

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

Location of Construction: 640 Ocean Ave 04103		Owner: CEDARS NURSING HOME		Phone: 772-5456		Permit No: <b>991266</b>	
Owner Address: 630 Ocean ave		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: **Cimino Inc.		Address: ****3 Warren Ave <del>Roxbury</del> <b>Westbrook</b> Me		Phone: 854-8876		Permit Issued:  NOV 10	
Past Use:  Nursing home		Proposed Use:  same		COST OF WORK: \$ 120,000		PERMIT FEE: \$ 744.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description:  Connector Addition to Cedars				Signature: <i>[Signature]</i>		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <b>R-S</b> EBL: 174-A-013	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval <i>shall abide by original</i> <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <b>Approved</b> <input type="checkbox"/> Wetland <b>plans</b> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <b>K</b>		Date Applied For: <b>Nov. 8 1999 K</b>				11/10/99 <b>Zoning Appeal</b>	

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..

- 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]*

**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: **Nov. 8 1999** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERMIT ISSUED**  
**WITH REQUIREMENTS**  
**CEO DISTRICT**  
*[Signature]*