

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

Location of Construction: 102 Baxter Blvd		Owner: Robert Nopalitano		Phone: 773-7239		Permit No: 990259	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Randy Smith		Address: 273 North Buckfield Rd		Phone: 336-2438		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: 25 1999 CITY OF PORTLAND </div>	
Past Use: 1-family		Proposed Use: Same w/addition		COST OF WORK: \$ 8000 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:			
Proposed Project Description: Construct 14 x 18 addition				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: MG		Date Applied For: March 24, 1999					

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..

Call Mr. Napolitano for P/u 773-7239

PERMIT ISSUED WITH REQUIREMENTS

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

March 23, 1999

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

Zone: **R-5** CBL: 112-A-004 **95**

Zoning Approval: *ok with conditions*

Special Zone or Reviews:

Shoreland *S 3/25/99*

Wetland

Flood Zone

Subdivision

Site Plan maj minor mm

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: _____

CEO DISTRICT 2