

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

Location of Construction: 164 Middle St		Owner:		Phone:	
Owner Address:		Leasee/Buyer's Name: David's Restaurant David Turin		Phone:	
Contractor Name: O'Brien's Home Improvements		Address: 110 Orchard Hill Cumberland, ME 04021		Phone: 829-3029	
Past Use: Restaurant		Proposed Use: Same w/int reno		COST OF WORK: \$ 1,000.00	
Proposed Project Description: Make Interior Renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 25.00	
Permit Taken By: Mary Gresik		Date Applied For: 11 April 1996		INSPECTION: Use Group: BOCA93 Type: 312	

PERMIT ISSUED
APR No 7 1996
960256
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND
Permit Issued:
APR 17 1996
RECEIVED

Signature: *[Handwritten Signature]*
 Signature: *[Handwritten Signature]*
 Signature: _____ Date: _____

Zone: **312** CBL: **029 0 002**
 Zoning Approval:
 Special Zone or Reviews:
 Shoreland
 Wetland
 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: **4/14/96**
[Handwritten Signature]

PERMIT ISSUED WITH LETTER

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 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

11 April 1996
 SIGNATURE OF APPLICANT **Dennis O'brien** ADDRESS: _____ DATE: _____ PHONE: _____
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT **7**

COMMENTS

9/16/97 OK AL

9602 SL
029-0-002

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