City of Portland, M	aine - Bu	ilding or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:		
389 Congress Street, 0	Fax: (207) 874-8	716	2013-02255			184 C004001				
Location of Construction:		Owner Name:	Owner Name:				Phone:			
503 WOODFORD ST		SHALOM HOUSE INC		106 GILMAN ST PORTLAND, ME 04102			МE			
Business Name:		Contractor Name:		Contractor Address:				Phone		
			Cunningham Security Systems mperkins@cunninghamsecurity.c		10 Prince Point Road Yarmouth ME 04096			(207) 846-3350		
Lessee/Buyer's Name		Phone:	Phone:		it Type:		Zone:			
					e Alarm System		R5			
Past Use:		Proposed Use:	_		mit Fee: Cost of Work:		CEO District:			
two dwelling units: one handicap unit on 1st & 2nd floor with on dwelling unit on the 3rd floor		Same: two dw	Same: two dwelling units		\$90.00 \$7,000.00 7 INSPECTION:					
Proposed Project Description Install Fire Alarm Perm										
mount no rhum i chin				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
					Action: Appro	oved Approv	ved w/Con			
	1	Signature:			Date:					
Permit Taken By: bjs	Date Applied For: 10/04/2013					Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
Applicant(s) from r Federal Rules.				☐ Variance			Not in District or Landmar			
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous		Does Not Require Review		
3. Building permits ar within six (6) month	te of issuance.	f issuance.		Conditi	Conditional Use Interpretation		Requires Review			
False information n permit and stop all	ite a building			Interpre			Approved			
			Site Plan		Approv	Approved		Approved w/Conditions		
	Maj Minor MM		Denied	☐ Denied		Denied				
			Date:		Date:		Date:			
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner if a permit	to make this appl for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all appl cial's auth	icable laws of this horized representative		
SIGNATURE OF APPLICANT			ADDF	RESS		DATE		PHONE		