City of Portland, Maine - Bui	U			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (•	, Fax: (207) 874-8		2014-01958		027 F011001
ocation of Construction: Owner Name: ONE MONUM ONE MONUM		MENT WAY LLC	ONI	Owner Address: ONE MONUMENT WAY PORTLAND, ME 04101		Phone:
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone:	
Sur Lie Restaurant	Atlantic Comfort Systems, Inc		PO Box 665 Biddeford ME 04005			(207) 284-6360
Lessee/Buyer's Name	Phone:		Permit Type: Hood Systems, Commerical			Zone: B3
Past Use:	Proposed Use:		4	it Fee:	CEO District:	
1st floor is restaurant with offices above Same: 1st floor offices above		or is restaurant with IN		\$289.00 \$25,000.00 ECTION:		00.00 2
Proposed Project Description:			1			
Install a hood						
		PEDESTRIAN ACTIVITIES DISTRICT (P.A		(P.A.D.)		
				ction: Approvignature:	ved Approv	ed w/Conditions Denied Date:
Permit Taken By: Date A	plied For: Zoning Approval					
bjs 08/2		Zomig Approvai				
1. 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		☐ Variance	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	onal Use	Requires Review
		Subdivision Site Plan Maj Minor MM		Interpre	tation	Approved
	Approve			ed	Approved w/Conditions	
	_ Denied				☐ Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	to make this appl or work describe	lication 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 the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE