City of Portland, Maine - Building or Use Permit Applicat				Permit No: Issue Date:		C	CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8				2014-02323			343 C013001	
Location of Construction:	. ,	Owner Address:		•	Phone:			
96 ALLEN AVE CITY OF POI				9 CONGRESS ST PORTLAND 101				
Business Name: Contractor Name Residential Fit		:	Contractor Address:			P	hone:	
		re Protection	64 Daggett Hill Road Greene ME 042		4236 (236 (207) 946-3473		
Lessee/Buyer's Name	Phone:		Permi	Permit Type:			Zone:	
			Fire Suppression Water Based			P	R3 R5	
Past Use: Proposed Use:			Perm	it Fee:	Cost of Work:	CEO District:		
Casco Bay High School & PATHS Casco Bay High PATHS		gh School &	School & \$69.00 \$4 INSPECTION:		\$4,264	64.00 8		
Proposed Project Description:			1					
Install a water based fire suppression								
	PE		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approved Approved w/Co			d w/Condit Date:	cions Denied		
Permit Taken By: Date Applied For:						Date.		
ldobson 10/04		Zoning Approval						
This permit application does not preclude the		Special Zone or Reviews		Zoni	Zoning Appeal		storic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	Variance		ot in District or Landma	
2. Building permits do not include particles septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review			
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		Flood Zone		Condition	Conditional Use		equires Review	
		Subdivision		Interpre	☐ Interpretation [Approved	
	Site Plan		Approv	Approved		Approved w/Conditions		
	Maj Minor MM		_ Denied	Denied		☐ Denied		
	Date:		Date:	Date:		Date:		
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 such permit.	o make this appl or work describe	ication as his authord in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to all the code officia	ıll applica ıl's autho	able laws of this rized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		