

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

Location of Construction: 71-73 India Street		Owner: Dominic Reali Amato's Sandwich Shops Inc.		Phone: 828-5981		Permit No: 991286
Owner Address: 312 St. John Street Ptland, ME		Lessee/Buyer's Name: N/A Contact Person		Phone: N/A		
Contractor Name: Great Falls, Bldrs. Inc. Jon Smith		Address: * Sam Colley 27 Wards Hill Rd, Gorham, ME 04038		Phone: 329-5825 892-2744 try cell lst		Permit Issued:
Past Use: Parking Lot/Sandwich Shop		Proposed Use: Same		COST OF WORK: \$ 300,00 PERMIT FEE: \$ 1,824 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: Signature:		
Proposed Project Description: Construct a 55' x 55' sandwich shop as specified by the plans. A PERMIT WILL BE APPLIED FOR AT LATER DATE FOR THIS *** PERMIT IS FOR FOUNDATION WORK ONLY				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		Zone: B2 CBL: 020-D-031 Zoning Approval: <i>OK with conditions 11/19/99</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/>
Permit Taken By: Ub		Date Applied For: 11-18-99		#19990159 Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>foundation only</i>		

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..

***Please Call: Sam Colley at 828-5981
For Pick Up

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: 11-17-99 PHONE: _____

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

PERMIT ISSUED
REQUIREMENTS
 UB
SAC