City of Portland, Mai	ne - Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 041	01 Tel: (207) 874-8703	3, Fax: (207) 874-8	8716	2014-00286		296 C014001	
Location of Construction: Owner Name:			Owne	er Address:	•	Phone:	
208 HICKS ST	POMPEO JO	POMPEO JOHN M		PO BOX 321 GORHAM, ME 04			
Business Name:	Contractor Name	Contractor Name:		ractor Address:	Phone		
	Chris Lheureu	Chris Lheureux		8 New County R	ME (207) 247-4371		
		info@mainestatesecurity.com		05			
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:		
7	5 17	D 111		e Alarm System	B4 R3 R5		
Past Use:	Proposed Use:	3 Unit		ermit Fee: Cost of Work		CEO District:	
3 Unit (Permit #20114471) 3 Unit		INSPEC		\$40.00 ECTION:	\$2,0	000.00 8	
Proposed Project Description:							
install a Fire Alarm System	1						
		PEDESTRIAN ACTIVITIES DISTRICT		(P.A.D.)			
				ction: Approx	ved Approv	ved w/Conditions Denied Date:	
Permit Taken By:	Date Applied For:		3	ignature:			
bjs	02/12/2014	Zonnig Approvar					
This permit application	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landm	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland ☐ Flood Zone		Miscella	aneous	Does Not Require Revie	
3. Building permits are v within six (6) months	Condition			onal Use	Requires Review		
False information may permit and stop all wo	Subdivision		Interpre	tation			
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		☐ Denied		Denied		
		Date:		Date:		Date:	
I have been authorized by the jurisdiction. In addition, if	ne owner to make this app a permit for work describe	lication as his authored in the application	hat the orized a	proposed work in agreed and I agreed and I certify that	to conform to the code offic	by the owner of record and the call applicable laws of this cial's authorized representative ion of the code(s) applicable	
SIGNATURE OF APPLICANT		ADD	RESS		DATE	PHONE	