

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 379 Fore St		Owner: Joe Soley/Monopoly		Phone:		Permit No: 971164 PERMIT ISSUED Permit Issued: OCT 24 1997 CITY OF PORTLAND		
Owner Address:		Lessee/Buyer's Name: Punky's		Phone:			Business Name:	
Contractor Name: Joe Esteas		Address: P.O. Box 11028 Portland, ME 04104		Phone: 828-1111 774-2091				
Past Use: Restaurant		Proposed Use: Same		COST OF WORK: \$ 300.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>			PERMIT FEE: \$ 25.00 INSPECTION: Use Group: Type: Signature:	
Proposed Project Description: Relocate Bathroom				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: 17 October 1997						

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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

SIGNATURE OF APPLICANT: *[Signature]* Joe Esteas ADDRESS: 379 Fore St. DATE: 17 October 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☐ Not in District or Landmark
☐ Does Not Require Review
☒ Requires Review
 Action: *Approved for interior work*

☐ Approved
☒ Approved with Conditions
☐ Denied
 Date: 10/20/97

[Signature] Dr. Andrews

CEO DISTRICT 2
A. Row