City of Portland, Maine - Bu	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	` '	, Fax: (207) 874-8		2014-00331		013 L022001	
Location of Construction: Owner Name: CONGRESS ST LLC		135 MARKET	Owner Address: PO BOX 6285 CAPE ELIZABETH, ME 04107		Phone: H,		
Business Name:	Contractor Name:		Contractor Address:			Phone	
was Colucci's Market	William Simp	William Simpson		Box 6285 Cape l	04104		
Lessee/Buyer's Name	Phone:		Permit Type: Hood Systems, Commerical			Zone: B1	
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:	
1st floor retail; 2nd & 3rd floors total of 2 legal residentialDU - permit #2013-02268 still in review to legalize a third DU	1st floor retail; 2nd & 3rd floor total of 2 legal DU with a process to legalized a third DU		\$70.00 \$5,000.00 1 INSPECTION:				
Proposed Project Description:							
Install Hood and fans and fire supprint 1st floor use	er the cooking line	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions					
III 1st floor use					•		
D 4/51 D	1 1 T	1	Si	gnature:		Date:	
	mit Taken By: part Applied For: 02/18/2014			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landman	
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 		Wetland		Miscella	aneous	Does Not Require Review	
		☐ Flood Zone		Condition Condition	onal Use	Requires Review	
		Subdivision		Interpre	tation	Approved	
		Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	lication as his authored in the application	at the rized a is issu	proposed work i gent and I agree ed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE