Location of Construction: 111 Cumberland Ave.	Owner: Corner Enterp	rises, LLC	Phone: 990	93 Permit No:
Owner Address: P.O. Box 407 Yarmouth, ME 04096	Lessee/Buyer's Name: Cheryl Kuntz D/B/A	Phone:	BusinessName: Its Something Fish	\$ 6033 D
Contractor Name:	Address:	47/		Per ISSUED
Past Use:	Proposed Use:	COST OF WOR		APR 1 5 1999
Restaurant	Same	\$	\$ 30.00	APR 1 5 DOO
		FIRE DEPT.	;	e: CITY OF PORTLAND
			Denied Use Group: Typ	Zone: CBL: 013-4-004
Proposed Project Description:		Signature:	Signature:	
/			ACTIVITIES DISTRICT (PA	2/3/
Change name on existing sign	- A		Approved with Conditions:	Special Zone or Reviews:
Jam As Philograph -	excepted withwhat	5.4 4.48.1	Denied	□ □ Shoreland □ □ Wetland
I will be then with hi	The state of the	11-c:	ъ.	☐ Flood Zone
Permit Taken By: \$2	Date Applied For:	Signature:	Date:	□ Subdivision □ Site Plan, maj □minor□mm
				Alan arting he Art ham of a
1. This permit application does not preclude the	Applicant(s) from meeting applical	ole State and Federal rules.		Zoning Appeal Suppose
2. Building permits do not include plumbing, s	☐ Miscellaneous			
3. Building permits are void if work is not starte	☐ Conditional Use☐ Interpretation			
tion may invalidate a building permit and sto	op all work			☐ Approved
				☐ Denied
克雷森 拉油	de Marte a a de la m			Historic Preservation
*****	 Mail to: Cheryl Rus 39 Hawthor 			☐ Not in District or Landmark ☐ Does Not Require Review
	Portland,			☐ Requires Review
				Action:
	CERTIFICATION			
I hereby certify that I am the owner of record of th	D Approved with Conditions			
authorized by the owner to make this application	as his authorized agent and I agree	to conform to all applicable	e laws of this jurisdiction. In add	lition Denied
if a permit for work described in the application is areas covered by such permit at any reasonable he	Sissued, I certify that the code office	al's authorized representati	ive shall have the authority to en	ter all Date:
political at any reasonable in	our to emoree the provisions of the	code(s) applicable to such	periint	
		4-6-99		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	CE& DISTRICT

4/27/49	Sign clarge ok. Allowe

Inspection Record					
Туре	Date				
Foundation:					
Framing:					
Plumbing:					
Final:					
Other:					

Additional Plans or Technical Submissions may not be shown in this format.

If you wish to see additional information, Please ask the support staff.