

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0800	Issue Date:	CBL: 033 J001001
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Location of Construction: 40 PORTLAND ST	Owner Name: GREG'S PROPERTIES PORTST LLC	Owner Address: 26 VILLAGE BROOK RD	Phone:
Business Name: Lost Coin Cafe	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name David Perkins	Phone:	Permit Type: Change of Use - Commercial	Zone:

Past Use: Restaurant - BINGAS WINGAS	Proposed Use: Restaurant & Place of worship - "Lost Coin Cafe" - Change of use from restaurant to restaurant & place of worship.	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
Proposed Project Description: Restaurant & place of worship - "Lost Coin Cafe" - Change of use from restaurant to restaurant & place of worship.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

Permit Taken By: Idobson	Date Applied For: 06/30/2008	Zoning Approval		
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- 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 permit and stop all work..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:
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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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 07/09/2008
Note: Area of worship is 580 sf according to plans. Need 1 parking space for each 25 sf of area if not fixed seats, so need 23 parking spaces. Leasing space from Goodwill Industries across the street (70'), so parking is all set.			
1) Separate permits shall be required for any new signage.			
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 07/28/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Approval of license is subject to health inspections per the Food Code.			
2) New restaurant, lounge or bar must meet the requirements of the City and State Food Codes			
3) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.			
4) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 07/10/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Fire extinguishers required. Installation per NFPA 10			
2) Emergency lights are required to be tested at the electrical panel.			
3) Emergency lights and exit signs are required			
4) Occupant load/ seating diagram to be approved at C-O			

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SIGNATURE OF APPLICAN

ADDRESS

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO