

Location of Construction: 420 Fore St		Owner: Soley, Joseph		Phone:	
Owner Address:		Lessee/Buyer's Name: Granny's Burritos 10 Exchange St PTld, ME 04101		Phone:	
Contractor Name:		Address:		Phone: 761-0751	
Past Use: Retail		Proposed Use: Food Service		COST OF WORK: \$ 1,700.00	
				PERMIT FEE: \$ 35.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: <i>A3</i> Type: <i>33</i>	
Proposed Project Description: Change Use - Make Interior Renovations		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 08 September 1997		Signature: _____ Date: _____	

Permit No **970965**

**PERMIT ISSUED**

Permit Issued:  
**SEP 11 1997**

**CITY OF PORTLAND**

Zone: *B-3* CBL: *032-17-010*

Zoning Approval: *OK 9/9/97*

**Special Zone or Reviews:**

Shoreland *See Note*

Wetland *Permits*

Flood Zone *See Note*

Subdivision *See Note*

Site Plan *Major/Minor*

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**Zoning Appeal**

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

**Historic Preservation**

Not in District or Landmark

Does Not Require Review

Requires Review

Action: *for Lorraine Wake*  
*only - signed*

Approved

Approved with Conditions

Denied

**PERMIT ISSUED WITH REQUIREMENTS**

*Approved*

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *[Signature]* ADDRESS: *24 Morning St. Portland* DATE: *08 Sept 97* PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

Date: *9/9/97*

*anyway subject to separate review.*

*[Signature]*

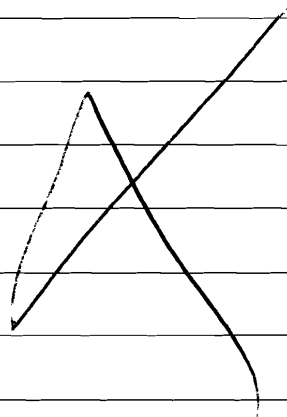
**CEO DISTRICT** 2

*A. Love*

COMMENTS

10/1/97 Change noted in travel distance from bath room. OK as long as emergency door from bath goes thru kitchen. This is for emergency exiting only. A.P. we

10/17/97 OK completed. A.P.



Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____