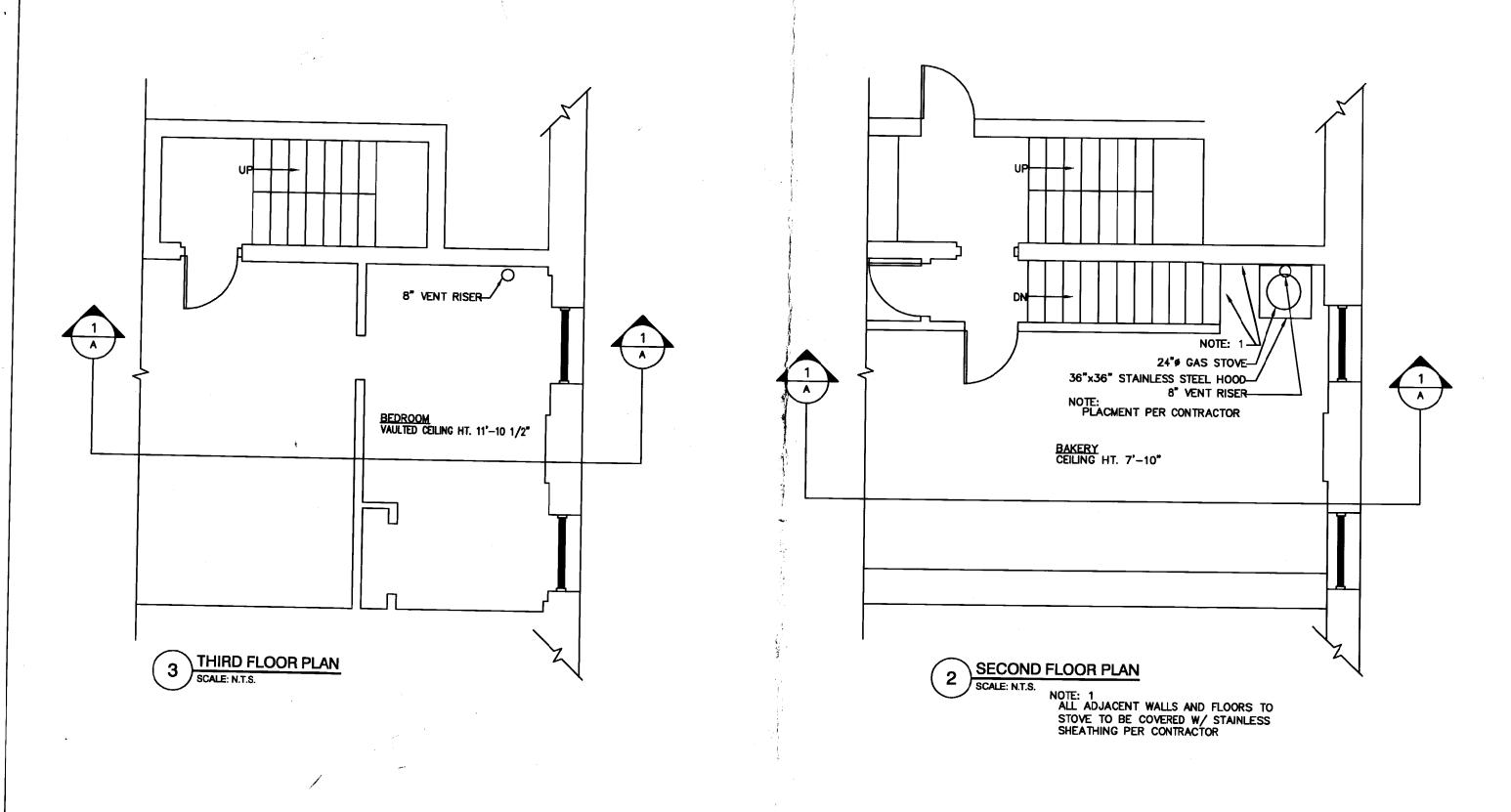
389 Congress Street, 04101 Tel: (2)		* * *			02-0701111 1 0 200		003001	
Location of Construction:		Owner Name:			Address:	Phone:		
432 Fore St Business Name:		Soley Joseph L  Contractor Name:  National Air & Ref.		Po E	SHY OF PORTI	LAND 207-774	-7975	
				Contractor Address.  Phone 173 Indian Village Road Shapliegh				
Lessee/Buyer's Name Phone:		<b>.</b>	All & Rel.		Permit Type: Zone:			
				Hood Systems, Commerical				
Past Use: Propose		Proposed Use:	oposed Use:		it Fee: Cost of Wor	rk: CEO District:	<b>i</b>	
Commercial		Commercial			\$37.00 \$1,50	00.00		
				FIRE	DEPT: Approved	INSPECTION:	_ 2.	
					Denied	Use Group: M	Type	
						1 2	1/92	
Proposed Project Description	on:	1		_				
Install a 36' x 36' stainl		w/ventilation		Signa	ture: UM	Signature	list	
				PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Actio	n: Approved Ap	proved w/Conditions	Denied	
				Signa	ture:	Date:		
Permit Taken By:	Date A	pplied For:	<u> </u>		Zoning Approva			
jmy		4/2002			Zoning Approve	ш		
1. This permit applic	ation does not	preclude the	Special Zone or Re	eviews	Zoning Appeal	Historic Pro	eservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			☐ Shoreland		☐ Variance	Not in Dist	Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous	Does Not R	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 R	Requires Review	
False information may invalidate a building permit and stop all work		a building	☐ Subdivision		☐ Interpretation	Approved	Approved	
			Site Plan		Approved	Approved v	w/Conditions	
			Maj Minor Minor N	им 🗌	Denied	☐ Denied		
			Date:		Date:	Date: D. Av	drus	
			70		•	7/9/	02 -	
			SOB	in al	CUD .	°/4	02	
			J An	أمرس	1 09	( (		
			·	11	1 (			
			CERTIFICA	TION				
					posed work is authorized			
					it and I agree to conform I certify that the code of			
					hour to enforce the prov			
such permit.		-	-		•	.,		
SIGNATURE OF APPLICANT			ADDRESS		DATE	3 <b>P</b> H	IONE	
RESPONSIBLE PERSON II	N CHARGE OF V	VORK, TITLE			DATE		ONE	

Application ID Number:	2-0701	Delete	Sove Close
apariment: Building	Status: Approved with	Conditions Reviewer	Mike Nugent
mments:		Approval Date	07/09/2002
	NATIONAL PROGRAMMENT AND		
		Giyen On Dale	07/09/2002
✓ OK to Issue Permit	Name Mike Nugent	Date 07/09/2002	Date 2
Conditions Section:	Add New Condition From	Add New Condition	Delete Condition
Must be separated from the cinside and outside of the Cha	dwelling with a 2 hour Fire separ ise shown on the plan)	ation (2 layers of type "X" gyp	osum board on the
Must Comply with the 1993 BC	CA Mechanical Code		A HE STATE
Create Date: 06/25	/2002 By Imy	date Pate: 07/09/2002	

## All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot  Chart# 532 Block# Lot#	Toe Soley	
	/	Telephone: 174-7975
Lessee/Buyer's Name (If Applicable)  Sue Fuller  telephone:	ame, address &	Cost Of 09/500, Work: \$ /500,
Current use: Hanstacturing	of chocolater	
If the location is currently vacant, what was prior use: _	a partment	
Project description:	Mouth STAINLES	. / /
Contractor's name, address & telephone: MATINE Who should we contact when the permit is ready: Mailing address:	not Kyche not AIR + 16 11 ke Iosua	$^{\prime}$ $^{\prime}$
We will contact you by phone when the permit is ready review the requirements before starting any work, with a cand a \$100.00 fee if any work starts before the permit is	a Plan Reviewer. A stop v	work order will be issued
THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SPENIED AT THE DISCRETION OF THE BUILDING/PLANNING ENFORMATION IN ORDER TO APROVE THIS PERMIT.		
hereby certify that I am the Owner of record of the named property, of ave been authorized by the owner to make this application as his/here irisalication. In addition, if a permit for work described in this application hall have the authority to enter all areas covered by this permit at any of this permit.	r authorized agent. I agree to co is issued, I certify that the Code	onform to all applicable laws of thi Official's authorized representative
Signature of applicant:	Date: 6	1/0 3 INSPECTIO
This is NOT a permit, you may not commen you are in a Historic District you may be subject that the subject is a permit of the subject that the subject is a permit of the subject in the subject is a permit of the subject in the subject is a permit of the subject in the subject is a subject in the subject in the subject is a subject in the subject in	nce ANY work until the	DEPT. OF BUILDING AND, ME DEPT. OF BUILDING AND, ME DEPT. OF BUILDING AND, ME



THE FULLER ICE CREAM

432 FORE ST. PORTLAND, ME.

Scale

N.T.S.

Fig. 1

O2-0524

Page 1

Frame FMC / ID

Scale

N.T.S.

Scale

N.T.S.

Fig. 2

Frame FMC / ID

Scale

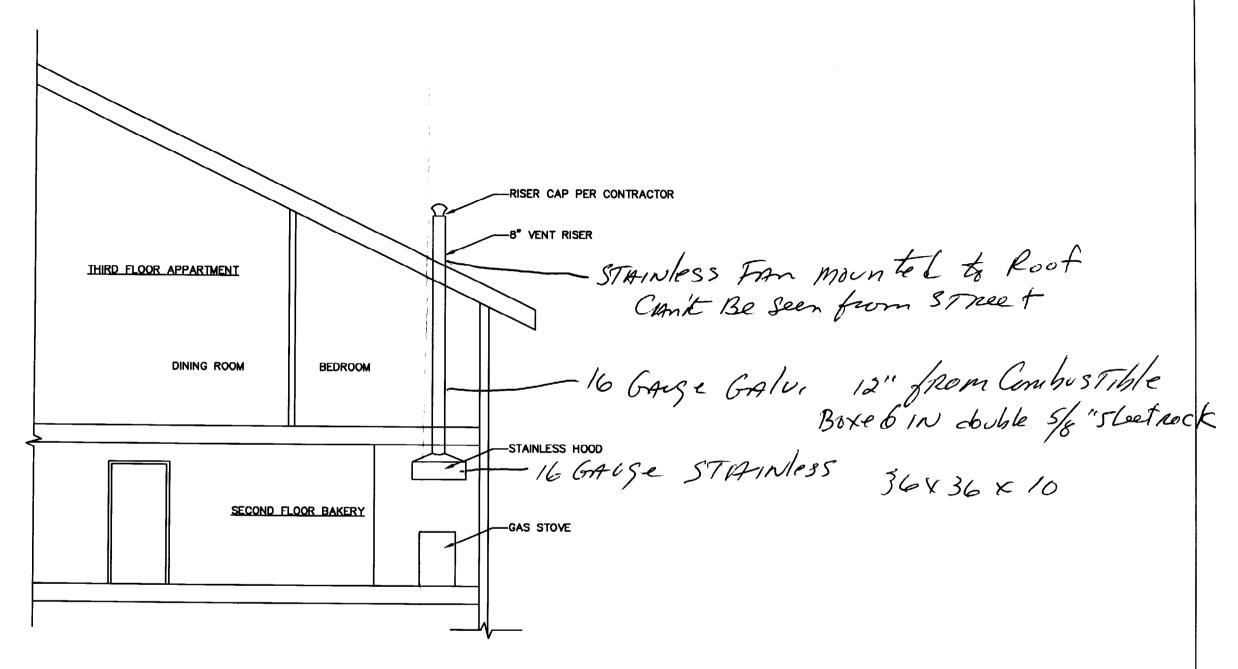
N.T.S.

Fig. 2

Frame FMC / ID

Scale

N.T.S.





WESTBROOK		N.T.S.	FICEDO	) Sapinasia, Bangan Gastr
02-0524	PARE 2 OF 2 Fram FMC/JR	6/17/02		75 Bishop 3t. Portinol, Misino 04103 207-478-8511 Fax 207-878-8515 B-Mail repo@finocadd.com