City of Portland, Maine - Buil 389 Congress Street, 04101 Tel: (2)	0			2013-01143	issue Date.	033 O001001
Location of Construction:  Owner Name		7, 1 u.n. (207) 07 1 0		Address:		Phone:
114 Preble St (118)		FURMAN JENNIFER V		OWN FARM R		
Business Name:	Contractor Name:		Contractor Address:			Phone
Portland & Rochester Public House	Garrett Fitzgerald gjkfitz@gmail.com  Phone: (207) 266-3825  Proposed Use:		16 Milky Way Bar Harbor ME 04609  Permit Type: Alterations - Commercial			(207) 266-3825
Lessee/Buyer's Name						Zone:
Garrett Fitzgerald						В7
Past Use:			Permit Fee: Cost of Work:		CEO District:	
Restaurant		INSPEC		\$140.00   \$12,000.00   4 ECTION:		
Proposed Project Description:			_			
Revised Application: interior alteration & 133 sq.ft. raised seating area - propagarate permit in the future		PEDESTRIAN ACTIVITIES DISTRICT (P.A. Action: Approved Approved w Signature:			(P.A.D.)  red w/Conditions	
Permit Taken By: Date Applied For:						
bjs 06/05/2013			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews  Shoreland		Zoni	ng Appeal	Historic Preservation
				☐ Varianc	e	Not in District or Landmar
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscella	nneous	Does Not Require Review
		Flood Zone		Condition	itional Use Requires Review	
		Subdivision		Interpre	terpretation Approved	
	Site Plan		Approve	pproved Approved w/Conditions		
	Maj Minor MM		Denied	Denied Denied		
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authord in the application	nat the prized a	proposed work gent and I agreeded, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE