## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: Q 84 Exchange St Walter, Barrie Owner Address: Leasee/Buyer's Name: Phone: BusinessName: GlenAbbey Gourmet 84 Exchange St Ptld, ME 04101 Phone: 773–1181 Permit Issued: Contractor Name: Address: The Signery JAN 2 9 1997 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 28.20 \$ OF PORTLAND **FIRE DEPT.** □ Approved INSPECTION: Retail Same ☐ Denied Use Group: Type: CBL: BOC A96 Zone; 032-H-008 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT ( Approved Action: Approved with Conditions: □ Shoreland Kequive S Denied Totally 16 Sq Ft Erect Signage Signature: Subdivision Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Mary Gresik 10 January 1997 **Zoning Appeal** This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. ☐ Denied **Historic Preservation** ☐ Not in District or Landmark ☐ Døes Not Require Review Requires Review Action: CERTIFICATION □ Appoved 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 □ Approved with Conditions □ Denied 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 issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 10 January 1997 SIGNATURE OF APPLICANT Bob Hall ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRIC

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