

Location of Construction: 1 Pleasant St (Clasman bldg)		Owner: Peter Pyzman		Phone:	Permit <b>950286</b>
Owner Address:		Leasee/Buyer's Name: MI BROADY		Phone:	
Contractor Name: Levin & Harris, Inc. P.O. Box 611 Scarborough, ME 04076		Address: 283-4124		Business Name:	
Past Use: RESTAURANT		Proposed Use: Cafe		<b>COST OF WORK:</b> \$ 600.00	<b>PERMIT FEE:</b> \$ 25.00
				<b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> U Use Group: B Type: Signature: <i>McA...</i>
Proposed Project Description: erect Awning as per plans		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		Signature: _____ Date: _____	
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		Zone: _____ CBL: 336-B-017	
Permit Taken By: <i>MAY, GREGG</i>		Date Applied For: 13 March 1995			

**PERMIT ISSUED**  
Permit issued:  
APR 3 1995  
**CITY OF PORTLAND**

- Special Zone or Reviews:**
- Shoreland
  - Wetland
  - Flood Zone
  - Subdivision
  - Site Plan maj  minor  mm
- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied
- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

**PERMIT ISSUED WITH LETTER**

**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 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: *Neal Patrick* ADDRESS: \_\_\_\_\_ DATE: 13 March 1995 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT **2**

*MS MCH 309*

COMMENTS

May - signs in place - appear to be done  
per plans

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____