

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

Location of Construction: 111 Cumberland Ave		Owner: Martie Dibiase		Phone: 846-5229		Permit No: 001158	
Owner Address: PO Box 407 Yarmouth ME 04096		Lessee/Buyer's Name: Subs Unlimited Inc		Phone: BRIAN AT 111 Cumberland Ave		Business Name:	
Contractor Name: Leavitt and Parris Inc		Address: 797-0100		Phone:		Permit Issued: 08/13/2000	
Past Use: Commercial		Proposed Use: Same		COST OF WORK: \$ 0		PERMIT FEE: \$ 95.80	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description: 26 ft awning <i>AWNING - NO SIGNAGE</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: GG		Date Applied For: Aug 14 2000 K					

Zone: *DR* CBL: 013-F-004
 Zoning Approval: *ok with conditions*
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

10/13/00

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *S*

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: Aug 14 2000 PHONE: _____

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

PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT

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