City of Portland, Maine - F	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Te	el: (207) 874-8703	3, Fax: (207) 874-8	716	2014-01835		014 D012001	
ocation of Construction:  Owner Name:  IOVINO DAV				r Address: CONGRESS ST 04101	#2 PORTLAN	Phone: (207) 773-1116	
Business Name: Blue Spoon			ı				
Lessee/Buyer's Name Phone:		Permit Type:			Zone:		
David Iovino - 89 Congress Stree	et, P (207) 773-111	(207) 773-1116		door Seating	B1		
Past Use:	Proposed Use:	_		Permit Fee: Cost of Work:		CEO District:	
First Floor Restaurant	Same: First F	Same: First Floor Restaurant		\$356.00 ECTION:	\$0.00 1		
Proposed Project Description: RENEWAL - Outside Seating Th	aree (3) Tables and	Γwelve (12) Chairs					
for 2014 - 138 SF (Blue Spoon)		PEDESTRIAN ACTIVITIES DISTRIC  Action: Approved Approved  Signature:		TIES DISTRICT	RICT (P.A.D.)		
				ved Approv	ved w/Conditions Denied		
					Date:		
•	Date Applied For: 08/15/2014		Zoning Approval				
This permit application does not preclude:		Special Zone or R	eviews Zoning A		ng Appeal	Historic Preservation	
Applicant(s) from meeting ap Federal Rules.		Shoreland		☐ Varianc	ee	Not in District or Landmar	
2. Building permits do not incluseptic or electrical work.	☐ Wetland ☐ Flood Zone		Miscell	aneous	Does Not Require Review		
3. Building permits are void if within six (6) months of the			Conditi	onal Use	Requires Review		
False information may invali permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	TION	N			
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a permitable shall have the authority to enter all such permit.	er to make this application it for work describe	lication as his authored in the application	rized a is issu	gent and I agree ned, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	