

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

Location of Construction: 102 Park Street 04102		Owner: Mike Coughlin		Phone: 774-1243		Permit No: 200107	
Owner Address: York Street, Portland, ME		Lessee/Buyer's Name: N/A		Phone: N/A		Business Name: N/A	
Contractor Name: **Papi & Romano Builder		Address: P.O. Box 1079, Portland, ME 04104		Phone: Not Given		Permit Issued: NOV 19	
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$ 70,000		PERMIT FEE: \$ 444.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B-3 Type: 5B BOC #96	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: Interior renovations				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: KA				Date Applied For: 11-15-99			

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 Send To:
Papi & Romano Builder
P.O. Box 1079
Portland, ME 04104

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: 11-15-99	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:

Zone: *A-6* CBL: 045-B-007

Zoning Approval: *OK with conditions*

Special Zone or Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan maj minor mm

11/17/99

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

Historic Preservation

- Not In District or Landmark
- Does Not Require Review
- Requires Review

Action: *as per Committee*

- Approved *and staff review*
- Approved with Conditions
- Denied

Date: *To D.A. 11/17/99*

[Signature] *11/18/99*

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT

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