Form # P 04

Other _

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And Notes, If Any, Attached	PERIMINATION PERIMINATION	Permit Number: 071340
This is to certify thatUNIVERSITY CREDIT	T UN N /Seacoast Security	1 2.231011
has permission toInstall fire alarm system		5
AT 1071 BRIGHTON AVE	274	D016001
of the provisions of the Statutes the construction, maintenance arthis department.		of the City of Portland regulating, and of the application on file i
Apply to Public Works for street line and grade if nature of work requires such information.	ification of inspersion muses on and with an entire permission process of the permission of the permis	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept.		
Health Dept		1 211 101

PENALTY FOR REMOVING THIS CARD

	y of Portland, Ma Congress Street, 04		_				07-1340	Issue	04/0	7	274 D0	16001	
Location of Construction: Owner Name:							ner Address:				Phone:		
	71 BRIGHTON AVE		UNIVERSITY CREDIT UNION				RANGLEY RD				1		
Busi	Business Name: Contractor Name			:		Con	tractor Address:			Phone			
			Seacoast Secu	rity		4 5	Summer Street F	reepor	t		20786503	394	
Less	ee/Buyer's Name		Phone:			Peri	mit Type:			•		Zone:	
						Fi	re Alarm System	n				B-2	
	Use:		Proposed Use:			Per		Cost of			District:		
ı	mmercial - University	Credit	Commercial -		•	<u></u>	\$80.00	\$	5,629.18		3		
Un	IOII		Union - Install	i iiie aia	iiii systeiii	FIR	RE DEPT:	Approv	Lie	PECTIO Group:	N: Q	Tyne: 515	
								Denied	03	Group.	181	туро.	
											11/2	003	
Prop	oosed Project Description:					1				-	JA-10	1	
Ins	tall fire alarm system					Sign	nature: (Cuz	入 Sign	SPECTION: se Group: B Type: 51 B Type: 51 B Type: 51 G Type: 51 G Type: 51			
						PEL	DESTRIAN ACTIV	ITIES	DISTRIC	T (P.A.D), / /		
						Act	ion: Approve	ed 🗌	Approve	d w/Cond	litions	Denied	
						Sign	nature:			Date	e:		
Pern	nit Taken By:	Date A	pplied For:			<u> </u>	Zoning	Annr	nval		_		
lde	obson	10/2	3/2007				Zoning.	· -pp-	0141				
1.	This permit applicati	on does not	preclude the	Spe	cial Zone or Revie	ws	Zoning	g Appea	ı	Н	listoric Pres	ervation	
	Applicant(s) from more Federal Rules.			☐ SH	noreland		☐ Variance			Not in District or Land			
2.	Building permits do septic or electrical w		plumbing,	🗆 w	etland		Miscellan	ieous		_ r	Does Not Require Revi		
3.	3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ FI	ood Zone		Conditional Use			Requires Review			
	False information may invalidate a building permit and stop all work				ubdivision		Interpreta	tion		Approved			
				☐ Si	te Plan		Approved	l		A	Approved w/	Conditions	
	•			Maj [Minor MM					Denied			
	,			_	olación Ap								
7 1	1 20 4 1	,			CERTIFICATI			. •			2		
I ha juris shal	reby certify that I am to we been authorized by adiction. In addition, in I have the authority to	the owner to f a permit fo	o make this appl or work describe	ication a	as his authorized application is is	d age	ent and I agree to I, I certify that the	o confo ne code	orm to al e official	l applic 's autho	able laws orized repr	of this esentative	
such	permit.												
SIG	NATURE OF APPLICANT	,			ADDRES	<u> </u>		D	ATE		РНО	NE	
RES	PONSIBLE PERSON IN C	CHARGE OF V	VORK TITLE					<u>D</u>	ATE		PHO	 NE	
			,					D			1110		

City of Portland, Maine - Bu	ilding or Use Permit	Permit No:	Date Applied For:	CBL:			
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (207)	07-1340	10/23/2007	274 D016001			
Location of Construction:	Owner Name:	wner Address:		Phone:			
1071 BRIGHTON AVE	UNIVERSITY CREDI	IT UNION I	RANGLEY RD				
Business Name:	Contractor Name:	C	ontractor Address:	Phone			
	Seacoast Security	4	4 Summer Street Freeport (207) 865-039				
Lessee/Buyer's Name	Phone:	P	ermit Type:		<u> </u>		
			Fire Alarm Syster	n			
Proposed Use:	<u></u>	Proposed	Project Description:	-			
Commercial - University Credit Uni	on - Install fire alarm syste	em Install f	ire alarm system				
Dept: Zoning Status:	Approved	Reviewer:	Ann Machado	Approval D	Oate: 10/26/2007 Ok to Issue: ✓		
		_					
Dept: Building Status:	Approved with Condition	s Reviewer:	Chris Hanson	Approval I			
Note:					Ok to Issue:		
Application approval based upo and approrval prior to work.	n information provided by	applicant. Any d	leviation from app	roved plans requires	s separate review		
Dept: Fire Status:	Approved	Reviewer:	Capt Greg Cass	Approval D	Date: 10/24/2007		
I and the second					10/2 1/2007		

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any

Total Square Footage of Proposed Structure/Area Square Footage of Lot	Escentistif fractices of Collections. / / //	Brighton Ave Portlan	el (University Credit L	lni
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? In Stall alarn System Contractor's name: Seacoast Security Contractor's name: Contractor's name: Seacoast Security Contractor's name: Seacoast Security Contractor's name: Contractor's name: Contractor's name: Seacoast Security Contractor's name: Contractor's name: Contractor's name: Contractor's name: Seacoast Security Contractor's name: Contractor's name: Contractor's name: Seacoast Security Contractor's name: Contractor's name: Contractor's name: Contractor's name: Seacoast Security Contractor's name: Contractor's name: Contractor's name: Contractor's name: Seacoast Security Contractor's name: C		<i>O</i>		
Address City, State & Zip Owner (if different from Applicant) Name University Credit Union Address /07/ Brighton Ave Cof O Fee: \$ City, State & Zip Portland Me O4/10 3 Cof O Fee: \$ Total Fee: \$ Tota	Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or	Buyer* Telephone:	
City, State & Zip Owner (if different from Applicant) Name University Credit Union Address /07/ Brighton Ave City, State & Zip Total Fee: \$ City, State & Zip Total Fee: \$ Total Fee:	Chart# Block# Lot#	Name		
Owner (if different from Applicant) Name University Credit Union Address /07/ Brighton Ave City, State & Zip Portland Me O4/103 Cof O Fee: \$ Total Fee: \$ Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: (Astall alarm System Contractor's name: Spacoast Sycurity Address: 163 State Street City, State & Zip Bangon ME O4401 Telephone: 207947-0 Who should we contact when the permit is ready: Steve Spavin Mailing address: Same Please submit all of the information outlined on the applicable Checklist. Failure to	2119 19 19	Address		
Name University Credit Union Address /07/ Brighton Ave Cof O Fee: \$ City, State & Zip Portland Me O4/103 Credit union If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: (Astale State Street City, State & Zip Portland Me O4/103 Telephone: 207947-0 Who should we contact when the permit is ready: State Spearin Telephone: Same Mailing address: Please submit all of the information outlined on the applicable Checklist. Failure to		City, State & Zip		
Address /07/Brighton Ave C of O Fee: \$ City, State & Zipp or Hond Me O 4/10 3 C of O Fee: \$ Total Fee: \$ Total Fee: \$ Total Fee: \$ Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: Install alarm System Contractor's name: Seacoast Security Address: 163 State Street City, State & Zip Bangon ME 04401 Telephone: 201947-0 Who should we contact when the permit is ready: Stave Spearin Mailing address: Seme Please submit all of the information outlined on the applicable Checklist. Failure to	Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of	, ,
Address /07/ Brighton Ave C of O Fee: \$		Name University Credit Wi	NIDA	/3
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: Install alarm System Contractor's name: Sea coast Security Address: 163 State Street City, State & Zip Bangon MF 04401 Telephone: 207 947-0 Who should we contact when the permit is ready: Stave Spearin Mailing address: Same Please submit all of the information outlined on the applicable Checklist. Failure to		Address 1071 Brighton Al	/ e	
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: Install alarm System Contractor's name: Sea coast Security Address: 163 State Street City, State & Zip Bangon MF 04401 Telephone: 207 947-0 Who should we contact when the permit is ready: Stave Spearin Mailing address: Same Please submit all of the information outlined on the applicable Checklist. Failure to		City, State & Zip	1e Total Fee: \$	
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: (15tall alarm System Contractor's name: Seacoast Security Address: 163 State Street City, State & Zip Bangon MF 04401 Telephone: 201947-00 Who should we contact when the permit is ready: State Spearin Mailing address: Same Please submit all of the information outlined on the applicable Checklist. Failure to		04/	703	
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Address: 163 State Street City, State & Zip Bangon ME 04401 Who should we contact when the permit is ready: Steve Spearin Mailing address: Same Please submit all of the information outlined on the applicable Checklist. Failure to	MStall alon			
City, State & Zip Bangon ME 04401 Who should we contact when the permit is ready: Stave Spearin Telephone: 207 947-04 Who should we contact when the permit is ready: Stave Spearin Telephone: Same Please submit all of the information outlined on the applicable Checklist. Failure to				
Who should we contact when the permit is ready: Steve Spearin Telephone: Same Mailing address: Same Please submit all of the information outlined on the applicable Checklist. Failure to	Contractor's name: Sea coast	Security		
Mailing address:	Contractor's name: <u>Seacoast</u> Address: 163 State Stree	Decurity	The 201947	
Please submit all of the information outlined on the applicable Checklist. Failure to	Contractor's name: <u>Seacoast</u> Address: 163 State Strea City, State & Zip Bangor ME	Security 04401	Telephone: 207 947	
= =	Contractor's name: Sea coast Address: 163 State Stree City, State & Zip Bangor ME Who should we contact when the permit is re	Security 04401	Telephone: 201947 Telephone: 59	
do so will result in the automatic denial of your permit.	Contractor's name: Seacoast Address: 163 State Stree City, State & Zip Bangon ME Who should we contact when the permit is re Mailing address: Same	Security 04401 Pady: Steve Spearin	Telephone: <u>Saml</u>	
	Contractor's name: Sea coast Address: 163 State Stree City, State & Zip Bangon ME Who should we contact when the permit is re Mailing address: Same Please submit all of the information	Security O4401 Pady: Steve Spearin n outlined on the applicable Ch	Telephone: Same	
	Contractor's name: Sea coast Address: 163 State Stree City, State & Zip Bangon ME Who should we contact when the permit is re Mailing address: Same Please submit all of the information do so will result in the	Security O4401 Cady: Steve Spearin In outlined on the applicable Charles automatic denial of your periods.	Telephone: Same	2
order to be sure the City fully understands the full scope of the project, the Planning and Development Department y request additional information prior to the issuance of a permit. For further information or to download copies of	Contractor's name: Sea coast Address: 163 State Stree City, State & Zip Bangon ME Who should we contact when the permit is re Mailing address: Sea Coast Please submit all of the information do so will result in the order to be sure the City fully understands the	offol eady: Steve Spearin on outlined on the applicable Chance automatic denial of your period e full scope of the project, the Planning	Telephone: Same ecklist. Failure to mit. and Development Departme	ent

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature:	JE	10	4	Tu	Ran	Date:	10	23	3/07	
	This '	is not a p	ermit;	you	may not c	commence.	ANY.	work u	until the permit is issue	

University Credit Union 1071 Brighton Ave Portland, Maine Fire Alarm System Riser Diagram Seacoast Security 163 State Street Bargor, Maine 207-947-0426 Stephen Spearin Branch Manager

KB KNON BOX

KP Fire Alarm Annunciator

F MANUAL PULL STATION

S Smoke Detector

H Heat Detector

15 Visual Only

75 Audio Visual

