

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

Location of Construction: 59 Myrtle St		Owner: ANTONIO CAVALLARO	Phone: 773-6960	Permit # 960720
Owner Address: SAME		Leasee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: W. D BROWN		Address: P.O. Box 339 - OLD FALLS RD		Phone: 985-8944
Past Use: 2fam.		Proposed Use: West Kenndunk, ME 04011	COST OF WORK: \$ 47,000	PERMIT FEE: \$ 255.00
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
Proposed Project Description: repair A/fine AS per plans		Signature:		Signature:
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
Permit Taken By: ms		Date Applied For: 7/19/96		

PERMIT ISSUED
 Permit Issued:
JUL 24 1996
CITY OF PORTLAND

Zone: **R-6** CBL: **26k-2**
 Zoning Approval: **2 P.U. P.A.**
Special Zone or Reviews:
 Shoreland **to remain**
 Wetland **2 units A/fine**
 Flood Zone **in area**
 Subdivision **require A Sep**
 Site Plan **major minor mm**
Permit 7/24/96

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: **7/24/96**

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 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 *Antonio Cavallaro* ADDRESS: **32 Label Ave Portland 7/19/96** PHONE: **797-7538**
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE *Leo K. Hinckley Supervisor* PHONE: **702-7538**

CEO DISTRICT **2**
T. Hinckley

COMMENTS

8/8/96 - Did walk thru space - most of 1st flr gutted -
discussed fire ratings & fire doors & smokes.
No finish work started yet.

11/12/96 OK, Completed. A. Rowe

X

960720
26-K-2

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____