

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

Location of Construction: 2 India St Ptld 04101		Owner: Pasquale Lapomarda		Phone: 773-1353		Permit No: <b>990035</b>			
Owner Address: 59 Bay St		Lessee/Buyer's Name: Ted Keneko		Phone:		BusinessName:			
Contractor Name: Four Seasons Fence Co.		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>JAN 14 1999</b>  <b>CITY OF PORTLAND</b> </div>			
Past Use: Restaurant		Proposed Use: Same		COST OF WORK: \$ 8200 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>				PERMIT FEE: \$ 65 INSPECTION: Use Group: <i>4</i> Type: <i>5B</i> BOCA Signature: <i>[Signature]</i>	
Proposed Project Description: 100lf x 7' fence w/pergola gate				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____				Zone: <i>B3</i> CBL: 029-N-042 Zoning Approval: <i>separate permit needed for new sign</i> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SP =		Date Applied For: January 7, 1999							

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..

Send to: Port CityArchitecture  
71 Federal St  
Portland ME 04101

**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: January 7, 1999		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved as per H. P. Council decision  
 Approved with Conditions  
 Denied

Date: *DA 1/14/99*  
*to D.A*  
*1/18/99*

*DA 1/14/99*  
*AR/DC*  
**CEO DISTRICT** 1