

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: ***594 Congress Street		Owner: Matthew Orin	Phone: 276-0909	
Owner Address: 178 Middle Street Portland, ME		Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: CMG		Address: 365 Liberty St. Rockland, MA 02370		Phone: 781-982-8808
Past Use: Coffee Shop		Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 25.00
			FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: 14/APR Use Group: Type:
Proposed Project Description: 1999 Outdoor Dining Season			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:	
Permit Taken By: SP		Date Applied For: 4-5-99		

Permit No: **990326**

PERMIT ISSUED

APR 14 1999

CITY OF PORTLAND

Zone: **B-3** CBL: **037-G-001**

Zoning Approval: *OK with conditions*

Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
 2. Building permits do not include plumbing, septic or electrical work.
 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..

*******MAIL TO: Starbucks Attn: Anthony**

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: **4-5-99** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED WITH REQUIREMENTS

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *to Debra 4/6/99*

DA 4/12/99

CEO DISTRICT

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