City of Portland, Maine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703	5, Fax: (207) 874-8	716	2013-01690	08/27/20	013 037 A038001
Location of Construction:		Owner Address:		Phone:		
565 CONGRESS ST	PACHIOS BR & LACONIA			2TH AVE NEW YORK, NY		(212) 695-8090
Business Name: Contractor Nam		: Cont		tractor Address:		Phone
Strand Building TBD		ME				
Lessee/Buyer's Name Phone:  Past Use: Proposed Use:		Alt		Type:		Zone: B3
				Permit Fee: Cost of Work:		CEO District:
First floor retail/ restaurant	_	Same: First floor retail/retaurant		\$870.00 \$85,000.00		
	, , , , , , , , , , , , , , , , , , , ,		INSP	SPECTION:		
				se Group:		
Proposed Project Description:	ENTIRE					
Storefront façade renovations; alrea	oval.	IBC, 2009 (MUBEC)				
					A.D.) w/Conditions  Denied	
				ed Approved		
Permit Taken By: Date Applied For: 08/02/2013		1	Signature:  Zoning Approval		Annroval	Date:
		Zoming Approval				
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Special Zone or Reviews		Zonin	g Appeal	Historic Preservation
		Shoreland		☐ Variance	;	Not in District or Landmar
		☐ Wetland		Miscella	neous	Does Not Require Review
3. Building permits are void if wo within six (6) months of the dat	Flood Zone		Conditio	nal Use	Requires Review	
False information may invalida permit and stop all work	Subdivision		☐ Interpret	ation	Approved	
	Site Plan		Approve	d	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	TIOI	N		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this app for work describe	lication as his authored in the application	rized a is issu	agent and I agree ued, I certify that	to conform to al the code official	l applicable laws of this l's authorized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE