City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					mit No: 07-0093	Issue Date:		CBL: 331 A00	CBL: 331 A001001	
Location of Construction: 1039 RIVERSIDE ST Owner Name: 1039 RIVERSIDE ST			Owner Address:			Phone:				
Business Name: Contractor Na Delta Roofing Seacoast Sec		me:		Contractor Address: 4 Summer Street Freeport				Phone 2078650394		
Lessee/Buyer's Name Phone:				Permit Type: Fire Alarm System			Zone:			
Past Use: Commercial- Delta Roofing - bldg #14 Proposed Use: Commercial- D Fire Alarm Sys		Delta Roofing - Install			Permit Fee: Cost of Wo \$4,8 FIRE DEPT: Approved Denied		68.00 5 INSPECTION:		Туре	
Proposed Project Description: Install Fire Alarm System				Signatu PEDES Action	TRIAN ACTI	VITIES DIST		.A.D.)	Denied	
			Signature:				Date:			
Permit Taken By: Date Applied For: 01/29/2007			Zoning Approval				l			
	Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing,		Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landm		
2. Building permits do not include p septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Revie		
3. 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			ıbdivision		☐ Interpretatio			Approved		
		☐ Si	te Plan		Approv	ed		Approved w	/Condition	
			Mino MM	Denied				☐ Denied		
		Date:			Date:		Da	te:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are to such permit.	o make this appl r work described	amed proication and in the a	as his authorized application is iss	ne propo d agent sued, I c	and I agree t certify that th	o conform t se code offic	o all app cial's aut	plicable laws of horized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRES	S		DATE	Į.	P	НО	

cation of Construction: Owner Name:			Owner Address:			Phone:		
1039 RIVERSIDE ST	1039 RIVERSIDE LLC		340 FORE ST					
usiness Name:	Contractor Name:		Contractor Address:		Phone			
Delta Roofing	Seacoast Security		4 Summer Street Freeport		2078650394	ļ		
essee/Buyer's Name	Phone:		Permit Type:			Zone:		
			Fire Alarm System					
Dept: Zoning Status: A	Approved	Reviewer:	Marge Schmuckal	Approval Date	e: 01/3	0/2007		
Note:				•	Ok to Issue	: ✓		
Dept: Building Status: A	approved	Reviewer:	Tammy Munson	Approval Date	e: 02/0	9/2007		
Note:				•	Ok to Issue	: V		
Dept: Fire Status: A	approved with Condition	as Reviewer:	Cptn Greg Cass	Approval Date	e: 02/0	5/2007		
Note:			1 0		Ok to Issue	· 🗸		
1) Install shall comply with NFPA 72	<u>.</u>							
Comments:								
1/30/2007-mes: Use approved under #	06-0957							

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	PHO
DECDONGIDI E DEDCON IN CHARCE OF WORK TIT		DATE	DIIO