City of Portland, N	Iaine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	C	CBL:	
389 Congress Street,	Fax: (207) 874-8	3716	2014-00507			357 A001001			
Location of Construction:		Owner Name:	Owner Name:			Owner Address:		Phone:	
910 RIVERSIDE ST		CITY OF PORTLAND		389 CONGRESS ST PORTLAND, ME 04101			O, ME		
Business Name:		Contractor Name:		Contractor Address:			Pl	hone	
Riverside Golf Course		Cintas Fire Protection quinnj@cintas.com		3 Tallwood Drive Bow NH 03103			3	603) 717-7300	
Lessee/Buyer's Name		Phone:		Permit Type:				one:	
Past Use:		D 17	Proposed Use:		od Systems, Cor		M ROS		
Public Golf Course with Separate		_	Golf Course with	Permit Fee: Cost of W		Cost of Work:	000.00	EO District: 8	
Pro shop		Separate Pro shop		INSPECTION:					
Proposed Project Description	n:			1					
Installation of Ansul Fi									
protect appliances at th	e restaurant a	it the Golf Course	the Golf Course.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	Action: Approved Approved was			ved w/Condit Date:	ions Denied				
Permit Taken By:	1	Zoning Approval							
bjs	Zoning Approvai								
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		storic Preservation	
Applicant(s) from Federal Rules.			Shoreland		☐ Variano	☐ Variance		ot in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous [oes Not Require Review	
3. Building permits are void if work is not s within six (6) months of the date of issuar					Conditi	Conditional Use		Requires Review	
False information permit and stop all		te a building	Subdivision		Interpre	Interpretation		pproved	
			☐ Site Plan		Approv	Approved [oproved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I ar I have been authorized l jurisdiction. In addition shall have the authority such permit.	by the owner , if a permit	to make this appl for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all application	able laws of this rized representative	
SIGNATURE OF APPLICANT			ADDI	RESS		DATE		PHONE	