City of Portland, Maine - Building or Use Permit Applica				Permit No:	Issue Date:		CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8				2013-01920			037 C016001
Location of Construction:		Owne	Owner Address:		Phone:		
551 CONGRESS ST	551 CONGRE	SS STREET LLC	551 CONGRESS ST PORTL 04101		Γ PORTLAND,	D, ME	
Business Name: Contractor Name		:	Contr	Contractor Address:			Phone
NOSH Kitchen Bar		ME					
Lessee/Buyer's Name	Phone:		Permit Type:				Zone:
Matt Moran Matt@noshkithcenbar.c	(207) 749-0340		Outdoor Seating				B3
Past Use: Proposed Use:		Per		it Fee:	Cost of Work:	CEO District:	
Restaurant - NOSH Kitchen Bar Restaurant - N		OSH Kitchen Bar INSPECTION		\$284.00 ECTION:	\$0.00		4
Proposed Project Description:							
Outside Seating - $10' \times 10' = 100 \text{ Sq F}$	@ bar						
Outside Seating To XTO = Too Sq T	e oui	PEDESTRIAN ACTIVITIES DISTRICT (P.			P.A.D.)		
			ed w/Conditions Denied				
		S	ignature:		Date	£	
Permit Taken By: Date Applied For: 08/26/2013			Zoning Approval				
1. This permit application does not preclude the		Special Zone or Review		Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variano	☐ Variance		Not in District or Landmar
2. Building permits do not include properties or electrical work.	☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work within six (6) months of the date	of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review
False information may invalidate permit and stop all work	a building			Interpre	☐ Interpretation		Approved
	Site Plan Maj Minor MM		Approv	Approved		Approved w/Conditions	
			☐ Denied		Denied		
	Date:		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	ication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to a t the code officia	all applic al's auth	cable laws of this orized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE