Cit	ty of Portland, Ma	ine - Buil	ding or Use l	Permi	t Application	ı P	ermit No:	Issue Date	:	CBL:		
389	Congress Street, 04	101 Tel: (2	207) 874-8703	, Fax: ((207) 874-871	5	10-0694			425 A0	02001	
Loca	ation of Construction:		Owner Name:	Owner Name:			Owner Address:				Phone:	
125	5 PRESUMPSCOT ST	1901 Buil	PRESUMPSCOT STREET PROPE			PO BOX 403						
Busi	iness Name:		Contractor Name:			Contractor Address:				Phone		
			High Tech Fire Protection			P.O. Box 156 Minot			20799825	2079982551		
Less	see/Buyer's Name		Phone:		Permit Type:				•	Zone:		
						Fir	e Suppression	System				
Past	Use:		Proposed Use:		-	Permit Fee:		Cost of Wor	k:	CEO District:		
Multi - Use			Multi- Use - Ir	nstall a Water-based		\$60.00		\$3,62	20.00	4		
			fire suppressio	n system		FIRE DEPT:		Approved	INSPE	CTION:		
								Denied	Use G	roup:	Type:	
							_	_ =				
Prop	posed Project Description:					1						
Ins	stall a Water-based fire	suppression	n system			Signature: Signature			are:			
							PEDESTRIAN ACTIVITIES DISTRICT ((P.A.D.)		
						Action: Approved Approved				d w/Conditions Denied Date:		
						Signature:						
D.	*/ T. J. D.	ID ()							_			
Permit Taken By: Date Applie			_				Zoning Approval					
ldobson 06/15				Special Zone or Revie		ws Zoning Appeal				Historic Preservation		
1.	This permit applicati		•			WS	Zoning Appear					
Applicant(s) from meeting applications Federal Rules.			cable State and	Shoreland			Variance			Not in District or Landmark		
2.	Building permits do septic or electrical w	plumbing,	Wetland			Miscellaneous			Does Not Require Review			
3. Building permits are void if work is within six (6) months of the date of				Flood Zone		Conditional Use		Requires Review				
	False information mapermit and stop all w	-	a building	Subdivision			☐ Interpretation		Approved	Approved		
				Site Plan			Approved			Approved w/Conditions		
					Minor MM	Denied				Denied		
				Date:			Date:			Date:		
that this repr	ereby certify that I am to I have been authorized jurisdiction. In additional transfer in the control of the co	d by the own on, if a perm he authority	ner to make this nit for work desc	amed pr applica cribed in	tion as his authon the application	he prorized	d agent and I a ssued, I certify	agree to con that the co	form to de offic	all applicable ial's authorized	laws of	
SIG	SNATURE OF APPLICANT				ADDRES	S		DATE	E	PHO	NE	

Location of Construction:	Owner Name:		Owner Address:	Phone:						
125 PRESUMPSCOT ST 1901 Buil	PRESUMPSCOT STI	REET PROPE	PO BOX 403							
Business Name:	Contractor Name:		Contractor Address:	Phone						
Laggae/Dayron's Nome	High Tech Fire Protect		P.O. Box 156 Minot Permit Type:		20799825	Zone:				
Lessee/Buyer's Name	rnone:		Fire Suppression System	n		Zone:				
		J	The Suppression System	II						
Dept: Zoning Status: A	pproved	Reviewer	: Marge Schmuckal	Approval Da	te: 06/1	6/2010				
Note:					Ok to Issue	: V				
Dept: Building Status: A	nnroved	Reviewer	: Tammy Munson	Approval Da	te: 07/0	6/2010				
Note:	rr		. 1		Ok to Issue					
•	pproved with Condition	ns Reviewer	: Capt Keith Gautreau	Approval Da		5/2010				
Note:					Ok to Issue	: '				
1) Sprinkler protection shall be maintained.										
system has been placed back in se	system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the been placed back in service.									
2) The Fire alarm and Sprinkler syste	The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.									
Compliance letters are required.										
3) The sprinkler system shall be insta	The sprinkler system shall be installed in accordance with NFPA 13.									
4) Application requires State Fire Ma	arshal approval.									
5) Fire department connection type a) Fire department connection type and location shall be approved in writing by fire prevention bureau.									
6) System acceptance and commission Department. Call 874-8703 to sch	System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire									
Department. Can 674-6703 to ser	icauic.									
		ERTIFICATION)N							
I hereby certify that I am the owner of		_		rized by the ou	mer of reco	rd and				
that I have been authorized by the own										
this jurisdiction. In addition, if a perm										
representative shall have the authority code(s) applicable to such permit.	to enter all areas cover	ed by such perm	it at any reasonable hour	to enforce the p	provision of	the				
code(s) applicable to such permit.										
GIGNATURE OF ARRAYS AND		, nnn====	_	NA TEN	P**C-					
SIGNATURE OF APPLICANT		ADDRESS	Ι	DATE	PHON	NE.				