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|---|--|---|--|--|--|--|
| Location of Construction:<br>10 Hampshire St.                           |  | Owner:<br>L. Claude Mendel                  |  | Phone:<br>774-7411   |  | Permit No:<br><b>991040</b>  |
| Owner Address:<br>10 Hampshire St. #111                                 |  | Lessee/Buyer's Name:<br>Adam Sanjalla       |  | Phone:<br>207 874 9319   |  |  |
| Contractor Name:<br>Lynch Electric                                      |  | Address:                                    |  | Phone:   |  | Zone: CBL: 028-0-16  |
| Past Use:<br>Comm./Wholesale  |  | Proposed Use:<br>Lounge                     |  | COST OF WORK:<br>\$  |  |  |
|   |  |   |  | FIRE DEPT. <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied |  | INSPECTION:<br>Use Group <b>A3</b> Type: <b>53</b><br><b>000496</b><br>Signature: <i>Hoffman</i>   |
| Proposed Project Description:<br>Change of Use from Wholesale to Lounge |  |   |  | Signature: <i>[Signature]</i>  |  |  |
| Permit Taken By: <i>Mary</i>  |  | Date Applied For: <i>September 13, 1999</i> |  |  |  | Zoning Approval:<br><b>Special Zone or Reviews:</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> |

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 mail permit to:  
36 Hill St.  
Seco, ME 04072  
ATTN: Adam Sanjalla

**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

9/13/99

|   |          |       |        |
|---|----------|-------|--------|
| SIGNATURE OF APPLICANT                      | ADDRESS: | DATE: | PHONE: |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE |          |       | PHONE: |

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

CEO DISTRICT



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 18 Hampshire Street CBL: 028-0-016

Issued to D. Cicco Macchini

Date of Issue February 3, 2000

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 991040, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Lounge

**Limiting Conditions:**

**This certificate supersedes  
certificate issued**

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar

COMMENTS

11/9/99 <sup>2001</sup> Met @ Site with A.S. Sang. No permit received  
Parting to start work. Did Mr. Sang. No secures additional  
Parting in building lot DC

2/3/99 DC Zoning issues resolved work completed at site

Inspection Record

Date

Foundation: \_\_\_\_\_

Framing: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_

