City of Portland, Maine -	- C			2013-02153	Issue Date:		315 A001001	
389 Congress Street, 04101		, Fax: (207) 874-8						
Location of Construction: 659 WARREN AVE	Owner Name: 215 FORESID	vner Name: 15 FORESIDE ROAD LLC		Owner Address: 215 FORESIDE RD SOUTH PORTLAND, ME 04106			Phone:	
Business Name:	Cunningham S	Contractor Name: Cunningham Security Systems mperkins@cunninghamsecurity.c		Contractor Address: 10 Prince Point Road Yarmouth ME 04096			Phone (207) 846-3350	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Fire Alarm System			Zone:	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Retail & Offices	Same: Retail &	& Offices	INSP	\$50.00 INSPECTION:		00.00	8	
Proposed Project Description:	1		1					
Amend Fire Alarm Permit #20	of building							
(tenant space).			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
	Action: Approved Approved w			ed w/Cond				
Permit Taken By:		Zoning Approval			2			
bjs	Zonnig Approvai							
This permit application does not preclude the		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State Federal Rules.		Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2. Building permits do not inc septic or electrical work.	Wetland		Miscella	aneous		Does Not Require Review		
3. Building permits are void i within six (6) months of th	Flood Zone		Condition	Conditional Use		Requires Review		
False information may inverge permit and stop all work	alidate a building	Subdivision		Interpre	☐ Interpretation [Approved	
	Site Plan		Approve	Approved [Approved w/Conditions		
	Maj Minor MM		☐ Denied	Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the ow I have been authorized by the or jurisdiction. In addition, if a per shall have the authority to enter such permit.	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 that	to conform to the code offic	all appli	cable laws of this orized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE