## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Phone: Permit No:

Location of Construction:  Owner: *** RONALD SPINELLA				Phone:		Permit No:			
Owner Address: *** 377 CUMBERLAND AVE PORTLAND 041	Phone:		BusinessName:						
Contractor Name:	Address:		Phone:			Permit Issued:	_		
Past Use:	Proposed Use:	COST OF	WORK:	_	PERMIT FEE: \$30.00	-	<b>3</b>		
6 UNIT	5 CONDOS	FIRE DEF	T. 🖸 Ap Der	nied	INSPECTION: Use Group 8-2 Type: 5 B BOCA 99 Signature: Holker	Zone; CBL:	045-B-004	—— ŀ	
Proposed Project Description:		PEDESTR	IAN ACT	<b>FIVITIE</b>	S DISTRICT (PA.D.)	Zoning Approval:	and the	- -	
CHANGE OF USE FROM 6 UNIT APT TO 5 CONDOS			Action: Approved				Reviews:	$\int_{\infty}$	
		Signature:			Date:	☐ Flood Zone ☐ Subdivision			
Permit Taken By: K	Taken By: Date Applied For: DEC. 15 2000						☐ Site Plan maj ☐minor ☐mm ☐		
<ol> <li>Building permits do not include plumbing, sep</li> <li>Building permits are void if work is not started tion may invalidate a building permit and stop</li> </ol>	within six (6) months of the date of	of issuance. False in	forma-			☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied			
	CERTIFICATION	I			PERMI <b>T ISSUED</b> WITH REQUIREMENTS	Historic Pres	r Landmark ire Review w	l.	
I hereby certify that I am the owner of record of the authorized by the owner to make this application as if a permit for work described in the application is a areas covered by such permit at any reasonable hor	named property, or that the proposes his authorized agent and I agree assued, I certify that the code office	sed work is authorize to conform to all ap ial's authorized repr	plicable la esentative	aws of the shall ha	is jurisdiction. In addition,	☐ Approved with ☐ Denied	Conditions		
			15 2000 K		BUONE	PERMIT ISSUED			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:			PHONE:	PERMIT ISSUED WITH REQUIREMEN	112		
RESPONSIBLE PERSON IN CHARGE OF WORK	T, TITLE				PHONE:	CEO DISTRICT	2		