City of Portland, I	Maine	- Buile	ding or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street,	04101	Tel: (2	207) 874-8703, Fax: (207) 874-8			2014-01772			055 E039001	
Location of Construction:			Owner Name:			Owner Address:			Phone:	
188 STATE ST			LONGFELLOW SQUARE PARTNERS LLC			104 GRANT ST PORTLAND, ME 04101				
Business Name:					ı				<u>.</u> L	
Pai Men Miyake										
Lessee/Buyer's Name Past Use:			Phone:			Permit Type:			Zone: B3	
			Proposed Use:		Outdoor Seating  Permit Fee: Cost of Work:				CEO District:	
1st floor Restaurants			Same: 1st floor	r Rectaurants	rein				0.00	
					INSPECTION:					
Proposed Project Descripti	on:				1					
			nd (18) chairs (560 SF of seating							
area) for the 2014 season - Pai Men M State Street.			Aiyake Restaurant located at 188			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
State Street.					Action: Approved Approved w/Conditions Denied  Signature: Date:					
Permit Taken By: Date Applied For:									iie.	
dmc 08/08/2014				Zoning Approva						
This permit application does not			oreclude the	Special Zone or Reviews		Zon	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applic Federal Rules.				Shoreland		☐ Varian	☐ Variance		Not in District or Landman	
2. Building permits do not include p septic or electrical work.			lumbing,	☐ Wetland		Miscel	Miscellaneous		Does Not Require Review	
3. Building permits are void if work within six (6) months of the date			of issuance.	Flood Zone		Condit	Conditional Use		Requires Review	
False information permit and stop al			a building	☐ Subdivision ☐ Site Plan		Interpre	☐ Interpretation ☐ Approved		☐ Approved ☐ Approved w/Conditions	
						Approv				
				Maj Minor MM		Denied	Denied		Denied	
				Date:		Date:		Date:		
I hereby certify that I a I have been authorized jurisdiction. In additio shall have the authority such permit.	by the on, if a p	owner to ermit fo	make this appl r work describe	ication as his authord in the application	at the rized a is issu	proposed work agent and I agre aed, I certify tha	e to conform to at the code offi	o all app cial's au	licable laws of this thorized representative	
SIGNATURE OF APPLICA	ANT			ADDI	RESS		DATE		PHONE	