City of Portland, M	laine -	Building or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:		
389 Congress Street, 0	Tel: (207) 874-8703	Fax: (207) 874-8	716	2013-02354			260 C018001			
Location of Construction:		Owner Name:	Owner Name:		er Address:	-		Phone:		
25 HILLCREST AVE		HIGGINS BU	HIGGINS BUILDERS INC		PO BOX 8142 PORTLAND, ME 04104			(207) 838-5870		
Business Name: Lessee/Buyer's Name Past Use:		Contractor Name	Contractor Name:		actor Address:	Phone				
			Fire Protection Sprinkler Services fpssdesign@live.com		278 Harris Road Minot ME 04258			(207) 393-7422		
		Phone:	Phone:		it Type:	Zone:				
		Dwanagad Ligas	Proposed Use:		Fire Sprinkler Systems One & Two Fan Permit Fee: Cost of Work:			R3 CEO District:		
Vacant Land		New Single Fa	mily (#2013	Perii	\$0.00	\$5,400.00		6		
		01449)	0.4.4.03		INSPECTION:					
Proposed Project Description	1:									
Install sprinkler system										
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
			Action: Approved Approved w/0 Signature:				nditions Denied			
Permit Taken By:	Date Applied For:					D	ite.			
bjs	10/21/2013						Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
		applicable State and	Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landman		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review		
within six (6) mont	hs of th		☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review		
False information repermit and stop all		alidate a building			Interpre			Approved		
			☐ Site Plan Maj ☐ Minor ☐ MM ☐		Approv	Approved [Approved w/Conditions		
					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 o	wner to make this appl rmit for work describe	ication as his author d in the application	at the ized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code office	all app cial's aut	licable laws of this thorized representative		
SIGNATURE OF APPLICAN	NT		ADDR	ESS		DATE		PHONE		