City of Portland, N		O			Permit No:	Issue Date:		CBL:	
389 Congress Street,	04101 Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2013-02228			037 A038001	
Location of Construction: 565 CONGRESS ST		Owner Name: PACHIOS BROTHERS I LLC & LACONIA LLC		Owner Address: 224 12TH AVE NEW YORK, NY 10001			Phone:		
Business Name:		Contractor Name:		Contractor Address:			Phone		
Salt Institute for Devel Studies	opmental			ME					
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:		
Donna Galluzzo		(207) 761-0660		Signs - Side Walk			B3		
Past Use:		Proposed Use:		Perm	nit Fee:			CEO District:	
retail/restaurant/Salt In floor	stitute on 1st	Same: retail/restaurant/Salt Institute on 1st floor		\$76.40 \$0.00 4 INSPECTION:					
Proposed Project Description	on:	1							
Sidewalk sign									
7' sq (3.5' x 2')			PEDESTRIAN ACTIVITIES DISTRI						
					ction: Appro	ved Approv	ed w/Cor		
Permit Taken By:		Zoning Approval							
bjs	Zomig Approvai								
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from Federal Rules.		•	Shoreland		☐ Varianc	☐ Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	☐ Miscellaneous [Does Not Require Review	
3. Building permits a within six (6) mon	ths of the date	of issuance.	☐ Flood Zone ☐ Subdivision		Condition	Conditional Use		Requires Review	
False information permit and stop all		a building			Interpre	☐ Interpretation [Approved	
	Site Plan			Approved			Approved w/Conditions		
	Maj Minor MM		Denied	☐ Denied		Denied			
			Date:		Date:	Date:		Date:	
I hereby certify that I at I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to n, if a permit fo	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offic	all app ial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE	PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE