Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

PERMIT

This is to certify that \_\_\_\_\_DICTAR ASSOCIATES II /P . enovati

to 38 has permission to \_\_\_\_\_ add bathroom to meet liquor re ing from ements. rease

BU

AT 468 FORE ST

pting this pennit shall comply with all provided that the person or persons, fi or continued on act of the provisions of the Statutes of Mane and of the Concess of the City of Portland regulating the construction, maintenance and use if buildings and structures, and of the application on file in

038 F00800

this department. Not

Apply to Public Works for street line and grade if nature of work requires such information.

ation o spectio must b give nd writte permissi brocure befo ng or pa this bui hereof lath or oth sed-in. 2 NOTICE IS REQUIRED. HO

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

APR 2 2 2009

OTHER REQUIRED APPROVALS

ire Dept. lealth Dept.

ppeal Board

)ther

Department Name

PENALTY FOR REMOVING THIS CARD

ector - Building & Inspection Service

City of Portland, M	Iaine - Buil	lding or Use	Permi	t Applicatio	n Perm	nit No:	Issue Date:		CBL:		
389 Congress Street, (	04101 Tel: (	207) 874-8703	B, Fax:	(207) 874-871	.6	09-0267			038 F00	8001	
		Owner Name:			Owner A	Owner Address:			Phone:		
468 FORE ST DIC		DICTAR ASS	DICTAR ASSOCIATES II			PO BOX 3572					
Business Name:		Contractor Name:			Contrac	Contractor Address:					
		P A Renovations, Inc			P O Box # 1288 Scarborough				20745044	2074504440	
Lessee/Buyer's Name		Phone:			Permit Type:					Zone:	
					Alterations - Commercial					B-3	
Past Use: Ocsh		Proposed Use:	ash		Permit	Fee:	Cost of Worl	: 0	EO District:	1	
1 - 7 20,		Commercial "PACIARINO" add bathroom to meet liquor requirements, increase seating from			\$50.00 \$3,000.00			0.00	1		
· connected poernut 08-13.23 1								INSPEC	ECTION: A·2 Type:		
								Use Grou			
		24 to 38					Denied				
								$\overline{I}$	BC 20	109	
Proposed Project Descriptio		L		-	1	(1)			<u> </u>		
add bathroom to meet liquor requirements, increase so			eating from 24 to 38		Signature: Signa			Signature	ature:		
		,	<b></b>		PEDESTRIAN ACTIVITIES DISTRICT				(P.A.D.)		
					Action:	Approv	vea   App	roved w/C	onditions	Denied	
					Signatu	re:		1	Date:		
Permit Taken By:	it Taken By: Date Applied For:				Zoning Approval						
Ldobson	04/03	3/2009				Zomng	, дрргоча	1			
This permit application does not preclude the Applicant(s) from meeting applicable State and			Special Zone or Reviews			zs Zoning Appeal			Historic Preservation		
			eı	noreland	ł	Variance			Not in District or Landma  Does Not Require Review		
Federal Rules.			- 31	loreiand	v ar raffee						
			_ w	Tetland		Miscellaneous					
2. Building permits do not include plumbing, septic or electrical work.			Wetland			- IMISCENTILEOUS			Locs Not Vedanc Verses		
<ul> <li>3. Building permits are void if work is not started within six (6) months of the date of issuance.</li> <li>False information may invalidate a building</li> </ul>			Flood Zone			Conditional Use			Requires Review		
			ˈˈ·ˈ	COU ZOILE		Conditional Osc			Requires Review		
				ıbdivision	☐ Interpretation			Approved			
permit and stop all	•	5				interpre			ppiored		
•		□ Si	te Plan	Approved			Approved w/Conditions				
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and the second s	The second secon		Maj [	☐ Minor ☐ MM		Denied			Denied		
	and the second	*			<b>"</b>				_ ,		
			Date: White and how			Date:		Det	Date:		
8 5 7 1	2		Date: 4	16109 ABA		Jaic		Dat	·		
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		4 .									
The second second	· · · · · · · · · · · · · · · · · · ·										
			•	CERTIFICATI	ON						
I hereby certify that I am	the owner of	record of the no				seed work is	authorized	hu tha a	uner of recer	l and the	
I have been authorized b											
jurisdiction. In addition											
shall have the authority t											
such permit.											
CIONATURE OF A DRIVOANT			1 BBB Eac						DITO		
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE		PHON	IE.	
							~1111		11101		

•		ding or Use Permit 207) 874-8703, Fax: (2		4-8716	Permit No: 09-0267	<b>Date Applied For:</b> 04/03/2009	CBL: 038	F008001
Location of Construction:		Owner Name:		(	Owner Address:			
468 FORE ST		DICTAR ASSOCIATES II			PO BOX 3572			
Business Name:	s Name: Contractor Name:			Contractor Address:			Phone	
		P A Renovations, Inc			P O Box # 1288 Scarborough			450-4440
Lessee/Buyer's Name		Phone:		F	Permit Type: Alterations - Com	mercial _	_	
Proposed Use:				Proposed	l Project Description:	<u> </u>		
Commercial - restaura		INO" add bathroom to n from 24 to 38	neet	to 38	throom to meet liq	uor requirements, in	crease s	eating from 24
<b>Dept:</b> Zoning <b>Note:</b>	Status: A	pproved with Condition	ns Re	viewer:	Ann Machado	Approval D		04/06/2009 Issue: ✓
1) Separate permits s	nall be required	I for any new signage.						
2) This permit is bein work.	g approved on	the basis of plans submi	itted. At	ıy devia	tions shall require	a separate approval	before s	tarting that
Dept: Building	Status: A	approved with Condition	is <b>Re</b>	viewer:	Tammy Munson	Approval D	ate:	04/22/2009
Note:		•			•	• •	Ok to	Issue:
	•	any electrical, plumbing as a part of this process		er, fire a	larm or HVAC or	exhaust systems. Se	parate p	olans may
Dept: Fire	Status: A	approved with Condition	is <b>Re</b>	viewer:	Capt Keith Gautr	eau Approval D	ate:	04/21/2009
Note:					-			Issue:

## Comments:

1) All construction shall comply with NFPA 101

4/10/2009-gautreauk: Called contractor and Archetype for a copy of the plan. Need a scalable drawing for the restaraunt.

## General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 47	70 Force	STREET PA	CIARINO S
Total Square Footage of Proposed Structure/	3054 A.		Number of Stories
Tax Assessor's Chart, Block & Lot  Chart# Block# Lot#  38 F	Name Env	nust be owner, Lessee of Buy Lice Bonsica  STORMOUNT  Zip Comberland	ver* Telephone:
Lessee/DBA (If Applicable) PACIARINO LLC.	· ·	fferent from Applicant) eicu (Barbiciご	Cost Of Work: \$ 3000, 00  C of O Fee: \$  Total Fee: \$
If vacant, what was the previous use?	If athroom to 24 - 38 Tons, Inc	yes, please name	quine Ments Fur Serving
City, State & ZipSCARZ Lotzouge Who should we contact when the permit is rea	ady: PAUL	Τ	
Mailing address:  Please submit all of the information do so will result in the	outlined on		list. Failure to  APR - 1 2009
order to be sure the City fully understands the sy request additional information prior to the is s form and other applications visit the Inspectivision office, room 315 City Hall or call 874-8703.	ssuance of a per	mit. For further information	or to download copies of
ereby certify that I am the Owner of record of the ret I have been authorized by the owner to make this res of this jurisdiction. In addition, if a permit for wo horized representative shall have the authority to envisions of the codes applicable to this permit.	s application as hi	s/her authorized agent. I agree nis application is issued, I certify	to conform to all applicable that the Code Official's

Signature: Date: 4-4-09

This is not a permit; you may not commence ANY work until the permit is issue

Revised 07-11-08 /

