

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

Location of Construction: 1107 Forest Ave		Owner: Parker, Sterling		Phone: 829-5974	
Owner Address: Greely Rd Cumberland, ME 04021		Lessee/Buyer's Name: James J. DiFilippo, DMD		Phone: BusinessName:	
Contractor Name: Maineland Structures, Inc.		Address: P.O. Box 128 Gorham, ME 04038		Phone: 856-1817	
Past Use: 1-fam		Proposed Use: Dental Office		COST OF WORK: \$ 8,000.00 PERMIT FEE: \$ 60.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: 5B Signature: <i>[Signature]</i>	
Proposed Project Description: Prepare existing structure so that it can be used as a dental office.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: <i>[Signature]</i> Date: _____	
Permit Taken By: MN		Date Applied For: 24 September 1998			

Permit No:
981205

PERMIT ISSUED
 Permit Issued:
21 1998

CITY OF PORTLAND

Zone: B-2 CBL: 150-C-002

Zoning Approval: *[Signature]*
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm
commercial on left side

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: *[Signature]*

** call Dr. DiFilippo to pick up 7739850*

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 25 September 1998 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

CEO DISTRICT **3**