City of Portland, Maine - Buil	lding or Use	Permit Applicat	ion [	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	Fax: (207) 874-8	716	2013-01910		029 L004001
Location of Construction: Owner Name:		Owner		Address:		Phone:
80 MIDDLE ST (86) 80-90 CORPS		100 SILVER ST PORT 04104		ORTLAND, M	E	
Business Name:	Contractor Name:		Contractor Address:			Phone
Eventide Oyster			ME			
Lessee/Buyer's Name Phone:			Permit Type:			Zone:
Arlin Smith, arlin.smith@gmail.com (207) 774-8		8	Outdoor Seating			В3
Past Use:	Proposed Use:		Permit	Permit Fee: Cost of Work:		CEO District:
Restaurant (2012-03-3498) Restaurant - I		Eventide Oyster Co,		\$310.00 CTION:		\$0.00 2
Proposed Project Description:			-			
reconfigured outside dining space for	Eventide Oyste	er Co 16 chairs, 4				
tables, 5' x 23' = 115' Sq. (Sq ft chan		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					red w/Conditions Denied	
		1	Sig	nature:		Date:
Permit Taken By: Date Applied For: 08/26/2013			Zoning Approval			
This permit application does not preclude the		Special Zone or Re	eviews	Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	ce	Not in District or Landmar
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscell	aneous	Does Not Require Review
		Flood Zone		Condition	onal Use	Requires Review
		Subdivision		Interpre	etation	Approved
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		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.	o make this appl or work describe	lication as his authored in the application	at the prized ag	gent and I agreed, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE