City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 8 0 5 3 4 Phone: Location of Construction: Owner: 772-9232 337 Cumberland Ave Napolitano, Anthony PERMIT ISSUED Lessee/Buver's Name: Owner Address: Phone: BusinessName: SAA Ptld, ME 04101 Permit Issued: Contractor Name: Address: Phone: **88** 2 **8** 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 25,00 CITY OF PORTLAND FIRE DEPT. Approved INSPECTION: Restaurant Use Group: ☐ Denied Type: Zoner CBL: Signature: Zonina Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (1 Approved Action: Approved with Conditions: Conduct Outside Dining 1998 Season □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 18 May 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied ⊮istoric Preservation ☑Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved 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 ☐ Approved with Conditions □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 19 May 1998 **SIGNATURE OF APPLICANT** ADDRESS: DATE: 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

CEO DISTRICT

A Rowe