

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080900

8-1-08

064 A002001

CITY OF PORTLAND

This is to certify that COFFIN CRAIG G TRUST / Margaritas Management Group
 has permission to Interior Alterations to include new Sinks and Kitchen Equipment to meet Health Codes.
 AT 222 ST JOHN ST 064 A002001

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or services are provided. 4 HOUR NOTICES ARE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. N/A
 Health Dept. _____
 Appeal Board _____
 Other _____
Department Name

Thomas M. Manly 8/1/08
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

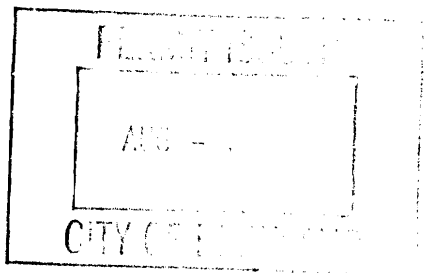
Permit No: 08-0900	Issue Date:	CBL: 064 A002001
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Location of Construction: 222 ST JOHN ST	Owner Name: COFFIN CRAIG G TRUSTEE	Owner Address: 222 ST JOHN ST STE 134	Phone: 207-874-6444
Business Name:	Contractor Name: Margaritas Management Group	Contractor Address: 200 Griffin Park, Suite 1 Portsmouth	Phone: 6034308105
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Commercial Restaurant/Margaritas	Proposed Use: Commercial Restaurant/Margaritas - Interior Alterations to include New Sink and Kitchen Equipment to meet Health Codes.	Permit Fee: \$520.00	Cost of Work: \$50,000.00	CEO District: 2
Proposed Project Description: Interior Alterations to include New Sink and Kitchen Equipment to meet Health Codes.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A Cereq, CASS	INSPECTION: Use Group: Commercial Type: F IBC 2003 Signature: Jm 8/1/08	
		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: lmd	Date Applied For: 07/21/2008	Zoning Approval
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<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 7/23/08	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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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