

Location of Construction: 20 Custom House Wharf		Owner: Ken MacGown		Phone: 831-1001		<b>Permit No:</b> 000598 <b>PERMIT IS</b> <b>Permit Issued:</b> JAN 5 0 <b>CITY OF PORTLAND</b> <b>Zone:</b> WCZ <b>CBL:</b> 030-A-001 <b>Zoning Approval:</b> [Signature] 6/2/00 <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		
Owner Address: Custom House Wharf Proprietor		Lessee/Buyer's Name: Port Hole Restaurant		Phone: N/A			BusinessName:	
Contractor Name: N/A		Address: N/A		Phone: N/A				
Past Use: Outside Dining		Proposed Use: Outside Dining		<b>COST OF WORK:</b> \$ <b>FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied</b> Signature: [Signature]			<b>PERMIT FEE:</b> \$ 35.00 <b>INSPECTION:</b> Use Group: Type: [Signature]	
Proposed Project Description: Outside Dining				<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____				
Permit Taken By: K		Date Applied For: June 1, 2000 G						

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

\*Oliver 831-3521

**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

June 1, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

**PERMIT ISSUED  
WITH REQUIREMENTS**

**Action:**  
 Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**PERMIT ISSUED  
WITH REQUIREMENTS** 1