

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

Location of Construction: *** 339 Fore St., Portland, ME 04101		Owner: Steam City Cafe Doug Timm		Phone: 878-8500	Permit No: 001269
Owner Address:		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name:		Address:		Phone:	
Past Use: Commercial		Proposed Use: Commercial		COST OF WORK: \$ (3sf)	PERMIT FEE: \$ 30.60
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
Proposed Project Description: 3sf sign				Signature:	Signature:
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: Approved <input type="checkbox"/>	
				Approved with Conditions: <input type="checkbox"/>	
				Denied <input type="checkbox"/>	
Permit Taken By: Gayle		Date Applied For: October 11, 2000 GG		Signature: _____ Date: _____	

Permit Issued:
NOV - 8 2000

Zone: CBL: 029-B-004

Zoning Approval: *[Signature]*

Special Zone or Reviews:

- Shoreland
- Wetland *W/12*
- Flood Zone
- Subdivision
- Site Plan maj minor mm

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: *to D.H.*

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

October 11, 2000

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT

COMMENTS

5/4/01- Checked sign against drawings & found it to meet the requirements specified. OK - Tom M.

(Close out)

Permit # 001269
CBL - 29-B-4

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____