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

Location of Construction:	Postland MF 0/101	Owner: J.B. Brown		Phone	871-9048 (w)	Permit	No:	_	
*482 1/2 Congress St, Owner Address:		Buyer's Name:	Phone:	Ducino	797-7860 (h)		~ ~ ~ A ~ W		
77 Hennessey Dr, 0410		Da <b>n</b> cy	rnone:				~ ~ ~ 4 <b>~ 7</b> ,		
Contractor Name:	Address			Phone:	Kitchen	Permit	: Issued:		
N/A	Addiess	•		i none.					
Past Use:	Propose	d Use·	COST OF	WORK:	PERMIT FEE:				
Tust esc.	Tropose	<b>a</b> 0 001	\$		\$ 31.20		16 1 8 m		
restaurant	SAME		FIRE DEP	T.   Approved	<u> </u>		, •		
				☐ Denied	Use Group: Type				
					ose sieup.	Zone: 8-3	CBL:		
			Signature:		Signature:	×	<del> </del>		
Proposed Project Description:	·			IAN ACTIVITI	ES DISTRICT (P.A.D		Approval: /6 MBY 2K		
		1	Action:	Approved	1/1		ecial Zone or Reviews:		
Erect a walk-away sign		Approved	_   Op	oreland					
				Denied		□□₩e			
						□Flo	od Zone		
			Signature:		Date:		bdivision		
Permit Taken By:		Date Applied For:				□Site	e Plan maj ⊡minor⊡mm.0		
KA		1	NC_5/16/00			Zoning Appeal			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.							riance		
•			able State and I ederal	Tules.		I	scellaneous		
2. Building permits do not include plumbing, septic or electrical work.							nditional Use		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-							erpretation		
tion may invalidate a build		proved							
						□De	nied		
							Historic Preservation	_	
							□ Not in District or Landmark		
							es Not Require Review		
				!	TICCHED	□Re	quires Review		
				: PEF	RMIT ISSUED REQUIREMENTS	Action			
				WITH	REQUIREMENTS	Action	1.		
		<b>CERTIFICATIO</b>	N			□Ap	poved		
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							proved with Conditions		
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,							nied		
if a parmit 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 a	t any reasonable hour to enfo	orce the provisions of th	ne code(s) applicable t	o such permit		Date:		_	
			5/16/00						
SIGNATURE OF APPLICANT		ADDRESS:	DATE:	_	PHONE:	<del></del>			
Signal Cit. Of Thi Lichtin			21112.			DEC	RMIT ISSUED "	_	
						j FET	SCHUDEMENTO		
RESPONSIBLE PERSON IN C	HARGE OF WORK, TITLE				PHONE:	. AGEO	REQUIREMENTS DISTRICT 2		
	White Dec. 14 D	l. Oncom Accessorie	Comer, D.D.W. D.	ink Dublic File	home Cand Inc. 1	,	-		
	wnite-Permit Des	k Green-Assessor's	Canary-D.P.W. P	IIIK-FUDIIC FIIE	ivory Card-Inspecto	Γ			