City of Portland, Maine - Buil	U			2014-01790	Issue Date:	039 A029001
389 Congress Street, 04101 Tel: (•	, Fax: (207) 874-8				
Location of Construction: Owner Name: STADLER C		ECILE	Owner Address: 109 HOLLAND DR PHIPPSBURG ME 04562		Phone: (207) 389-2162	
Business Name: Bao Bao Dumpling House	Contractor Name: Rob Connolly Phone: Proposed Use:		Contractor Address: 3 Upper Minot Road Pownal ME 04069 Permit Type: Signs - Permanent Permit Fee: Cost of Work:			Phone: (207) 233-8651
Lessee/Buyer's Name						Zone:
Past Use:						CEO District:
Restaurant (formerly West End Deli) & Two (2) Dwelling Units	Restaurant (BaoBao Dumpling House) & Two (2) Dwelling Units		INSP	\$113.00 \$0.00 3 SPECTION:		
Proposed Project Description:			_			
install a 2' x 2' (4 SF)hanging sign		DEDECEDIAN ACCONTINUES DISCUSSION OF A D			(D 4 D)	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied				
		1	S	ignature:		Date:
	plied For: Zoning Approv Zoning Approv				g Approval	
This permit application does not preclude the		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	e	☐ Not in District or Landman
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building 		☐ Wetland ☐ Flood Zone		Miscell	aneous	Does Not Require Review
				Condition	onal Use	Requires Review
permit and stop all work	e a building	Subdivision		Interpre	tation	Approved
		Site Plan		Approv	ed	Approved w/Conditions
		Maj Minor MM		Denied		Denied
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE