City	y of Portland, Maine - Bui	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101 Tel:	(207) 874-8703	8, Fax: (207) 874-8	3716	2014-02348		033 A007001
Loca	tion of Construction:	Owner		er Address:	-	Phone:	
79 I	PORTLAND ST	SEVENTY NINE PORTLAND STREET LLC		165 KLINGER DR SUGARLOAF, PA 18249		∃, PA	
Busir	ness Name:						I
Lessee/Buyer's Name Ph		Phone:	Phone:		it Type:	Zone:	
				Outdoor Seating			B2b
Past		Proposed Use:		Pern	Permit Fee: Cost of Work:		CEO District:
	floor & basement is the aurant use & 2nd floor is 1	Same: 1st floor & basement is the restaurant use & 2nd floor is		INICD	\$1,286.00		\$0.00 4
	elling unit	1 dwelling unit		INSPECTION:			
Prop	osed Project Description:						
	side seating - Private Property -	4 tables and 8 -10	O Chairs PENDING				
CO	UNCIL DATE 10-20-14			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
			Action: Approved Approved Approved Signature:		oved Approv	ved w/Conditions Denied	
						Date:	
	it Taken By: Date A 10/0		Zoning Approval				
1.	This permit application does no	t preclude the	Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation
1.	Applicant(s) from meeting appli Federal Rules.				☐ Variance		Not in District or Landmar
2.	Building permits do not include septic or electrical work.	☐ Wetland		Miscell	laneous	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		Conditi	ional Use	Requires Review
	False information may invalidat permit and stop all work	Subdivision		Interpre	etation	Approved	
			Site Plan		Approv	ved	Approved w/Conditions
		Maj Minor MM] Denied		Denied	
			Date:		Date:		Date:
			CERTIFICA	TIO	NT.		
I har	reby certify that I am the owner of	of record of the n				is authorized by	y the owner of record and the
	we been authorized by the owner						
juris	diction. In addition, if a permit f	for work describe	ed in the application	is issu	ued, I certify tha	t the code offic	ial's authorized representative
	have the authority to enter all ar	reas covered by s	uch permit at any re	asona	ble hour to enfo	rce the provision	on of the code(s) applicable to
sucn	permit.						
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
RES	PONSIBLE PERSON IN CHARGE OF '	WORK, TITLE				DATE	PHONE