	y of Portland, Maine - 1	O			Permit No:	Issue Date:	CBL:
	Congress Street, 04101 T		5, Fax: (207) 874-8		2013-01296		039 A037001
Location of Construction: 106 HIGH ST		Owner Name: RGT ASSOCI	RGT ASSOCIATES		er Address: OAK ST PORTI	Phone:	
	ness Name: tle Tap House	Contractor Name	Contractor Name:		cactor Address:	Phone	
LIU	ne Tap House				3		
	ee/Buyer's Name	Phone:			it Type:	Zone:	
	e Goyette, lee@littletaphouse.	, ,	(207) 590-1802		tdoor Seating	B3	
	Use:	Proposed Use:	_		it Fee: Cost of Work:		CEO District:
off	floor restaurant(s), 2nd floor ice & artist studios - 3rd floor rage		Same: 1st floor restaurant(s), 2nd floor office & artist studios, 3rd floor storage		\$560.00 ECTION:		\$0.00 3
_	osed Project Description:  13 Outside Dining for Little T	ap House					
	ables, 15 chairs; 240 sq ft.		PEDESTRIAN ACTIVITIES DISTRIC  Action: Approved		TIES DISTRICT	Τ (P.A.D.)	
					ved Approv	ved w/Conditions Denied	
				S	ignature:		Date:
Pern bjs	nit Taken By: Da		Zoning Approval				
1.	This permit application does	not preclude the	Special Zone or Reviews		Zonin	ng Appeal	Historic Preservation
1.	Applicant(s) from meeting a Federal Rules.		☐ Shoreland		☐ Variance	e	Not in District or Landma
2.	Building permits do not incl septic or electrical work.	ude plumbing,			Miscella	nneous	Does Not Require Review
3.	Building permits are void if within six (6) months of the	☐ Flood Zone ☐ Subdivision		Condition	onal Use	Requires Review	
	False information may inval permit and stop all work			Interpre	tation	Approved	
			☐ Site Plan  Maj ☐ Minor ☐ MM ☐		Approve	ed	Approved w/Conditions
					Denied		Denied
			Date:		Date:		Date:
I ha juris shal	reby certify that I am the own we been authorized by the own adiction. In addition, if a perm I have the authority to enter a n permit.	ner to make this appl nit for work describe	lication as his authored in the application	at the ized a is issu	proposed work in agreed and I agreed and I certify that	to conform to the code offic	all applicable laws of this cial's authorized representative
SIG	NATURE OF APPLICANT		ADDR	ESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARGE	OF WORK, TITLE				DATE	PHONE