City of Portland, Maine - Bui	O			2014-02613	Issue Date:		CBL: 224 B007001	
389 Congress Street, 04101 Tel: (	(207) 8/4-8/03   Owner Name:	, Fax: (207) 874-8						
Location of Construction: 315 CAPISIC ST	OWARD & NOR JTS	Owner Address: 315 CAPISIC ST PORTLAND, M 04102			Phone: (207) 415-9348			
Business Name:	Contractor Name: Napalitano Excavating, Inc.		Contractor Address: 18 Mill Ridge Road North Yarmouth ME 04097				Phone: (207) 829-3750	
Lessee/Buyer's Name	Phone:		Permit Type: Foundation Only/Residential				Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:		
Single-Family Home	Single-Family	Home	INSP	\$212.00 ECTION:	\$18,120.00		6	
Proposed Project Description:			1					
Phase I - Foundation only for the pro								
proposed addition - 16' x 40' - Phase garage must be applied for on a sepa			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied					
			Signature: Date:					
Permit Taken By: Date A		Zoning Approval						
dmc 11/17/2014		Special Zone or Reviews		Zoni	Zoning Appeal Historic			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Shoreland					istoric Preservation  Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review			
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Conditi	nal Use Require		Requires Review		
False information may invalidat permit and stop all work	e a building	ing Subdivision		Interpretation		Approved		
	Site Plan		Approv	Approved		Approved w/Conditions		
	Maj		Denied	☐ Denied		Denied		
	Date:		Date:	Date: J		Date:		
I hereby certify that I am the owner o I have been authorized by the owner i jurisdiction. In addition, if a permit f shall have the authority to enter all ar such permit.	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all appli al's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE