City of Portland, Maine	e - Building or Use	Permit Application	n Permit	lo: Issue De	ateș ⁵	CBL:
389 Congress Street, 0410	0			4-1737		039 A031001
Location of Construction:	Owner Name:		Owner Add	ress:		Phone:
129 Spring St	Simas George	L Iii &	20 Green	sport Rd		.978-412-7792
Business Name:	Contractor Name		Contractor	Address:	<u> </u>	Phone
	Owner		Portland			000000000
Lessee/Buyer's Name	Phone:		Permit Typ Alteratio	e: ns - Commercial	-charge	gue B-3
Past Use:	Proposed Use:		Permit Fee	: Cost of W	ork: CE	O District:
commercial space	commercial sp	ace with cosmetic		·		
GAllenz retail	alterations - change	enfuse	FIRE DEP	T: Approved	INSPECTI Use Group	
Proposed Project Description: Paint interior of commercial s	space - charge of food Service res	burn pizza/ Sub shop.	Signature PEDESTRI Action	An ACTIVITIES DI	Signature. STRICT (P.A.	c
			Signature:		Da	te:
Permit Taken By:	Date Applied For:		Zoning Approval			
jharris	11/23/2004			ioning reppio	, cu	
	•	Special Zone or Revie	ews	Zoning Appeal]	Historic Preservation
		Shoreland] Variance		Not in District or Landmark
		Wetland		Miscellaneous		Does Not Require Review
		Flood Zone		Conditional Use		Requires Review
		Subdivision	Ĺ.	Interpretation		Approved
		Site Plan		Approved		Approved w/Conditions
		Maj Minor MM M W Care Date: M S 11/29	chte 9	Denied	Date:	Denied Yexteriorium Fegures A
			····		Sep.	Approvels

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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

No Stracterial changes

Form # P 04 DISPLAY THIS CA	ARD ON PRINCIPAL FRONT	AGE OF WORK
Please Read Application And Notes, If Any, Attached	PERMIT	Permit Number: 04173710 State
This is to certify that Simas George L Iii & /O	wner	DEC 0 3 2004
has permission to Paint interior of commerce		CIV FROM NO
AT 129 Spring St		A031001
provided that the person or perso of the provisions of the Statutes of the construction, maintenance an this department.	of Name and of the sences of	this permit shall comply with all the City of Portland regulating , and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N ication inspection must git and writin permission procu be re this to bing or to thereo land or consistent in thereo H R NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Health Dept.		AV Lu
Appeal Board Other	- (1	4 (114 x 12/2/00
	:	1997 - 19

All Purpose 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.

		Portland Me.		
Total Square Footage of Proposed Structu	ure 150 SF	Square Footage of Lot \mathcal{N}	Í A	
Tax Assessor's Chart, Block & LotChart#Block#Lot#3931	Owner: Gewyge	+ Jaimes Simas		Telephone: 978-412-7792
Lessee/Buyer's Name (If Applicable) Ed Maguirc	telephone	name, address & :/9 Winter St. 3, Saco Me (407.)	W	st Of ork:\$ <u><i>650 -<mark>\$</mark>10</i></u> 00 9: \$
Current use: Vacant If the location is currently vacant, what was prior use: <u>AR7- Gallery</u> Approximately how long has it been vacant: <u>Couple of MonHur</u> Proposed use: <u>Pizza</u> + Sub-Ship. Project description:				
Contractor'sname, address & telephone: Ed Muguire 19 winter St. Apt 3 Saw Who should we contact when the permit is ready: Ed Muguire Malling address: 19 winter St. Apt 3. Saw Me 21072 Ne will contact you by phone when the permit is ready. You must come in and pick up the permit and				
eview the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: $7_{0}7_{-}939_{-}0959_{-}$				

IF THE REQURED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQURE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of *the* named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to **make this** application **a** his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative Shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

	and an and a second sec		T
Signature of applicant:	alift	Date: ////8/04	
	/ ~/		

This is NOT a permit, you may not commence ANY work until the permit is issued. Ifyou are ln a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall