Form # P 04

#### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

#### CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

#### BUILDING INSPECTION

| PERMIT                  | Permit Number: 090945 FEMALE 1030ED |
|-------------------------|-------------------------------------|
| OUSE WHARF ATTN G E MAC |                                     |

has permission to Re-model Kitchen in old Boones Space

AT 86 COMMERCIAL ST

CB1 / 030 A001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_

This is to certify that PROPRIETORS OF CUSTOM

Appeal Board\_\_\_\_\_

hther \_\_\_\_\_ Department Name

PENALTY FOR REMOVING THIS CARD

SCANED

| City of Portland, Maine - Bu                                                           | uilding or Use I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Permit Applicatio              | n Permit No:                     | Issue Date:             |                 | CBT:                        |              |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-------------------------|-----------------|-----------------------------|--------------|
| 389 Congress Street, 04101 Tel                                                         | : (207) 874-8703                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fax: (207) 874-871             | 09-0945                          | 19/1/00                 | <u> </u>        | 030 A00                     | 01001        |
| Location of Construction: Owner Name:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Owner Address:                   |                         | Phone:          |                             |              |
| 86 COMMERCIAL ST PROPRIETOR                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RS OF CUSTOM HO                | OF CUSTOM HO 5 EASTERN PROMENADE |                         |                 |                             |              |
| Business Name: Contractor Name                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                              | Contractor Address:              |                         |                 | Phone                       |              |
| Oliver Kiethly                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 96 Crestview Dr                  | So Portland             | ,,              | 20783135                    | 21           |
| Lessee/Buyer's Name                                                                    | Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | Permit Type:                     |                         |                 |                             | Zone:        |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Alterations - Commercial         |                         |                 |                             | WCE          |
| Past Use:                                                                              | Proposed Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | Permit Fee:                      |                         |                 | CEO District:               |              |
| Commercial - Restaurant "Boones'                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Restaurant - Re -              | \$170.00                         |                         |                 | 1                           |              |
|                                                                                        | model Kitchen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in old Boones Space            | FIRE DEPT:                       | Approved                | INSPE           | CTION:                      |              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                  | Denied                  | Use Gr          | roup: A-2                   | Type:        |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                  |                         |                 | TBC                         | 2003         |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | _                                |                         |                 | roup: A-2<br>IBC:           |              |
| Proposed Project Description:                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                  |                         |                 | 00                          |              |
| Re-model Kitchen in old Boones S                                                       | pace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Signature:                       | MATTER DIO              | Signati         |                             |              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | PEDESTRIAN ACT                   | IVITIES DIST            | IRICI (         | P.A.D.)                     |              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Action: Appro                    | ved App                 | proved w        | //Conditions                | Denied       |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Signature:                       |                         |                 | Date:                       |              |
| ·                                                                                      | Applied For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | Zoning                           | g Approva               | al              |                             |              |
| Ldobson 08                                                                             | 3/28/2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Smedial Zana ay Pay            | iowa Zon                         | ing Appeal              |                 | Historic Pres               | servation    |
| 1. This permit application does r                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Special Zone or Reviews Zoning |                                  |                         |                 |                             |              |
| Applicant(s) from meeting appropriate Federal Rules.                                   | plicable State and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Shoreland                      | ☐ Variance                       |                         | ₩ Not in Distri | Not in District or Landmark |              |
| 2. Building permits do not include                                                     | de plumbing,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Wetland ☐ Miscellaneous      |                                  | Does Not Require Review |                 |                             |              |
| <ul><li>septic or electrical work.</li><li>3. Building permits are void if w</li></ul> | ork is not started                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Flood Zone Conditional Use     |                                  |                         | Requires Review |                             |              |
| within six (6) months of the d                                                         | ate of issuance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                  |                         |                 |                             |              |
| False information may invalid permit and stop all work                                 | ate a building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Subdivision Interpretation     |                                  |                         | Approved        |                             |              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Site Plan                      | Site Plan Approved               |                         |                 | Approved w/Conditions       |              |
| FERRAITIS                                                                              | CHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Maj Minor MM M Denied          |                                  |                         | _ Denied        |                             |              |
| 1 2.120.11 1                                                                           | The state of the s | 1 Attivities 1                 | white                            |                         |                 |                             | / /          |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:                          | Date:                            |                         | I               | Date:                       |              |
| SEP - 2                                                                                | 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9                              | 121/00                           |                         |                 |                             | l            |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>y</i> 0                     | 13/10/                           |                         |                 |                             |              |
| ON TOTAL                                                                               | PTLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | , (                              |                         |                 |                             |              |
|                                                                                        | 1 1 12 18 0 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                  |                         |                 |                             |              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CERTIFICAT                     | TION                             |                         |                 |                             |              |
| I hereby certify that I am the owne                                                    | r of record of the n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                  | is authorized           | d by the        | e owner of reco             | ord and that |
| I have been authorized by the owner                                                    | er to make this app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lication as his authorize      | zed agent and I agre             | e to conform            | to all          | applicable laws             | of this      |
| iurisdiction. In addition, if a perm                                                   | it for work describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed in the application is       | s issued, I certify that         | it the code of          | fficial's       | authorized rep              | resentative  |
| shall have the authority to enter all                                                  | areas covered by s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | such permit at any reas        | sonable hour to enfo             | rce the prov            | vision o        | of the code(s) ag           | pplicable to |
| such permit.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                  |                         |                 |                             |              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                  |                         |                 |                             |              |
| SIGNATURE OF APPLICANT                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDRI                          | ESS                              | DAT                     | Е               | PH                          | ONE          |

### General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _             |                             |          |                   |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|----------|-------------------|--|--|
| Location/Address of Construction: 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Councille     | \$1.                        |          |                   |  |  |
| Total Square Footage of Proposed Structure/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rea           | Square Footage of Lot       |          | Number of Stories |  |  |
| Tax Assessor's Chart, Block & Lot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Applicant *r  | nust be owner, Lessee or Bi | ıyer*    | Telephone:        |  |  |
| Chart# Block# Lot#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | ec Enlahut                  | -        | 207-831-3521      |  |  |
| 30 H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address 16    | Custon House who            | }        |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | : Zip Portland me. or       |          |                   |  |  |
| Lessee/DBA (If Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Owner (if di  | fferent from Applicant)     | . Co     | st Of             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name Ke-      | mc Cow                      | Wo       | ork: \$ 15,000    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address 12    | . Custan House while        | Co       | of O Fee: \$      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City, State & | Zip Portud me o41           | U To     | tal Fee: \$       |  |  |
| Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Is property part of a subdivision?  Project description:  Raoud of K.Idm (four Bones Specific Spec |               |                             |          |                   |  |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1             |                             |          |                   |  |  |
| Contractor's name: Ciwaz Keiti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                             |          | ·                 |  |  |
| Address: 16 Cuslem Hear City, State & Zip Post 2 n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e com         | 8                           | Teleph   | one: 207-831-3571 |  |  |
| City, State & Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | aliv          | er Ve.111.                  | Talanh   | 831-35Z)          |  |  |
| Who should we contact when the permit is read Mailing address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | y: Unione u   | short                       | i elepii | One               |  |  |
| Please submit all of the information of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>   |                             | cliet F  | Gailure to        |  |  |
| do so will result in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                             |          | andie to          |  |  |

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

|            |   | ·          | 2 8 2009 |
|------------|---|------------|----------|
| Signature: | 1 | Date: 8/20 | 2/69     |

This is not a permit; you may not commence ANY work until the permit is issue

#### BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

| A Pre-co  | nstruction Meeting will take place upon receipt of                                                          | f your building permit.     |
|-----------|-------------------------------------------------------------------------------------------------------------|-----------------------------|
| X         | Framing/Rough Plumbing/Electrical: Prior to A                                                               | ny Insulating or drywalling |
| X         | Final inspection required at completion of work                                                             |                             |
|           | e of Occupancy is not required for certain projects. `ect requires a Certificate of Occupancy. All projects | -                           |
| -         | the inspections do not occur, the project cannot g<br>DLESS OF THE NOTICE OR CIRCUMSTANC                    | <u> </u>                    |
|           | CATE OF OCCUPANICES MUST BE ISSUED A                                                                        | AND PAID FOR, BEFORE        |
| X         |                                                                                                             | <u> </u>                    |
| Signature | of Applicant/Designee                                                                                       | Date                        |
|           |                                                                                                             | 9.2.08                      |
| Signature | of Inspections Official                                                                                     | Date                        |

if

**CBL:** 030 A001001 **Building Permit #:** 09-0945

| Cit                                                                                                                                                                                              | y of Portland, Maine - Buil                                                                                                                                                 | ding or Use Permi         | Permit No:          | Date Applied For:    | CBL:                                            |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|----------------------|-------------------------------------------------|------------------|--|
| 389                                                                                                                                                                                              | Congress Street, 04101 Tel: (                                                                                                                                               | 207) 874-8703, Fax: (     | (207) 874-8716      | 09-0945              | 08/28/2009                                      | 030 A001001      |  |
| Loca                                                                                                                                                                                             | ation of Construction:                                                                                                                                                      | Owner Name:               | O                   | wner Address:        |                                                 | Phone:           |  |
| 86                                                                                                                                                                                               | COMMERCIAL ST                                                                                                                                                               | PROPRIETORS OF (          | CUSTOM HO           | EASTERN PRO          | MENADE                                          |                  |  |
| Busi                                                                                                                                                                                             | ness Name:                                                                                                                                                                  | Contractor Name:          | Contractor Name: Co |                      | Contractor Address:                             |                  |  |
|                                                                                                                                                                                                  | Oliver Kiethly 96 Crestview Dr So Portland                                                                                                                                  |                           |                     | Portland             | (207) 831-3521                                  |                  |  |
| Lessee/Buyer's Name Phone: Permit Type:                                                                                                                                                          |                                                                                                                                                                             |                           |                     |                      |                                                 |                  |  |
|                                                                                                                                                                                                  |                                                                                                                                                                             |                           | j L                 | Alterations - Com    | mercial                                         |                  |  |
| Prop                                                                                                                                                                                             | oosed Use:                                                                                                                                                                  |                           | Proposed            | Project Description: | WARRY W. C. |                  |  |
| Co                                                                                                                                                                                               | Commercial - Restaurant - Re - model Kitchen in old Boones Space  Re-model Kitchen in old Boones Space                                                                      |                           |                     |                      |                                                 |                  |  |
| D                                                                                                                                                                                                | ept: Zoning Status: A                                                                                                                                                       | pproved with Condition    | ns Reviewer:        | Marge Schmucka       | l Approval D                                    | Date: 08/31/2009 |  |
| N                                                                                                                                                                                                | ote:                                                                                                                                                                        |                           |                     |                      |                                                 | Ok to Issue:     |  |
| 1)                                                                                                                                                                                               | This permit is not approving any                                                                                                                                            | use other than what has   | been approved in    | the past.            |                                                 |                  |  |
| 2)                                                                                                                                                                                               | <ol> <li>This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ol>              |                           |                     |                      |                                                 |                  |  |
| D                                                                                                                                                                                                | ept: Building Status: A                                                                                                                                                     | pproved with Condition    | ns Reviewer:        | Chris Hanson         | Approval I                                      | Date:            |  |
| N                                                                                                                                                                                                | ote:                                                                                                                                                                        |                           |                     |                      | • •                                             | Ok to Issue:     |  |
| 1)                                                                                                                                                                                               | Approval of City license is subject                                                                                                                                         | t to health inspections p | per the Food Code   | ·.                   |                                                 |                  |  |
|                                                                                                                                                                                                  | <ul><li>2) New cafe, restaurant, lounge, bar or retail establishment where food or drink is prepared shall meet the requirements of the City and State Food Codes</li></ul> |                           |                     |                      |                                                 |                  |  |
| 3)                                                                                                                                                                                               | 3) Equipment must be installed in compliance per the manufacturer's specifications                                                                                          |                           |                     |                      |                                                 |                  |  |
| 4)                                                                                                                                                                                               | All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.       |                           |                     |                      |                                                 |                  |  |
| 5)                                                                                                                                                                                               | 5) The appliance and venting shall be installed in accordance with the UL listing, IMC 2003 and NFPA 211.                                                                   |                           |                     |                      |                                                 |                  |  |
| 6) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process. |                                                                                                                                                                             |                           |                     |                      |                                                 |                  |  |
| 7)                                                                                                                                                                                               | 7) Separate Permits shall be required for any new signage.                                                                                                                  |                           |                     |                      |                                                 |                  |  |
| 8)                                                                                                                                                                                               | 8) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.               |                           |                     |                      |                                                 |                  |  |

#### **Comments:**

8/31/2009-mes: It was part of my determination letter that this kitchen be restored.



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## **Original Receipt**

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy



