City of Portland, Maine - B	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Te	el: (207) 874-8703	Fax: (207) 874-8	3716	2014-01863		032 H008001	
Location of Construction: Owner Name:		Own		er Address:		Phone:	
80 EXCHANGE ST MURAL ASS		OCIATES	PO BOX 10189 PORTLAND, ME 04104		3		
Business Name:							
The Grill Room							
Lessee/Buyer's Name	Phone:			it Type:	Zone:		
				tdoor Seating	B3		
Past Use: 1st floor Restaurant (Grill Room)		Proposed Use: Same: 1st floor Restaurant (Grill Room) and retail with offices above		Permit Fee: Cost of Work: \$1,508.00		\$0.00 CEO District:	
and retail with offices above	Room) and ret			INSPECTION:			
Proposed Project Description: "The Grill Room" - Outside Seati	ng 34 Chairs and 12	)					
Tables - 14' x 51' (714 SF) in Parl	-	PEDESTRIAN ACTIVITIES DISTRICT  Action: Approved Approved Approved Signature:		TIES DISTRICT	(P.A.D.)		
					ved w/Conditions Denied		
					Date:		
·			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		☐ Shoreland ☐ Wetland		☐ Varianc	ee	Not in District or Landmar	
2. Building permits do not incluse septic or electrical work.	Miscell			aneous	Does Not Require Review		
3. Building permits are void if within six (6) months of the or	Flood Zone		Condition	onal Use	Requires Review		
False information may invalid permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	TION	N			
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a perm shall have the authority to enter all such permit.	er to make this appl it for work describe	lication as his authored in the application	rized a is issu	agent and I agree ued, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE (	OF WORK, TITLE				DATE	PHONE	