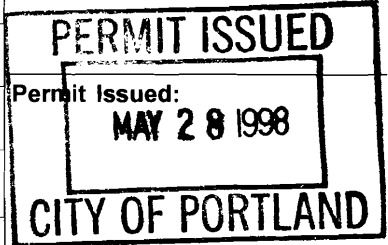


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 41 Middle St		Owner: Malone, Joe		Phone:		Permit No: 980541	
Owner Address:		Lessee/Buyer's Name: Ribollita		Phone:		Business Name:	
Contractor Name: Ribollita		Address: 41 Middle St Ptltd, ME 04104		Phone: 774-2972		Permit Issued: MAY 28 1998	
Past Use: Restaurant		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>W. W. W.</i>		Signature:	
Proposed Project Description: Conduct Outside Dining 1998 Season				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: B-2 CBL: 028-P-022	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>OK - condition - City's Traffic Engineer may request changes if sidewalk is blocked - 5/26/98</i>	
Permit Taken By: Mary Gresik		Date Applied For: 22 May 1998		Signature:		Date:	



Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

26 May 1998

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT 1