Cit	y of Portland, Maine	- Building or Use 1	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2013-01693		181 A003001
Loca	ation of Construction:	Owner Name:	(er Address:		Phone:
56	WESTMINSTER AVE	GROUP MAI	GROUP MAIN STREAM INC		LUDLOW ST 02	ME	
Busi	ness Name:	Contractor Name	Contractor Name:		ractor Address:	Phone	
			Casco Bay Electric dan@cascobayelectric.com		Auburn St #119 03	(207) 221-3531	
Less	ee/Buyer's Name	Phone:	Phone:		it Type: e Alarm System	Zone:	
Past	Use:	Proposed Use:	Proposed Use:		nit Fee:	Cost of Work:	CEO District:
	gle Handicap Dwelling Uni der construction	t Same: Single I Unit	Same: Single Handicap Dwelling Unit		\$70.00 ECTION:	\$5,0	000.00 7
	posed Project Description: tall new fire alarm system.						
1115	tan new me alarm system.		PEDESTRIAN ACTIVITIE		TIES DISTRICT	ES DISTRICT (P.A.D.)	
							ved w/Conditions Denied
				S	ignature:		Date:
Permit Taken By: Date Applied For: bjs 08/05/2013				Zoning Approval			
1.	This permit application do	es not preclude the	Special Zone or Reviews		Zon	ing Appeal	Historic Preservation
1.	Applicant(s) from meeting Federal Rules.		Shoreland		☐ Variand	ce	Not in District or Landma
2.	Building permits do not in septic or electrical work.	☐ Wetland☐ Flood Zone☐ Subdivision		Miscell	laneous	Does Not Require Review	
3.	Building permits are void within six (6) months of the			Conditi	ional Use	Requires Review	
	False information may inv permit and stop all work			Interpre	etation	Approved	
			Site Plan		Approv	/ed	Approved w/Conditions
			Maj Minor MM] Denied		☐ Denied
			Date:		Date:		Date:
I ha juri shal sucl	we been authorized by the o sdiction. In addition, if a pe Il have the authority to enter h permit.	wner to make this appl rmit for work describe	lication as his authored in the application uch permit at any rea	at the rized a is issu asona	proposed work agent and I agre- ued, I certify tha	e to conform to at the code offic arce the provisi	cial's authorized representative on of the code(s) applicable to
SIG	NATURE OF APPLICANT		ADDF	RESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARC	GE OF WORK, TITLE				DATE	PHONE