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

Location of Construction: 271 Capisic Street	Owner: Anthony DiMi	Phone:	774-0924	Permit No:	
Owner Address: SAA	Lessee/Buyer's Name:	Phone: Busines	ssName: N/A	000416	
Contractor Name: Terry Brown Builders Past Use:	Address: 18 Foxwell Dr., Scarborough, ME 04074 *** 829-4315 Proposed Use: COST OF WORK: Phone: ** Terry 18 Foxwell Dr., Scarborough, ME 04074 *** 829-4315			Permit Issued:	
1-Family	Same	\$ 22,800.00 FIRE DEPT. □ Approved □ Denied Signature:	INSPECTION: Use Group: R-3 Type 53 BOC 499 Signature: Helpe	Zone: CBL: 224-B-009	
Proposed Project Description: 10' wide window dormer in master bedroom on front of the house roof. PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Approved with Conditions: Denied Signature: Date:				Zoning Approval: Special Zone or Reviews: Shoreland Wetland Flood Zone Subdivision Site Plan maj Dminor Dmm	
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 ***Call for Pick Up				Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied	
Terry, 829–4315 CERTIFICATION 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				Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action: Approved Approved with Conditions Denied Date:	
SIGNATURE OF APPLICANT	ADDRESS:	4-26-00 DATE:	PHONE:	-	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:			CERTIFICATION OF MENTS		
Whita_D	ermit Desk Green-Assessor's Can	arv_D PW Pink_Public File	Ivony Card-Inspector	MILLINGHOUSE INTO	