City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: 774-4109 Permit No 9 8 773-7239 102 Baxter Blvd Napolitano, Robert Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 04101 SAA Permit Issued: Contractor Name: Address: Phone: SEP 1 5 1998 T.M. Masonry COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 14,000.00 90.00 CITY OF PORT **FIRE DEPT.** □ Approved **INSPECTION:** 1-fam Same ☐ Denied Use Group: Zone:-(ζ-5 Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (Action: Approved Approved with Conditions: □ Shoreland Construct Facade \Box Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: MG 04 September 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 3. □ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation Not in District or Landma ☐ Does Not Require Re ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 04 September 1998 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector