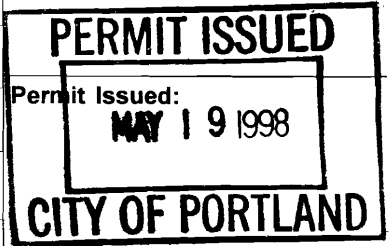


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Permit No: **980511**

Location of Construction: 267 Warren Ave		Owner: Joseph Capozza, Jr.		Phone: 797-7635	
Owner Address: SAA Ptd, ME 04103		Lessee/Buyer's Name: Capozza Tile Co.		BusinessName:	
Contractor Name: Pochebit Co., Inc.		Address: 171 Warren Ave Ptd, ME 04103		Phone:	
Past Use: Whse/Office		Proposed Use: XXX Same		COST OF WORK: \$ 6,700.00	
				PERMIT FEE: \$ 55.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: <i>20</i> Type: <i>20</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description: Int Reno		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: _____ Date: _____	
		Action: Approved <input type="checkbox"/>			
		Approved with Conditions: <input type="checkbox"/>			
		Denied: <input type="checkbox"/>			
Permit Taken By: Mary Gresik		Date Applied For: 07 May 1998			



Zone: **B-4** CBL: 296-A-011

Zoning Approval: *OK 5/7/98*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark *5*
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

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

07 May 1998

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT **7**