City of Portland, N	Iaine - Buil	ding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street,			2014-01110			037 C01701B			
			vner Name:		r Address:			Phone:	
545 CONGRESS ST		R & J 545 PARTNERS LLC		PO BOX 275 BROOKLIN, ME		OKLIN, ME 0	4616		
Business Name:		Contractor Name:		Contractor Address:				Phone	
Emilista's				ME					
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
John Regas		(207) 221-0245		Outdoor Seating			В3		
Past Use:		Proposed Use:		Permit Fee: Cost of Works		Cost of Work:		CEO District:	
Emilitsa Restaurant En		Emilitsa Restaurant		INSPI	\$260.00 \$0.00 CCTION:		\$0.00	4	
Proposed Project Description			. 2 11 0						
Out side Dining 2014 Renewal for Emilitsa Restaural chairs; still 90' sq.			it 2 Tables, 8	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					ed w/Conditions Denied				
	Signature:			Date:					
Permit Taken By: bjs	_	oplied For: 3/2014		Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		listoric Preservation	
Applicant(s) from meeting applicable State and Federal Rules.					☐ Variano	ce	Not in District or Landma		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building</li> </ol>			☐ Wetland		Miscell	aneous	Does Not Require Review		
			Flood Zone		Conditi	Conditional Use		Requires Review	
permit and stop all	•	a building	Subdivision		Interpre	_ Interpretation		Approved	
			Site Plan		Approv	Approved		Approved w/Conditions	
			Maj Minor MM		Denied	☐ Denied		Denied	
			Date:		Date:	Date:		Date:	
I hereby certify that I ar I have been authorized l jurisdiction. In addition shall have the authority such permit.	by the owner to a, if a permit fo	o make this appl or work describe	ication as his authord in the application	nat the rized a is issu	proposed work gent and I agree ed, I certify tha	e to conform to t the code offic	all appli ial's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	