City of Portland, Maine - Building or Use Permit Application						<b>mit No:</b> 10-0101	Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703				207) 874-8716	5	10-0101			316 B0	02001	
Location of Construction: Owner Name:				Owner Address:			Phone:				
238 RIVERSIDE ST DAVISO			BISSON LLC		1111 LISBON ST						
Busi	ness Name:	Contractor Name	Contractor Name:		Contractor Address:			Phone			
		Sprinkler Syste	Sprinkler System, Inc		P.O. Box 1285 Lewiston			2077820104			
Lessee/Buyer's Name Pl		Phone:	Phone:		Permit Type:				Zone:		
					Fire Suppression System						
Past Use: Proposed Use:					Permit Fee: Cost of Work: C			CEO District:			
_			-PPG Paint &			\$50.00	\$3,00	0.00	5		
	kards- connected w/ permi		Lockards- connected w/ permit#		FIRE	DEPT:	Approved	INSPE	CTION:		
091	054 & 090399		091054 & 090399 - Install Fire					Use G	e Group: Type:		
		Suppression S	System Permit		Defined						
Prop	osed Project Description:	I									
Inst	all Fire Suppression Syster	n Permit			Signature:			Signati	nature:		
					PEDESTRIAN ACTIVITIES DISTRIC		RICT (	CT (P.A.D.) ed w/Conditions Denied			
							roved w				
								Date:			
Permit Taken By: Date Applied For:						Zoning	Approva	l			
ldo	bson	02/04/2010									
1.	This permit application do	es not preclude the	Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		U Variance			Not in District or Landmark			
2.	<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Wetland		Miscellaneous			Does Not Require Review			
3.	1		Flood Zone			Conditional Use			Requires Review		
			Subdivision		Interpretation		Approved	] Approved			
			Site	e Plan		Approve	d		Approved w/	Conditions	
			Maj 🗌	Minor MM [		Denied			Denied		
			Date:			Date:		E	Date:		

## CERTIFICATION

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

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:	Owner Address:	Pho	Phone:	
238 RIVERSIDE ST	DAVISON/BISSON LL	LC 1111 LISBON ST			
Business Name:	Contractor Name:	Contractor Address:	Pho	Phone 2077820104	
	Sprinkler System, Inc	P.O. Box 1285 Lewistor	n 20		
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:	
		Fire Suppression System	n		
<b>Dept:</b> Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date:	02/04/2010	
Note:			Ok	to Issue: 🔽	
<ol> <li>This permit is being work.</li> </ol>	g approved on the basis of plans submitt	ed. Any deviations shall require a sepa	rate approval befor	e starting that	
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date:	02/22/2010	
Note:			Ok	to Issue: 🗹	
1) Sprinkler systems t	o be designed and installed per IBC 200	3 standards Sec. 903.3.1			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date:	02/12/2010	
Note:			Ok	to Issue: 🔽	
			•		
		a licensed contractor[s] for code compl	lance.		
1) The Fire alarm and Compliance letters		•	lance.		
<ol> <li>The Fire alarm and Compliance letters</li> <li>The sprinkler syste</li> </ol>	are required.	•	lance.		
<ol> <li>The Fire alarm and Compliance letters</li> <li>The sprinkler syste</li> <li>Application require</li> </ol>	are required. m shall be installed in accordance with N	NFPA 13.			

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE