative shall able hour to enforce the provisions of the contraction of the contraction of the contraction.	For further information or to ections Division on-line at all or call 874-8703.  owner of record authorizes the n as his/ her authorized agent. I mit for work described in this II have the authority to enter all
Signature:	Date: / - //-	15

This is not a permit; you may not commence ANY work until the permit is issued.