



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

Constance Cofone/Michael Parlin
Applicant
1259 Washington Ave, Portland 04103
Applicant's Mailing Address

April 4, 19978
Application Date
Fill permit
Project Name/Description

Consultant/Agent
797-2127
Applicant or Agent Daytime Telephone, Fax

Address of Proposed Site
402-C-3
Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply): New Building Building Addition Change of Use Residential
 Office Retail Manufacturing Warehouse/Distribution Other (specify) fill permit

Proposed Building Square Feet or # of Units _____
Acreage of Site _____
Zoning R-3

Check Review Required:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input checked="" type="checkbox"/> Other <u>fill permit</u> |

Fees paid: site plan _____ subdivision _____ FILL PERMIT/0-500 CU YDS \$50.00

Approval Status: _____ Reviewer Jim Wendol

- Approved Approved w/Conditions listed below Denied

- _____
- APPLICANT WILL NEED A TIER 3 NRPA PERMIT. THE
- OWNER DOES NOT HAVE THE MONEY AND WILL LIKELY NOT
- PURSUETHE PROCESS

Approval Date _____ Approval Expiration _____ date Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date _____

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____ date _____	_____ amount _____	_____ expiration date _____
<input type="checkbox"/> Inspection Fee Paid	_____ date _____	_____ amount _____	
Performance Guarantee Reduced	_____ date _____	_____ remaining balance _____	_____ signature _____
Performance Guarantee Released	_____ date _____	_____ signature _____	
Defect Guarantee Submitted	_____ submitted date _____	_____ amount _____	_____ expiration date _____
Defect Guarantee Released	_____ date _____	_____ signature _____	

Address: 1259 Washington Ave

402-C-003