City of Portla	and, Maine - Bui	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress S	Street, 04101 Tel:	(207) 874-8703	3, Fax: (207) 874-8	3716	2014-02029		327 B004001	
Location of Constru	uction:	Owner Name:		Owne	er Address:		Phone:	
1844 FOREST AVE		ZAPPIA GABRIEL J		18 COTTAGE LN CAPE ELIZABETH, ME 04107			ВЕТН,	
Business Name:		Contractor Name	2:	Conti	ractor Address:	Phone:		
		A-American		31 East Grande Avenue Old Orchard Beach ME 04064			rd (508) 510-2666	
Lessee/Buyer's Name		Phone:	Phone:		it Type:	Zone:		
					e Suppression W	B2		
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Place of Assembly/ Community Hall		Same: Place of Assembly/Community Hall		Dich	\$245.00 \$20,300.00 SPECTION:		00.00 8	
Proposed Project D	-							
For the installat	n System PEDESTRIAN ACTIVITIES DISTRI		FIEC DICTRICT	CITE (D. A. D.)				
					tion: Approved Approved w/Conditions Denied			
				S	ignature:		Date:	
Permit Taken By: Date Applied For: 09/04/2014			Zoning Approval					
This permit application does not preclude t			Special Zone or Rev		S Zoning Appeal		Historic Preservation	
	s) from meeting appl		Shoreland		☐ Variano	e	Not in District or Land	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous	Does Not Require Rev	
3. Building per within six (ermits are void if wo	e of issuance.	Flood Zone		Conditi	onal Use	Requires Review	
False information may invalidate a building permit and stop all work			☐ Subdivision		Interpre	tation	Approved	
			Site Plan		Approv	ed	Approved w/Condition	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
I have been auth jurisdiction. In a	orized by the owner addition, if a permit	to make this app for 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	y the owner of record and all applicable laws of this ial's authorized representat on of the code(s) applicabl	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RESPONSIBLE PE	RSON IN CHARGE OF	WORK, TITLE				DATE	PHONE	