Cit	y of Portland, Maine - Bui	ilding or Use Pe	ermit A	Application	F	Permit No:	Issue Dat	te:	CBL:		
389	Congress Street, 04101 Tel:	(207) 874-8703,	Fax: (2	207) 874-8716		04-0249			116 E00	1001	
Location of Construction: Owner Name:						Owner Address:			Phone:		
500 Forest Ave Five Hundred				Forest Avenue		477 Congress St Fl 5					
Business Name: Contractor Nam					Contractor Address:				Phone		
			imino Construction Co.			5 Pleasant Hill					
					Permit Type:				1		
					Alterations - Commercial						
					Permit Fee: Cost of Work:			ork:	CEO District:		
		Office/Retail: R	Repair/replace exterior ew roof cornice		- 0.	\$291.00		00.00	3		
						Ψ2>1.00		T	NSPECTION:		
		,				Lisa Group:				Type	
						L	Denied		1	71	
Proi	posed Project Description:										
_	pair/replace exterior brick facade	· new roof cornice			Sign	noturo		Signat	ignature:		
rc	gan/replace exterior blick facade	, new root cormec			Signature:						
					I EDESTRIAN ACTIVITIES DISTRIC						
							Ap	proved v	ed w/Condition		
	Date	Applied For:									
bu		Applied Fol.									
KW	kwd			Special Zone or Review		ews Historic Preservati				onvotion	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Spec	iai Zone or Kevi	iews	ews Historic			—	ervation	
									Not in Distri	ct or Landm	
						_					
2.	Building permits do not include plumbing, septic							Does Not Require Revie			
	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										
									Approved w/Condition		
			Maj 🔲 🔲 MM								
								l l			
				CERTIFICATION)N						
Lho	reby certify that I am the owner	of record of the no				conocad work is	c outhorized	by the	owner of recor	d and that	
	ve been authorized by the owner										
	sdiction. In addition, if a permit										
			nable hour to enforce the provision of the co								
	uch permit.		1	J			r		(-/ - r	•	
CTC	NATURE OF ARMAGANA				a		- · -				
SIG	NATURE OF APPLICAN			ADDRES	S		DATI	크	PI	HO	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	C	Owner Address:	I	Phone:		
500 Forest Ave	Five Hundred Fore	Five Hundred Forest Avenue					
Business Name:	Contractor Name:	Contractor Name: Cimino Construction Co.		Contractor Address:		Phone	
	Cimino Constructio			carborough			
Lessee/Buyer's Name	Phone:	F	Permit Type:				
			Alterations - Commerc	cial			
Dept: Sta	atus: Approved	Reviewer:	Marge Schmuckal	Approval Dates	: 03/16	5/2004	
Note:					Ok to Issue: 🔽		
Note.				C	K to issue.	•	
	atus: Approved	Reviewer:	Mike Nugent	Approval Date:	: 03/18	3/2004	
	atus: Approved	Reviewer:	Mike Nugent	Approval Date:		3/2004	
Dept: Building Sta	atus: Approved	Reviewer:	Mike Nugent	Approval Date:	: 03/18	3/2004	
Dept: Building Sta	atus: Approved	Reviewer:		Approval Date:	: 03/18 Dk to Issue :	3/2004	

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	PHO