City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No. 9 9 0 8 5 8 Owner: Michal Orr 1355 Washington Ave. Owner Address: Lessee/Buver's Name: Phone: BusinessName: SAA Permit Issued: Address: Contractor Name: Phone: Portland, ME 04104 772-3611 **John B. DiSanto & Sons, Inc. P.O. Box 981 AIG 1 3 1959 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 750.00 \$ 30.00 Pizza Restaurant Storage **FIRE DEPT.** □ Approved INSPECTION: Use Group: U Type 5 3 ☐ Denied CBL: BOCA 96 401-A-006 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: 8x12 Storage Shed Approved with Conditions: □ Shoreland Denied \Box □ Wetland (*Site Plan exempt granted) □ Flood Zone ☐ Subdivision Signature: Date: MSite Plan maj □minor □mm □ Permit Taken By: Date Applied For: August 11, 1999 KΑ Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied **** Send To: John B. DiSanto & Sons, Inc. **Historic Preservation** P.O. Box 981 ☐ Not in District or Landmark ☐ Does Not Require Review Portland, ME 04104 ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: CERTIFICATION □ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 8-11-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** ÐΒ

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector