Cit	y of Portland, Maine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101 Tel: (2	207) 874-8703	Fax: (207) 874-8	3716	2014-01492		032 E009001
Location of Construction: 31 EXCHANGE ST (29)		Owner Name: B & C LIMITED		Owner Address: 31 EXCHANGE ST PORTLAND, ME 04101		Phone:	
	ness Name: i restaurant			1			l
Lessee/Buyer's Name		Phone:		Permit Type: Outdoor Seating			Zone:
Past	Use:	Proposed Use:		Permit Fee: Cost of Work:		Cost of Work:	CEO District:
Fuj	i Restaurant at #31 - retail at	Fuji Restaurant at #31 - retail at			\$528.00	\$52	28.00 2
	3 - ground floor with offices on I floor and one apartment on 3rd or	#33 - ground floor with offices on 2nd floor and one apartment on 3rd floor		INSPECTION:			
_	osed Project Description: tside Dining 20 chairs and 10 table	es - area 4' x 56'	- 224 Sq Ft for				
Fuj	i restaurant			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved App		oved Approve	ed w/Conditions Denied
			Signature:			Date:	
Permit Taken By: Date Applied For: 07/09/2014				Zoning Approval			
1.	This permit application does not	preclude the	Special Zone or R	Special Zone or Reviews		ing Appeal	Historic Preservation
	Applicant(s) from meeting application Federal Rules.		Shoreland		☐ Variano	ce	Not in District or Landmar
2.	Building permits do not include permits or electrical work.	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	onal Use	Requires Review
	False information may invalidate permit and stop all work	a building	Subdivision		Interpre	etation	Approved
			Site Plan		Approv	red	Approved w/Conditions
			Maj Minor MM		Denied		☐ Denied
			Date:		Date:		Date:
I ha juris shal	reby certify that I am the owner of we been authorized by the owner to ediction. In addition, if a permit for I have the authority to enter all are a permit.	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applicable laws of this al's authorized representative
SIG	NATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RES	PONSIBLE PERSON IN CHARGE OF W	ORK, TITLE				DATE	PHONE