Cit	y of Portland, Maine	- Build	ling or Use Po	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
	Congress Street, 04101	04-0499			032 H00)5002				
Location of Construction: Owner Name:				Ov		Own	Owner Address:			Phone:	
15 Temple St Pizzagalli Deve				elopment Co 5		50 J	50 Joy Drive				
Business Name: Contractor Na				_		Cont	ractor Addres	s:		Phone	
n/a n/a					n/a	n/a Portland					
Lessee/Buyer's Name Phone:					Permit Type:		nit Type:			·	Zone:
n/a n/a						Outdoor Seating					
Past Use: Proposed Use:						Permit Fee:		Cost of Wo	Cost of Work: CF		
				utside seating with 6		\$75.00		\$	75.00	1	
			chairs and 2 ta	_		FIRE DEPT:		Approved	INSPE	PECTION:	
						<u> </u>		Denied	Use Gr	Jse Group: Type	
							<u>L</u>	_ Demed			
Proj	posed Project Description:										
Ou	tside seating with 6 chairs	and 2 ta	ıbles.			Signature: Sig		Signatu	gnature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (T (P.A.D.)	
					Action: Approved App		proved w	roved w/Condition Denied			
						Signature:				Date:	
Peri	mit Taken By:	Date A	pplied For:								
gg	•		/2004			Zoning Approval					
				Spec	cial Zone or Revi	ews	ews Zoning Appeal			Historic Preservation	
1.	This permit application of Applicant(s) from meetir Federal Rules.		•	Shoreland			☐ Variance			Not in District or Landm	
2.	Building permits do not i	Building permits do not include plumbing, septic		Wetland		Miscellaneous			☐ Does Not Require Revie		
3.	U 1			☐ Flood Zon			☐ Conditional Us			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved		
	F 2 21-0 21-0 F 110 11 30.00			Site Plan			Approved			Approved w/Condition	
				Maj] Denied			☐ Denied	
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the over been authorized by the sdiction. In addition, if a pll have the authority to entuch permit.	owner to ermit fo	o make this appli r work described	med procation a	as his authorize application is is	ne pro d ager sued,	nt and I agree I certify that t	to conform he code offi	to all ap cial's au	plicable laws thorized repre	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATE	3	P	НО

	Location of Construction:		Owner Name:		Owner Address:		Phone:	
15 Temple St		Pizzagalli Development Co		50 Joy Drive				
Business Name:			Contractor Name:		Contractor Address:		Phone	
n/a			n/a		n/a Portland			
Lessee/B	uyer's Name		Phone:		Permit Type:		Z	Zone:
n/a			n/a		Outdoor Seating			
Dept:	Zoning	Status:	Approved with Condition	ns Reviewer	: Marge Schmuckal	Approval Date	e: 04/29	9/2004
Note:					•		Ok to Issue:	✓
and	cleared for pedest	rian use.	adjustment at any time fr					
	•	rian use.	adjustment at any time fr			res that the City si Approval Date		4/2004
and	cleared for pedest	rian use.				Approval Date		1/2004
Dept: Note:	cleared for pedest Building	Status:		ns Reviewer		Approval Date	e: 05/04	1/2004
Dept: Note:	cleared for pedest Building	Status: A	Approved with Condition	ns Reviewer	: Tammy Munson	Approval Date	e: 05/04 Ok to Issue:	1/2004
Dept: Note: 1) The	Building outside seating ar	Status: A	Approved with Condition OT block any means of e	ns Reviewer egress.	: Tammy Munson	Approval Date	e: 05/04 Ok to Issue:	1/2004 2 3/2004
Dept: Note: The Dept:	Building outside seating ar	Status: A	Approved with Condition OT block any means of e	ns Reviewer egress.	: Tammy Munson	Approval Date	e: 05/04 Ok to Issue:	1/2004 2 3/2004

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO