City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) \$74-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 630 Ocean Ave J.H.A. Properties, Inc. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 640 Ocean Ave 04103 Permi Issued: Contractor Name: Address: Phone: C.M. Cimino, Inc. 3 Warren Ave Westbrook, ME 04092 854-8876 IN - 9 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 10,330,000.00 \$ 51,670.00 Vacant Residential INSPECTION: **FIRE DEPT.** □ Approved Type:5A ☐ Denied Use Group? 174-A-013+ Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Approved with Conditions: ☐ Shoreland Intermediate Care Facility Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP/MG 03 June 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 **Approved** tion may invalidate a building permit and stop all work... □ Denied Application For Site Plan 5/27/97. Beceived In Inspection for Building Permit 3/June 198 **Historic Preservation** □ Not in District or Landmark Does Not Require Review ☐ 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 June 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT