

Location of Construction: 57 Exchange St		Owner: J. Goldy Trust		Phone:	
Owner Address:		Lessee/Buyer's Name: Portland Wine & Cheese 57 Exchange St		Phone: Ptld, ME 04101	
Contractor Name:		Address:		Phone: 772-4647	
Past Use: Retail/Take-Out		Proposed Use: Same		COST OF WORK: \$	
				PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>	
Proposed Project Description: Conduct Outside Dining 1997 Season <i>off middle st</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved <input type="checkbox"/>			
		Approved with Conditions: <input type="checkbox"/>			
		Denied: <input type="checkbox"/>			
		Signature: _____		Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 26 June 1997			

Permit No: **970693**

PERMIT ISSUED

Permit Issued:
JUL - 2 1997

CITY OF PORTLAND

Zone: *B3* CBL: *632 E-01*

Zoning Approval:
OK with conditions 6/30/97

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *6/27/97*

D.A.

CERTIFICATION

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

Ronilee Robbins
SIGNATURE OF APPLICANT Ronilee Robbins ADDRESS: _____ DATE: 26 June 1997 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 2
A. Rowe