City of Portland, Maine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	6, Fax: (207) 874-8	716	2014-00957		032 D004001	
Location of Construction: Owner Name:			Owner	Address:		Phone:
85 EXCHANGE ST TOP OF EXC		HANGE LLC 42 M 0410		ARKET ST PORTLAND, ME		ME
Business Name: Contractor Name		<b>:</b>	Contra	ctor Address:	Phone	
Sonny's		ME				
Lessee/Buyer's Name	Phone:	hone:		Type:	Zone:	
			Outdoor Seating			B3
Past Use:  Basement & 1st floor is Restaurant with offices above  Proposed Use:  Same: Baseme restaurant with			Permi			CEO District:
		n offices above INSPECT		\$480.00 CTION:		
Proposed Project Description:						
2014 Sonny's outside dining permit re	rs 7 tables: 4' x 50'					
(200 sf)	,			IAN ACTIVITIES DISTRICT (P.A.D.)		
					ved w/Conditions Denied	
		_	Sig	gnature:		Date:
Permit Taken By: Date Applied For: 05/07/2014			Zoning Approval			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	ee	Not in District or Landmar
		Wetland		Miscell	aneous	Does Not Require Review
		Flood Zone		Conditi	onal Use	Requires Review
				Interpre	etation	Approved
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the prized ag	oroposed work gent and I agree ed, I certify tha	e to conform to t the code offic	all applicable laws of this cial's authorized representative

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE