<b>City of Portland, Maine -</b> 389 Congress Street, 04101	U			rmit No: 05-1328	Issue Date	e:	CBL: 065 A01	1001
Location of Construction: 312 ST JOHN ST	Owner Name: DOMINIC REA	ALI REALTY LLC	Owner Address: 312 ST JOHN ST 2ND FL				Phone:	
Business Name:	Contractor Nan Great Falls Bui			Contractor Address: 27 Wards Hill Rd Gorham			<b>Phone</b> 2078922744	
Lessee/Buyer's Name	Phone:			nit Type: terations - Commercial				Zone:
Past Use: Commercial / Sandwich Shop		Proposed Use: Amato's/ Tenant Fit-up - interior alterations for Amatos		nit Fee: Cost of Work: \$1,371.00 \$150,000.0			CEO District:02	
	alterations for			FIRE DEPT: Approved Denied			NSPECTION: Jse Group: Type	
<b>Proposed Project Description:</b> Tenant Fit-up - interior alterati		Signature: S PEDESTRIAN ACTIVITIES DISTRI		Signature	8			
						ved w/Condition Denied		
			Signa	ture:		Ε	Date:	
Permit Taken By: ldobson	<b>Date Applied For:</b> 09/09/2005	Zoning Approval						
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Special Zone or Rev	al Zone or Reviews Zoning Appeal			Historic Preservation		
		Shoreland	Variance		2		Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		Wetland	Wetland Miscellaneous			Does Not Require Revie		
<ul> <li>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</li> </ul>		Flood Zon		Conditional Us			Requires Review	
		Subdivision		Interpretatio			Approved	
		Site Plan		Approve	ed		Approved w	Condition
		Maj 🗌 Mino 🗌 MM	1	Denied			Denied	
		Date:		Date:		Date	e:	

## 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

location of Construction:	Owner Name:		Owner Address:		Phone:	
312 ST JOHN ST	DOMINIC REALI REAL	LTY LLC	312 ST JOHN ST 2ND FL			
Business Name:	Contractor Name:		Contractor Address:Phone27 Wards Hill Rd Gorham2078		hone	
	Great Falls Builders, Inc	с.			2078922744	
Lessee/Buyer's Name	Phone:		Permit Type:	it Type:		
			Alterations - Commerc	ial		
Dept: Zoning Statu	s: Approved with Conditions	s Reviewer:	Marge Schmuckal	Approval Date:	09/16/2005	
Note:			C		k to Issue: 🔽	
work.						
<ul><li>work.</li><li>2) Separate permits shall be requ</li></ul>		s Reviewer:	Mike Nugent	Approval Date:	10/03/2005	
work. 2) Separate permits shall be requ	uired for any new signage.	s <b>Reviewer:</b>	Mike Nugent	Approval Date:		
work. 2) Separate permits shall be requ Dept: Building Statu Note: 1) Separate submissions and per	s: Approved with Conditions	and Exhaust sy	vstem alterations.Left me	C essage with builder	ok to Issue: 🔽	
work. 2) Separate permits shall be requ Dept: Building Statu Note: 1) Separate submissions and per	s: Approved with Conditions		vstem alterations.Left me	0	9 <b>k to Issue:                                   </b>	
work. 2) Separate permits shall be requ Dept: Building Statu Note: 1) Separate submissions and per Dept: Fire Statu	s: Approved with Conditions	and Exhaust sy	vstem alterations.Left me	O essage with builder Approval Date:	ok to Issue: 🔽	
work. 2) Separate permits shall be requ Dept: Building Statu Note: 1) Separate submissions and per	<ul> <li>s: Approved with Conditions</li> <li>rmits are required for Signage</li> <li>s: Approved</li> </ul>	and Exhaust sy	vstem alterations.Left me	O essage with builder Approval Date:	9 <b>k to Issue:                                   </b>	

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО