City of Portland, Maine - B	uilding or Use	Permit Applica	tion   1	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Te	l: (207) 874-8703	8, Fax: (207) 874-8	8716	2014-00493		360 A004001
Location of Construction:		Owner Address:			Phone:	
1000 RIVERSIDE ST	00 RIVERSIDE ST MURETS LL			C 15 DARIN DR AUGUS?		04330 (207) 774-1822
Business Name:	Contractor Name	Contractor Name:		ctor Address:	Phone	
	Droy@connec	Connectivity Point - Dan Roy Droy@connectivitypoint.com -		Vashington Stro 1	(207) 782-0200	
Lessee/Buyer's Name	Phone:	i e		Type:	Zone:	
				Alarm System	IM	
Past Use:	Proposed Use:	-		Permit Fee: Cost of Work:		CEO District:
See Permit # 2013-02587 Storage		Storage & offices for Portland Public Library and Maine		\$200.00 \$17,120		20.00 8
offices for Portland Public Library and Maine Historical Society  Public Library Historical Society						
Proposed Project Description: install Fire Alarm						
		PEDESTRIAN ACTIVITIES DISTRICT (I		(P.A.D.)		
		Action: Approved Approved			ed w/Conditions Denied	
			Sig	nature:		Date:
Permit Taken By: Date Applied For: 03/13/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not incluse septic or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if w within six (6) months of the d	Flood Zone		Condition	onal Use	Requires Review	
False information may invalid permit and stop all work	☐ Subdivision ☐ Site Plan		Interpre	tation	Approved	
			Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	ATION			
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permishall have the authority to enter all such permit.	er to make this applit for work describe	lication as his authored in the application	rized ag is issue	gent and I agreed ed, I certify that	to conform to	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE