

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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|---|--|--|--|--|--|---|
| Location of Construction: 94 Auburn Street Portland 04103 | | Owner: Owen Pickus | | Phone: | | Permit No: 990874 |
| Owner Address: 94 Auburn Suite 3 | | Lessee/Buyer's Name: Port City Physical Therapy | | Phone: | | |
| Contractor Name: *** Grinnell Fire Protection | | Address: ** 20 Thomas Dr. Westbrook ME | | Phone: | | Zone: CBL: 375-A-023 |
| Past Use: office use | | Proposed Use: same | | COST OF WORK: \$ 1665.00 PERMIT FEE: \$ 36.00 | | |
| Proposed Project Description: Fire alarm system installation | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> | | INSPECTION: Use Group: B Type: 5A Signature: <i>[Signature]</i> | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____ |
| Permit Taken By: K. | | Date Applied For: Aug. 10 1999 K. | | | | |

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

PERMIT ISSUED
WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

Aug. 10, 1999

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT

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