## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: 774–3827 Permit No: 9 9 053 ocation of Construction: Owner: 04103 Joseph Capelluti Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Pr. \*\*\*\*\*112 Pleasant Ave. Ptland 04103 Permit Issued: Address: Contractor Name: Phone: Owner MY 2 5 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 500.00 \$ 25.00 4-Family Same INSPECTION: RAZE **FIRE DEPT.** □ Approved Use Group: ☐ Denied CBL:<sub>130-D-002</sub> BOCA 96 Signature: Signature: Zoning Approval: 4 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews Remove 2 car garage from lot. Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai 何min Permit Taken By: Date Applied For: UB 5-17-99 **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 ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied PERMIT ISSUET **Historic Preservation** WITH REQUIREMENTS Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** □ Appoved 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 □ Approved with Conditions □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 5-17-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector