| City of Portland, N | Maine - Building or Use | e Permit Applicat | tion | Permit No: | Issue Date: | CBL: | |
|--|--|--|---|--|-------------------------------------|--|--|
| 389 Congress Street, | 04101 Tel: (207) 874-870 | 3, Fax: (207) 874-8 | 3716 | 2014-01915 | | 029 B001001 | |
| Location of Construction: Owner Name: WITT-T LLC | | С | Owner Add 378 LAK HARBO | | R BOOTHBAY | Phone: (207) 749-7388 | |
| Business Name: The Crooked Mile | | | | | | | |
| Lessee/Buyer's Name Phone: | | | Permi | t Type: | Zone: | | |
| Joe McGongel | (207) 749-73 | (207) 749-7388 | | door Seating | В3 | | |
| Past Use: | Proposed Use: | _ | | Permit Fee: Cost of Work: | | CEO District: | |
| Restaurant - First Floor | 2014: 8 Cha | Outside Dining - RENEWAL 2014: 8 Chairs and 4 Tables (84 SF) (The Crooked Mile - First Floor) | | \$248.00 \$0.00 2 INSPECTION: | | | |
| Proposed Project Description Outside Dinining - RE | on: NEWAL 2014: 8 Chairs and | 1 4 Tables (84 SF) | | | | | |
| (The Crooked Mile - F | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| | | Action: Approved Approved Approved Signature: | | ved Approv | ed w/Conditions Denied | | |
| | | | | | Date: | | |
| Permit Taken By: | | | | Zoning Approval | | | |
| 1. This permit applic | Special Zone or Reviews | | Zoni | ng Appeal | Historic Preservation | | |
| Applicant(s) from meeting applicable State a Federal Rules. | | ☐ Shoreland ☐ Wetland | | ☐ Variance | ee | Not in District or Landmar | |
| 2. Building permits of septic or electrical | Miscell | | | aneous | Does Not Require Review | | |
| 3. Building permits a within six (6) mon | Flood Zone | | Conditi | onal Use | Requires Review | | |
| False information permit and stop all | Subdivision | | Interpre | etation | | | |
| | ☐ Site Plan | | Approv | ed | Approved w/Conditions | | |
| | Maj Minor MM | | Denied | | Denied | | |
| | Date: | Date: | | | Date: | | |
| I have been authorized jurisdiction. In addition shall have the authority such permit. | by the owner to make this ap a, if a permit for work describ to enter all areas covered by | plication as his authorized in the application | at the rized a is issu | proposed work gent and I agree ed, I certify tha | e to conform to t the code offic | ial's authorized representative on of the code(s) applicable to | |
| SIGNATURE OF APPLICA | ADDRESS | | | DATE | PHONE | | |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | | | | DATE | PHONE | |