389 Congress Street, 0	4101 Tel: (, Fax: (207) 874-871			2 6 mm	0 36-100100 1								
Location of Construction: 84 Portland St Business Name: n/a		Owner Name: Larkin Robert Contractor Name: no contractor/self		Owner Address: 2 Cottage Rd South Portland, Ne. 14 207-874-7629 Contractor Address: n/a n/a											
								Lessee/Buyer's Name		Phone:		Permit Type: Zone:			
								n/a		n/a		Additions - Commercial			
Past Use:		Proposed Use:		Permit Fee: Cost of Work: CEO District:											
Café/Lounge		Café/Lounge; 328.5 sf. Addition to entry to be uses for late night & early morning waiting (pick up) area.		FIRE	DEPT: App	lise	PECTION: Group: A - 3 Type: PERMIT SSUED OUTH BELLENGY 19								
Proposed Project Description	n:	<u>L</u>					and Add								
Build 328.5 sf. Addition	l.			Signa PEDE Actio Signa	n: Approved	ES DISTRIC	T (P.A.D.) d w/Conditions Defied Date:								
Permit Taken By: Date Applied For:				Zoning Approval											
gg	96/11/2001														
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Revi	ews	Zoning Ap Variance	peal	Historic Preservation Not in District or Landman								
2. Building permits do not include plumbing, septic or electrical work.			Wetland	Wetland Miscella		3	Does Not Require Review								
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			Flood Zone		Conditional Use		Requires Review								
					Interpretation Approved		Approved Approved w/Conditions								
			Maj Minor MN	Profit	Denied		Denied								
			Date	>	Date:		Date:								
			7/261	01			PERMIT ISSUED								
have been authorized by urisdiction. In addition,	y the owner to if a permit for	make this appli work described	cation as his authorized in the application is i	he prop d agen ssued,	t and I agree to co I certify that the co	nform to all	he owner of record and that l applicable laws of this 's authorized representative of the code(s) applicable to								
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE								
RESPONSIBLE PERSON IN	CHARGE OF W	ORK TITI F				DATE	PHONE								
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE															