City of Portland, M	<b>Iaine - Bui</b> l	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, (	Fax: (207) 874-8	3716	2014-00823			038 G002267			
<b>Location of Construction:</b>		Owner Name:			Owner Address:			Phone:	
269 COMMERCIAL ST		MCNULTY BEVIN A		86A PLEASANT ST PORTLAND 04101		D, ME	(207) 899-4100		
Business Name: BamBam Bakery Lessee/Buyer's Name		Contractor Name: Phone:		Contractor Address: ME			Phone		
				Permit Type: Outdoor Seating				Zone: B3	
Past Use:		Proposed Use:		Permit Fee: Cost of Work:				CEO District:	
retail/restaurant on 1st floor; offices on 2nd floor; with 24 residential condos above		Same: retail/restaurant on 1st floor; offices on 2nd floor; 24 residential condos above		\$180.00 \$0.00 2 INSPECTION:					
Proposed Project Description				$\frac{1}{2}$					
2014 Outside Dining for	Bakery								
5' X 10'; 4 chairs, 2 tables					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied				
	Signature:			Da	nte:				
Permit Taken By:		pplied For:		Zoning Approval					
bjs 04/23/2014  1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
1. This permit applicate Applicant(s) from a Federal Rules.			Shoreland			☐ Variance		Not in District or Landman	
2. Building permits do not include plumbing septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits an within six (6) mont	hs of the date	of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	☐ Conditional Use ☐ Interpretation ☐ Approved ☐		Requires Review	
False information r permit and stop all		e a building			Interpre			Approved	
		Site Plan		Approv	Approved w/Conditions				
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:	Date:		Date:	
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the owner t , if a permit fo	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADDI	RESS		DATE		PHONE	