City of Portland, Maine - Bui	_			2014-00996	Issue Date:		027 F011001	
389 Congress Street, 04101 Tel: (, Fax: (207) 874-8						
Location of Construction: 1 MONUMENT WAY / 11-13 FREE STREET Owner Name: ONE MONU		MENT WAY LLC	Owner Address: ONE MONUMENT WAY PORTLAND , ME 04101			Phone:		
Business Name:	Contractor Name:		Contractor Address:				Phone	
Sur Lie Wine Bar LLC	Landmarc Construction mgagnon@landmarccorp.com		414 Congress Street, Suite 202 Portland ME 04112			land	(207) 699-2572	
Lessee/Buyer's Name	Phone:		Permit Type:				Zone:	
	(207) 229-2367		Change of Use - Commercial				B3	
Past Use:	Proposed Use:		Perm			CEO District:		
1st floor retail; 2nd floor offices	change of use from retail to restaurant on 1st floor with offices above		\$72,000.00 2 INSPECTION:					
Proposed Project Description:	1		1					
change of use for 'Sur Lie' restaurant	on 1st floor- In	terior renovations						
per plans & notes. All fire ratings an		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
plans.	Action:			Approved Approved w/Conditions Denied				
		,	Signature: I			Dat	e:	
I	pplied For: 2/2014		Zoning Approval					
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zonii	Zoning Appeal		Historic Preservation	
		Shoreland		☐ Variance	☐ Variance		Not in District or Landman	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	Miscellaneous		Does Not Require Review		
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate permit and stop all work	e a building	building Subdivision		Interpretation		Approved		
	Site Plan		Approve	Approved		Approved w/Conditions		
	Maj Minor MM		Denied	Denied		Denied		
	Date:		Date:		Date:			
I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	to make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to a	all appl al's auth	icable laws of this norized representative	
SIGNATURE OF APPLICANT	ADDI	RESS		DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE