City of Portland, Maine - 389 Congress Street, 04101			rmit No: 10-0033	Issue Dat	e:	CBL: 324 B012	2001		
Location of Construction: 2000 FOREST AVE	ction: Owner Name: SCA SERVICES OF		AINE INC	Owner Address: PO BOX 1450			Phone:		
Business Name: Contractor Nam Protection One				Contractor Address: 10 Manuel Drive Portland				Phone 2073475316	
Lessee/Buyer's Name Phone:					Permit Type: Fire Alarm System				Zone:
Past Use: Commercial - "Waste Manager		Commercial - "Waste		Pern	nit Fee: \$90.00	Cost of Wo \$6,5	rk: 00.00	CEO District: 5	
Manag		nagement" - Install a fire alarm		FIRE	Approved			INSPECTION: Use Group: Type	
Proposed Project Description: Install a fire alarm					PEDESTRIAN ACTIVITIES DISTRIC		FRICT (
				Signa		ved App	proved w	v/Condition	Denied
Permit Taken By: Ldobson	Date Applied For: 01/12/2010			Zoning Approval					
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie		
 Building permits are void if work is not started within six (6) months of the date of issuance. 			Flood Zon		Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work					Interpretatio			Approved	
		Sit	te Plan		Approv	ed		Approved w/	Condition
		Maj [Mino MM		Denied			Denied	
		Date:			Date:		D	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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 2000 FOREST AVE		Owner Name:		Owner Address:	Phone:		
		SCA SERVICES OF MAINE INC		PO BOX 1450			
Business Name:		Contractor Name: Protection One		Contractor Address: 10 Manuel Drive Portland		Phone 2073475316	
				Fire Alarm System			
Dept: Zonin	ng Status:	Approved	Reviewer:	: Marge Schmuckal	Approval Dat	te: 01/1	2/2010
Note:						Ok to Issue	. 🗸
Dept: Buildi	ing Status:	Approved with Condition	s Reviewer:	: Jeanine Bourke	Approval Dat	te: 02/0	4/2010
Note:						Ok to Issue	. 🗸
	ermits are required for	any electrical, plumbing,	sprinkler, fire al	arm or HVAC or exhaus			
1) Separate pe	1	any electrical, plumbing, start as a part of this process	•	arm or HVAC or exhaus			
1) Separate per need to be	submitted for approv	al as a part of this process	5.	arm or HVAC or exhaus			
1) Separate per need to be	submitted for approv		5.	arm or HVAC or exhaus			
 Separate penneed to be Fire Alarm 	submitted for approv systems shall be insta	al as a part of this process	C 2003			ate plans may	
 Separate penneed to be Fire Alarm 	submitted for approv systems shall be insta	al as a part of this process lled per Sec. 907 of the IB	C 2003		st systems. Separa	ate plans may	4/2010
 Separate peneed to be Fire Alarm Dept: Fire Note: 	submitted for approv systems shall be insta Status:	al as a part of this process lled per Sec. 907 of the IB	s. C 2003 s Reviewer:	Ben Wallace Jr.	st systems. Separa	ate plans may te: 02/0 Ok to Issue	4/2010
 Separate peneed to be Fire Alarm Dept: Fire Note: As-built fir The fire ala 	submitted for approv systems shall be insta Status: re alarm documents sh arm system shall comp	al as a part of this process lled per Sec. 907 of the IB Approved with Condition	S. C 2003 s Reviewer: the Building In ad Standard for	Ben Wallace Jr. spections Office upon co Signaling Systems for th	t systems. Separa Approval Dat ompletion of job. te Protection of L	ate plans may te: 02/0 Ok to Issue	4/2010 : ☑
 Separate peneed to be Fire Alarm Dept: Fire Note: As-built fir The fire ala All fire alar 	submitted for approv systems shall be insta Status: re alarm documents sh arm system shall comp rm installation and ser	al as a part of this process lled per Sec. 907 of the IBC Approved with Condition nall be submitted in pdf to ply with the City of Portlar	S. C 2003 s Reviewer: the Building In ad Standard for ve a Certificate	Ben Wallace Jr. spections Office upon co Signaling Systems for th of Fitness from the Fire	t systems. Separa Approval Dat ompletion of job. te Protection of L	ate plans may te: 02/0 Ok to Issue	4/2010 : ☑
 Separate peneed to be Fire Alarm Dept: Fire Note: As-built fir The fire ala All fire alar Installation System acc 	submitted for approv systems shall be insta Status: re alarm documents sh arm system shall comp rm installation and sen of a Fire Alarm system	al as a part of this process lled per Sec. 907 of the IBC Approved with Condition hall be submitted in pdf to ply with the City of Portlar rvicing companies shall ha em requires a Knox Box to sioning must be co-ordina	s. C 2003 s Reviewer: the Building In ad Standard for ve a Certificate be installed per	Ben Wallace Jr. spections Office upon co Signaling Systems for th of Fitness from the Fire city crdinance	Approval Dat Approval Dat ompletion of job. Protection of L Department.	te: 02/0 Ok to Issue: ife and Prope	4/2010 : ☑

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 AFFLICAN	ADDRE35	DATE	FHO
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО