PERMIT ISSUED

Joy Congress Bucci, 0	F101 161. (207) 874-6	703, Fax: (207) 874-87	716 03-0520 MAY 2	3 2003 027 F005001
Location of Construction:	Owner Name	:	Owner Address:	Phone:
18 Monument Sq K & L Llc (Mid		(Michaela's Restaurant)	970 Baxter BlvdCTY OF	PORTLAND
Business Name: Contractor Name		ame:	Contractor Address:	Phone
		¥		
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:
			Outdoor Seating	
Past Use:	Proposed Us		Permit Fee: Cost of W	1
Michaela's Restaurant		Restaurant with outdoor		\$0.00 1
	seating		FIRE DEPT: Approved	INSPECTION: Use Group: Type: Scat Signature:
			Denied	Use Group: 1 ype: 3 car
				BOCA 99
			<u> </u>	
Outdoor seating for 24			Signature:	Signature:
o attaoor stating for 2 :			S-g-mvii-v	S-g-man or
Permit Taken By: Date Applied For:			Zoning Appro	val
kwd	05/15/2003		T	
	ion does not preclude the		~ !: I. I. S	Historic Preservation
	eeting applicable State a	nd Shoreland to	Le City CVariance	Not in District or Landmar
Federal Rules.		Substrable	to testes illian	
2. Building permits do not include plumbing,		Wetland	Miscellaneous	Does Not Require Review
septic or electrical w		Marisas	equipper &	
	void if work is not starte	ed Flood Zone + S	Conditional Use	Requires Review
` /	s of the date of issuance. ay invalidate a building	Cleaned Ac	ass to tell use Interpretation	
permit and stop all v		Pedestrik	Interpretation	Approved
		Site Plan	Approved	Approved w/Conditions
		Maj Minor Minor	M Denied	Denied
		1 2/1		
		Date: 5/20) [0] Date:	Date:
		CERTIFICAT		

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

to met all condition of penul. On to peimet # 03-0520 CBU # 27-F-5