Form # P 04 DIS	PLAY	THIS	CARD	ON	PRINCI	PAL F		AGE	OF WC	DRK	
Please Read Application And Notes, If Any, Attached		C	YTIS		F PO ERM	PECTIC			Number: 08	T ISSUE	
This is to certify that		ZA LIMI	FED PAI	IERSHI	- /D-C-Llome	Improv	ent				
has permission to	— Make ha	lf wall to f	ull wall d	terior re	rations				CITY OF	PORTLA	
AT -511 CONGRESS	ST						<mark>L 037</mark> E	<del>)002001</del>			
of the provision the constructio this departmen	n, main				nd of the uildings a				-	tland reg ication o	· · · · · ·
Apply to Public Wa and grade if natur such information.				fication n and w ore this ed or JR NO	f inspe en perm Iding or	on mus on proce rt there losed-in QUIRED.	e 5 4	procure	ed by owne	ccupancy r er before thi is occupied	s build-
OTHER REQUI	0	ovals محکم							$\cap$	/	
Health Dept	(						$\langle \rangle$	Ĺ	K		1 (
Appeal Board							$\times$	am	at a	n lle	7/14/08
Other Depar	tment Name						$\vdash$	Director - I	Building & Inspect	ion Services	+ + - 0
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City of Portland, Maine - Building or Use				ermit Application			037 D002001				
389 Congress Street, 04101 Tel: (207) 874-8703				(207) 8/4-8/16	·						
			wner Name:		Owner Address:				Phone:		
			1 PLAZA LIMITED PARTNERS		ONE CANAL PLAZA				<u> </u>		
Business Name:			Contractor Name:			Contractor Address:				Phone	
Ĺ			R C Home Improvement			1155 Washington Ave Portland				2074501485	
Less	ee/Buyer's Name	Phone:			Permit Type: Alterations - Commercial					B-3	
Past	Use:	Proposed Use:	Proposed Use:			mit Fee:	EO District:	1			
Co	mmercial - D'Angelo Sandwic	h Commercial -	"Thai Chef Buffet" -		\$50.00 \$2,500.00		0.00	1			
Sho	ор	1	Make half wall to full wall &			FIRE DEPT: Approved INSPECT					
		interior renova	ations	i				Use Group: A2 1		Type: 25	
					Sex Conditions		· JBC	TBC-2003			
-	oosed Project Description:							ſ	mar slupe		
Ma	ke half wall to full wall & inte	erior renovations		Signature: Cerca CLARS S			Signature:				
}					PEDESTRIAN ACTOATIES DISTRICT			RICT (P.A	(P.A(D)) / / /		
					Action: Approved Approved			roved w/Cor	w/Conditions Denied		
						Signature:		De	Date: 6/12/08		
Down		to Applied Few	т		Sig					-100	
Permit Taken By: Date Applied For:											
	-					Zoning	Approva	l			
lde	obson (	06/12/2008	Spe	cial Zone or Review					Histopic Prese	rvation	
	-	06/12/2008 not preclude the		cial Zone or Review oreland	ws		Approva Appeal		Historic Prese		
lde	This permit application does Applicant(s) from meeting ap Federal Rules. Building permits do not inclu	06/12/2008 not preclude the pplicable State and	Sh		ws	Zoning	Appeal			or Landmark	
1d0	obson0This permit application doesApplicant(s) from meeting applicant(s) from meeting applicantFederal Rules.Building permits do not incluseBuilding permits do not incluseBuilding permits are void if the set of the set	06/12/2008 not preclude the oplicable State and ude plumbing, work is not started	Sh	oreland	ws		Appeal		Not in District	t or Landmark uire Review	
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1dd 1. 2.	obson0This permit application doesApplicant(s) from meeting applicant(s) from meeting applicantFederal Rules.Building permits do not incluseBuilding permits do not incluseBuilding permits are void if your within six (6) months of the opplication may invali	06/12/2008 not preclude the oplicable State and ude plumbing, work is not started date of issuance. date a building	Sh     Sh	oreland etland ood Zone bdivision		Zoning Zoning Zoning Variance Miscellan Condition Interpretat Approved	<b>Appeal</b> eous al Use		Not in District Does Not Req Requires Revi Approved Approved w/C Denied	t or Landmark uire Review ew	

## 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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

£/13/01 Meeds and Marmons of Egness Logar on scrothing - De sent made acad Received Plans Martha 10/03/05 She Lo clost SH + MC

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