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: Permit No: O 1 Michael Coughlin 797-3381 102 Park Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: **Rick Romano-Papi & Romano Bldrs. P.O. Box 1079 Portland, ME 04104 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 12,000 96.00 **FIRE DEPT.** □ Approved INSPECTION: 1-Family Same Use Group: 13 Type: 53 ☐ Denied CBL: 045-B-007 130 CA 96 Ze ne Signature: Signature: **Proposed Project Description:** Zonind Approva PEDESTRIAN ACTIVITIES DISTRICT (P. Action: Approved Deck on the 5th floor of a single family home. Special Zone or Rev Approved with Conditions: ☐ Shoreland Denied П □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: KA 10-1-99 **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. 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.. **Send To: Rick Romano □ Denied Papi & Romane Bldrs P.O. Box 1079 **Historic Preservation** □ Not in District or Landmark Portland, ME 04104 ☐ Does Not Require Review □ Requires Review **PERMIT ISSUED** Action: WITH REQUIREMENTS **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 □ 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 10-1-99 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

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