City of Portland	, Maine -	Build	ing or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:		
389 Congress Stre	et, 04101	Tel: (2	07) 874-8703,	Fax: (2	207) 874-8716		07-0642			037 C0	17001	
Location of Construction: 545 CONGRESS ST		Owner Name: CONGRESS JOINT DEVELOPMENT			Owner Address: PO BOX 6799				Phone:			
Business Name: Emilitsa		Contractor Name:			Contractor Address:			Phone	Phone			
Lessee/Buyer's Name John Regas		Phone: 207-240-9724			Permit Type: Outdoor Seating			Zone:				
Past Use: Commercial - Emilitsa Restaurant		Proposed Use:	Emilitsa Restaurant-		Pern	Permit Fee: Cost of Wor \$80.00 \$86		ork: 80.00				
		Outside seating 12 Chairs and 6 Tables		FIRE DEPT: Approved I		INSPE	INSPECTION: Use Group: Type					
Proposed Project Description: Outside seating 12 Chairs and 6 Tables						Signa			Signat			
				Ac		Action Approved Approv				CICT (P.A.D.) oved w/Condition Denied		
						Signa	Signature:			Date:		
Permit Taken By: ldobson		Date A ₁ 06/01	pplied For: /2007	Zomis ripprovar					1			
This permit application does not p Applicant(s) from meeting application Federal Rules.					iews	ws Zoning Appeal Variance			Historic Preservation Not in District or Lands			
 Building permits do not include pl septic or electrical work. 			lumbing,	Wetland			Miscellaneous			☐ Does Not Require Revie		
3. Building permits are void if work is not within six (6) months of the date of issurfalse information may invalidate a build permit and stop all work					ood Zon	Conditional Us			Requires Review			
				Subdivision		☐ Interpretatio			Approved			
			Site Plan			Approved			Approved w/Condition			
				Maj [Mino MM	I Denied				☐ Denied		
				Date:			Date:		I	Date:		
I hereby certify that I have been authoriz jurisdiction. In addi shall have the autho to such permit.	ed by the o tion, if a pe	wner to	make this appli work described	med proication a	as his authorize application is is	he pro d agen sued, l	nt and I agree to I certify that the	to conform to code office	to all a	pplicable laws uthorized repre	of this esentative	
SIGNATURE OF APP	PLICAN				ADDRES	S		DATE	Ξ	F	РНО	

	Owner Name:		Owner Address:	Phone:		
545 CONGRESS ST	CONGRESS JOINT DEVI	ELOPMENT	PO BOX 6799			
Business Name:	Contractor Name:		Contractor Address:		Phone	
Emilitsa						
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
John Regas	207-240-9724		Outdoor Seating			
Dept: Zoning Status	: Approved with Conditions	Reviewer	Ann Machado	Approval Da	te: 06	/04/2007
Note: Original application was a was toolate for outdoor so 1) This permit is being approved work.	eating. Withdrew application	and reapplying	ng for this season.		Ok to Issu	
2) All outdoor seating is subject and cleared for pedestrian use	•	n the City's tra	affic engineer who ensu	res that the City s	sidewalk is	open
Dept: Building Status	: Approved with Conditions	Reviewer	Chris Hanson	Approval Da	te: 06	/05/2007
Note:	11			••	Ok to Issu	e: 🔽
1) This is a Change of Use ONLY	Y permit. It does NOT authoriz	ze any constru	ction activities.			
2) The tables and chairs must no	_	-				
		,			1 0	
3) This permit approves outside City Clerk.	seating only. Any food, alcoh	ol or entertan	iment in this space requ	ires licensing app	provals fror	n the
Dept: Fire Status	: Pending	Reviewer	Capt Greg Cass	Approval Da	te:	
Note:					Ok to Issu	e:
11016.						
THUE.						
Comments:		0.5	00			
Comments:	revious permit#06-1134 Withda	rawn owes \$5	00			
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Comments:		rawn owes \$5				

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	РНО