•	y of Portland, Maine - Br	O		uon	Permit No:	Issue Date:	CBL:	
	Congress Street, 04101 Tel	<u> </u>	3, Fax: (207) 874-8		2013-02093		032 J001001	
Location of Construction: 386 FORE ST (12 Moulton St)			Owner Name: 386 FORE STREET LLC		Address: OX 7225 POF	Phone:		
Business Name: Beals Ice Cream		Contractor Name	Contractor Name:		etor Address:	Phone		
Lesse	e/Buyer's Name	Phone:	Phone:		Гуре:	Zone:		
Heather Nelson		(207) 838-685	(207) 838-6857		oor Seating	В3		
Past 1		Proposed Use:		Permit	Permit Fee: Cost of Work:		CEO District:	
Reta	ail with offices above	Same: Retail v	Same: Retail with offices		\$216.00 \$0.00 2 INSPECTION:			
_	osed Project Description: O for Beals Ice Cream			_				
3 sn	nall picnic tables		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D			(P.A.D.)		
				Action: Approved Approved Approved		ved w/Conditions Denied		
			Signature:			Date:		
Perm bjs	it Taken By: Date		Zoning Approval					
1.	This permit application does n	ot preclude the	Special Zone or R	Reviews	Zoni	ing Appeal	Historic Preservation	
••	Applicant(s) from meeting app Federal Rules.		Shoreland		☐ Variano	ee	Not in District or Landmar	
2.	Building permits do not include septic or electrical work.	Wetland		Miscellaneous		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		Conditional Use		Requires Review	
	False information may invalid permit and stop all work	Subdivision		☐ Interpretation		Approved		
			Site Plan		Approved		Approved w/Conditions	
		Maj Minor MM		☐ Denied		Denied		
			Date:		Date:		Date:	
I hav juris shall	eby certify that I am the owner we been authorized by the owned diction. In addition, if a permi have the authority to enter all permit.	r to make this app t for work describe	lication as his authord in the application	nat the provided against the contract of the c	ent and I agreed, I certify tha	e to conform to t the code offic	all applicable laws of this cial's authorized representative	
SIGN	NATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RES	PONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE	