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

Location of Construction:	Owner:		Phone:	Permit No:
18 Veranda St., Portland Vincenzo J. De		Depaolo	(207) 797-8552	990430
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
201 Harvard St., Portland	Naturally Yours, Inc.	(207) 799-	3023	PERMIT ISSUE
Contractor Name:	Address:	Pho	one:	Permit Issued
Don Wright The Signery	299 Forest Ave. Port1		07) 879–7700	
Past Use:	Proposed Use:	COST OF WO	RK: PERMIT FEE:	
Ice Cream	Same	\$ 950.00	\$ 44.40	
		FIRE DEPT.	Approved INSPECTION:	900 ON O
			I Denied Use Group: Ty	
			MOCA961	Zone: CBL:
		Signature:	Signature:	B-2 429-C-007
Proposed Project Description:			ACTIVITIES DISTRICT (PA	.D.) Zoning Approval:
		Action:	Approved	
Erect Signage			Approved with Conditions:	
			Denied	\Box \Box Wetland
			201100	
		Signature:	Date:	
Permit Taken By:	Date Applied For:	orginature.	Dutc	□ Site Plan maj □minor □mm □
U.B.	Ma	y 4th, 1999		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
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 informa-				
tion may invalidate a building permit an	Approved Denied			
			WIT ERA	Historic Preservation
Send To Deb Fader				□Not in District or Landmark
4 Sixth St. (2)				Does Not Require Review
Send To Deb Fader 4 Sixth St. 80. Portland, Me. 04106 WITH REQUIREMENTS				Requires Review
			ENTO	
			·3·	Action:
	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,				
	dition,			
if a permit for work described in the applicati				nter all Date:
areas covered by such permit at any reasonal	ble nour to enforce the provisions of the	code(s) applicable to su	ch permit	
		May 4th, 1	999	
		inay tens 1		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
		- <u></u>		2
RESPONSIBLE PERSON IN CHARGE OF V		PHONE:		
1411-14	- Dermit Deels Creen Assessments			
Whit	e–Permit Desk Green–Assessor's	canary–D.P.W. Pink–I	PUDIIC FILE IVORY Card-Inspect	