City of Portland, Ma 389 Congress Street, 04		O			2013-02652	Issue Date.	039 F013001	
Location of Construction:	+101 101. (2	Owner Name:	, 1 ux. (201) 014 0	,, 10 <u> </u>	Address:	<u> </u>	Phone:	
59 PLEASANT ST		BAKERY LIMITED LIABILITY CO		61 PLEASANT ST PORTLAND, ME 04101				
Business Name:  Lessee/Buyer's Name  Past Use:		Contractor Name:		Contractor Address:			Phone	
		Maine Bay Canvas mbcanvas@maine.rr.com		53 Industrial Way Portland ME 04103			103 (207) 878-8888	
		Phone:		Permit Type: Awning, with signage			Zone:	
		Proposed Use:			Permit Fee: Cost of Work:		CEO District:	
ist floor Restaurant - artist studios above		1st floor restaurant - artist studios above			\$46.00 \$2,00		00.00	
				INSPEC	CTION:			
Proposed Project Description:		1						
install three awnings - tw for the restaurant (Artem		cone 14' x 4' - 1	Isf logo on each -	DEDES	TDIAN ACTIVI	TIES DISTRICT	(D A D )	
Tor the restaurant (ritten)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.						
				Action: Approved Appro		ved Approve	oved w/Conditions Denied	
							Date:	
Permit Taken By: bjs				Zoning Approval				
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>			Special Zone or Reviews		Zoning Appeal		Historic Preservation	
			☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan		☐ Varianc	e	Not in District or Landmar	
					Miscella	aneous	Does Not Require Review	
					Condition	onal Use	Requires Review	
False information m permit and stop all v	☐ Interpretation [				Approved			
	Approved				Approved w/Conditions			
	Maj Minor MM		Denied		Denied			
	Date:		Date:		Date:			
			CERTIFICA					
I have been authorized by jurisdiction. In addition,	the owner to if a permit fo	o make this appl or work describe	lication as his authored in the application	rized ag is issue	ent and I agreed, I certify that	to conform to the code offici	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE	PHONE	