City of Portland, Maine - Building or Use Permit Application					Permit No: Issue Date		CBL: 037 C01701B			
389 Congress Street, 04101 Tel: (207) 874-8703, Location of Construction: Owner Name:			207) 874-8716							
Location of Construction: 545 CONGRESS ST Owner Name: RING ISLAND			Owner Address: PO BOX 6799				Phone:			
Business Name: Contractor Nam		ne:		Contractor Address:				Phone		
Y /D 1 N	Emilitsa								7	
Lessee/Buyer's Name Phone:		Permit Type: Outdoor Seating			Zone:					
Past Use: Commercial Restaurant "Emilitsa"	Proposed Use: Commercial Restaurant "En		nt "Emilitsa" -	Perm	Permit Fee: Cost of Wor \$260.00 \$26		ork: 0			
Outdoor Dini Chairs 5' x 18'		Dining 4 Tables and 12 x 18' 90 sq ft		Прриочец			SPECTION:			
					☐ Denied		Use Group: Type			
Proposed Project Description:	5 t v 19 00 ca ft									
Outdoor Dining 4 Tables and 12 Chairs 5' x 18' 90 sq ft					Signature: PEDESTRIAN ACTIVITIES DISTI			Signature: RICT (P.A.D.)		
				Actio		ved App	•	,	Denied	
				Signat	ture:			Date:		
	Applied For: 14/2009			Zoning Approval						
This permit application does not	preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation			
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			Not in District or Landm			
2. Building permits do not include p septic or electrical work.	E 1		☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
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 Zon		Conditional Us			Requires Review			
		Subdivision			☐ Interpretatio			Approved		
		☐ Si	te Plan		Approve	ed		Approved w	/Condition	
			Maj 🔲 Mino 🔲 MM 🗀		Denied		☐ Denied			
		Date:			Date:		Da	te:		
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 to such permit.	make this appli work described	med proication a	as his authorized application is iss	ne prop l agent sued, I	t and I agree t certify that th	o conform t e code offic	to all app cial's auti	olicable laws of horized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRES	S		DATE	3	Pl	НО	

Location of Construction: 545 CONGRESS ST	Owner Name: RING ISLAND LLC	Owner Address: PO BOX 6799	Phone:
Business Name:	Contractor Name: Emilitsa	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone:

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Tammy Munson
 Approval Date:
 05/08/2009

 Note:
 Ok to Issue:
 ✓

1) All outdoor seating is subject to adjustment at any time from the City's traffic engineer who ensures that the City sidewalk is open and cleared for pedestrian use.

 Dept:
 Building
 Status:
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 Note:
 Ok to Issue:
 ✓

- 1) The tables and chairs must not block any means of egress of any building, even during storage.
- 2) The outside dining permit is approved for the area delineated at the inspection and stated on the permit, and must be kept on site. THIS PERMIT MUST BE RENEWED ANNUALY
- 3) This permit approves outside seating only. Any alcohol or entertainment in this space requires licensing approvals from the City Clerk.

CERTIFICATION

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	