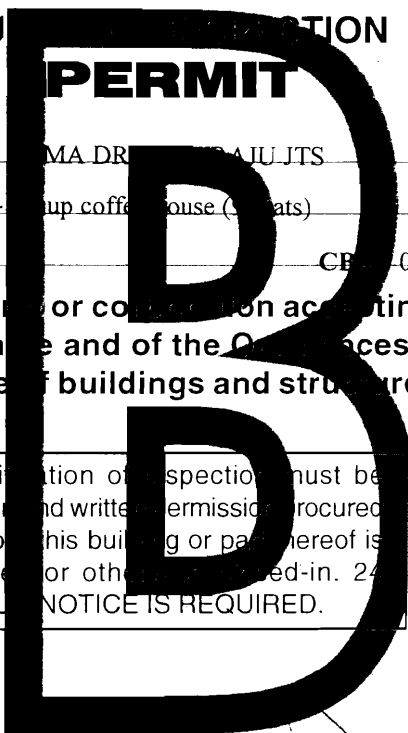


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT



Please Read Application And Notes, If Any, Attached

RECEIVED

Permit Number: 090031

FEB 6 2009

CITY OF PORTLAND

This is to certify that DRONAMRAJU RAMESH & MA DRONAMRAJU

has permission to retail establishment - "Pisono" - cup coffee house (seats)

AT 3 DEERING AVE CB# 047-A004001

provided that the person or persons, firm or corporation accounting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise covered-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. Keith Gaultier

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature] 2/6/09

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

closed 2/18/09

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

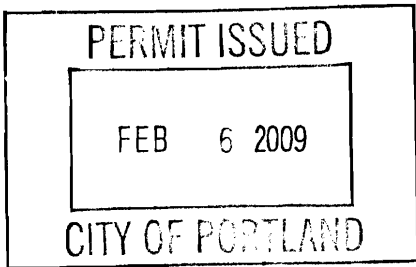
Permit No: 09-0031	Issue Date:	CBL: 047 A004001
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Location of Construction: 3 DEERING AVE	Owner Name: DRONAMRAJU RAMESH & RA	Owner Address: 39 RIDGE RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: <i>Change of use</i> Alterations - Commercial	Zone: B-2b

Past Use: Bicycle Shop - retail	Proposed Use: Retail establishment - Coffee House "Pisono" fit up for coffee house (9 seats)	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 2
Proposed Project Description: retail establishment - "Pisono"- fit up coffee house (9 seats)		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>BL5000</i> Type: <i>SB</i> <i>DBL-2003</i>	
		Signature: <i>(K6)</i>	Signature: <i>JMB 2/6/09</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 01/12/2009	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- 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 permit and stop all work..



Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>1/16/09 AFM</i>	Date: _____	Date: <i>AFM</i>

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

ELECTRICAL PERMIT

City of Portland, Me.



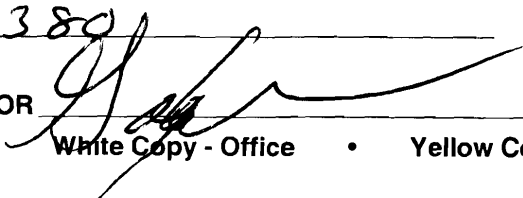
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 2-11-09
 Permit # 2009-4084
 CBL# 47-A-4

LOCATION: 3 PEERING AVE METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT MANTER PHONE # _____

					TOTAL EACH FEE	
OUTLETS	2	Receptacles	Switches	Smoke Detector		.20
FIXTURES		Incandescent	Fluorescent	Strips		.20
SERVICES		Overhead	Underground	TTL AMPS <800		15.00
		Overhead	Underground	>800		25.00
Temporary Service		Overhead	Underground	TTL AMPS		25.00
						25.00
METERS		(number of)				1.00
MOTORS		(number of)				2.00
RESID/COM		Electric units				1.00
HEATING		oil/gas units	Interior	Exterior		5.00
APPLIANCES		Ranges	Cook Tops	Wall Ovens		2.00
		Insta-Hot	Water heaters	Fans		2.00
		Dryers	Disposals	Dishwasher		2.00
		Compactors	Spa	Washing Machine		2.00
		Others (denote)				2.00
MISC. (number of)		Air Cond/win				3.00
		Air Cond/cent		Pools		10.00
		HVAC	EMS	Thermostat		5.00
		Signs				10.00
		Alarms/res				5.00
		Alarms/com				15.00
		Heavy Duty(CRKT)				2.00
		Circus/Carnv				25.00
		Alterations				5.00
		Fire Repairs				15.00
		E Lights				1.00
		E Generators				20.00
PANELS		Service	Remote	Main		4.00
TRANSFORMER		0-25 Kva				5.00
		25-200 Kva				8.00
		Over 200 Kva				10.00
					TOTAL AMOUNT DUE	
					MINIMUM FEE/COMMERCIAL 55.00	45.00

CONTRACTORS NAME DONALD ERICKSON MASTER LIC. # MS 60019353
 ADDRESS PO BOX 347 HOLLIS CENTER 04042 LIMITED LIC. # _____
 TELEPHONE 749 6380

SIGNATURE OF CONTRACTOR 
 White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland
Street	3 Deering Ave
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Fishman First: Mark

Applicant Name: Scott Potts

Mailing Address of Owner/Applicant (If Different):
P.O. Box 544
Westbrook, ME 04098

2009-2006-

PORTLAND **PERMIT # 10875 TOWN COPY**

Date Permit Issued: 2/10/09 \$ 1124 If Double Fee Charged

Jeanne Baraka L.P.I. # 0132
Local Plumbing Inspector Signature

47-A-4

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] 2/10/09
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Venting</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>07854</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____		Water Heater
<p>OR</p> <p>TRANSFER FEE (\$6.00)</p>		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
<p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p> <p style="text-align: center; font-size: 1.5em;">24</p>				Fixture Fee
				Transfer Fee
			24	Hook-Up & Relocation Fee