City of Portland, Maine - B	_			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel		8, Fax: (207) 874-8		2013-01232		032 N009001
Location of Construction: 414 FORE ST Owner Name: GOULD CO		LLC	Owner Address: 257 STATE STREET APT #3 PORTLAND ME 04101			Phone:
Business Name: Central Provisions	Landmarc Cor	Contractor Name: Landmarc Construction mgagnon@landmarccorp.com Phone:		cactor Address: Congress Street, 04112	Phone (207) 699-2572	
Lessee/Buyer's Name	Phone:			it Type:	Zone:	
Chris Gould			Change of Use - Commercial			B3
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:
Retail - Carla's Restaurant		INSPECTIO		\$2,365.00 ECTION:	\$227,00	00.00 2
Proposed Project Description:			1			
Change of use from retail to restau						
Fore St. levels - fit up space with interior finishes kitchen and equipment - new ADA bathrooms		ating, bars and	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied			
		_	S	ignature:		Date:
	e Applied For: 5/14/2013	Zoning Approvai				
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building 		Special Zone or Reviews		Zoniı	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	e	Not in District or Landma
		☐ Wetland ☐ Flood Zone		Miscella	aneous	Does Not Require Review
				Condition	onal Use	Requires Review
permit and stop all work	late a building	Subdivision Site Plan		Interpre	tation	Approved
				Approve	ed	Approved w/Conditions
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permishall have the authority to enter all such permit.	er to make this appl it for work describe	lication as his authord in the application	nat the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADD	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE