City of Portland, Maine - Building or Use Permit Application						rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703				(207) 874-871	5	10-0365			013 M0	024001
Location of Construction: Owner Name:					Owner Address:			Phone:		
189 Congress St Annc		Anne Lle	Annc Llc		59 Atlantic St					
		Contractor Name	Contractor Name:		Contractor Address:			Phone		
Mai	na's Crow Bar									
Lesse	e/Buyer's Name	Phone:	Phone:		Permit Type:			-	Zone:	
			Signs - Permanent							
Past	Use:	Proposed Use:		-	Perm	it Fee:	Cost of Work	<b>::</b>	CEO District:	
Cor	nmercial / Awful Annies Ir	ish Mama's Crow	Mama's Crow Bar (bar) / Erect 6' x			\$54.00	\$	0.00	1	
Salo	oon (bar)	2' attached bu	ilding w	vall sign.	FIRE	DEPT:	Approved	INSPEC	CTION:	
								Use Gro	Group: Type:	
							Demeu			
Prop	osed Project Description:	ł			1					
Ere	ct 6' x 2' attached building	wall sign.			Signature:		Signatu	gnature:		
					PEDESTRIAN ACTIVITIES DISTRICT (			RICT (P	<b>P.A.D.</b> )	
					Action: Approved Approved		roved w/	d w/Conditions Denied		
					Signature:			Date:		
Permit Taken By: Date Applied For:						Zoning	Approva	1		
gg		04/13/2010								
1.			Spe	Special Zone or Reviews		Zoning Appeal			Historic Preservation	
			Shoreland		Variance			Not in District or Landmark		
2.	Building permits do not include plumbing,		□ w	Wetland		Miscellaneous			Does Not Require Review	
3.			Flood Zone		Conditional Use			Requires Review		
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Subdivision		Interpretation [		Approved			
			🗌 Sit	te Plan		Approve	d		Approved w/	Conditions
			Maj [	Minor MM		Denied			Denied	
			Date:			Date:		Da	ate:	

## 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, 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 areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE	

Location of Construction:	Owner Name:	Owner Address:	Phone	Phone:	
189 Congress St	Anne Lle	59 Atlantic St			
usiness Name: Contractor Name:		Contractor Address:	Phone	Phone	
Mama's Crow Bar					
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:	
		Signs - Permanent			
Dept: Zoning Note:	Status: Approved with Condition	s <b>Reviewer:</b> Ann Machado	Approval Date: Ok to	04/15/2010 Issue: ☑	
	property is a bar on the first floor and or review and approval.	two dwelling units above. Any cha	ange of use shall require a	separate	
Dept: Building	Status: Approved with Condition	s <b>Reviewer:</b> Tammy Munson	Approval Date:	04/15/2010	
<b>NT</b> (			Oly to	_	
Note:			OK IU	Issue: 🗹	

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