Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 020986

This is to certify that Tran Monica R & I	on V Its staurant enter ent of Main
has permission to	cery and fe TURATIONS - COULL
AT _269 St John St	L 064 D001001
provided that the person or pe of the provisions of the Statut the construction, maintenance this department.	es of Name and of the Care ances of the City of Portland regulation
Apply to Public Works for street line and grade if nature of work requires such information.	N ication inspect in must git and writing permission procule be this total ding or of the thing
OTHER REQUIRED APPROVALS Fire Dept Health Dept Appeal Board	2/4/82 July 2/4/82
Other Department Name	Director - Building & Inspection Services PENALTY FOR REMOVING THIS CARD
	C

City of Portland,	Maine - Bui	lding or Use	Permi	t Appaicatio	n Pe	mit No:	Issue Date	:	CBL:	
389 Congress Street	, 04101 Tel: ((207) 874-8703	, Fax:	(207) 874-871	.6	02 0986	-d 1 2 20	vo:	064 D0	01001
Location of Construction:		Owner Name:			Owne	r Address:			Phone:	
269 St John St Tran M			ran Monica R & Don V Jts			Westbrook S	+ 6007	TRAIT	207-450-	1733
Business Name: Contractor Na					Contr	actor Address		LANL	Phone	
n/a Restaurant			Equipement of Maine		75 Y	75 York Street Portland			20777373	376
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:	
n/a		n/a			/Che		Commercia	al		3-7
Past Use:		Proposed Use:	No	() HANGE	Perm	it Fee:	Cost of Wo	rk: (CEO District:	į
Commercial / Vacant;		Commercial / Change of Ose from			\$128.00 \$15,000.00					
was retail		retail to grocery and cafe "sandwich			FIRE DEPT: Approved INSPEC			TION:		
		shop"	enaution for retaluse? 9 19 less seats?				Denied	Use Gro	ир: 🖟	Type:
		a nlace		ALC:			5000		$\mathcal{O}(Q)$	11/12
		1 900		11121					\triangle	
Proposed Project Descript	tion:				1					
Change of use from re	etail to grocery	and cafe			Signa		CHILLY	Signatur		all
					PEDE	ESTRIAN ACT	ivities þ is	TRICT (P	.A.D.)	V
					Actio	on: Appro	ved Ap	proved w/0	Conditions	Denied
					1				_	
			_		Signa	nture:			Date:	
Permit Taken By:		pplied For:				Zoning	g Approv	al		
gg	09/0	3/2002							W. C. D.	
1. This permit appli			Spe	ecial Zone or Revi	ews	Zoni	ng Appeal	Ì	Historic Pres	
Applicant(s) from	n meeting applic	cable State and		noreland WHA		☐ Variano	ce]	Not in Distri	ct or Landm
Federal Rules.				,				l		
2. Building permits do not include plumbing,		Wetland Sign Age Miscellaneo		aneous	ĺĺ	Does Not Re	quire Reviev			
septic or electrica	ıl work.		A~	2) mies	Á	L				
3. 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			ice. Flood tone		per	Conditional Use			Requires Review	
							Ι,			
		e a building	L Si	ubdivision	Interpretation] [Approved		
perint and stop a	ii work		l					Ι.	–	
				te Plan		Approv	ed		Approved w	Conditions
Scann										
			Maj Minor MM			Denied			Denied	
			[OK	word	710-3					
			Date: 9			6/67 Date:			Date:	
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		1175	6							
				_			3			
			,		ON					
TI I COLL		6 1 6 1		CERTIFICATI					c	
I hereby certify that I a I have been authorized										
jurisdiction. In addition										
shall have the authority										
such permit.										
SIGNATURE OF APPLIC	ANT			ADDRES	22		DATI		PHC	NF
J.G. ATTORD OF ALT DIC.				ADDRES			DAII	_	FAC	
RESPONSIBLE PERSON	IN CHARGE OF V	WORK, TITLE		<u> </u>			DATI	Ξ	PHC	NE

All Purpose Building Permit Application

Location/Address of Construction: 26	9 St	John St	porILANI	me	04101
Total Square Footage of Proposed Structu	ıre	Square Footag	e of Lot 00847		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	1 Husso	lumin Abab in Abdigan ib Awale		Teleph (207)4	ione: 50~1733
Lessee/Buyer's Name (If Applicable) Mumin Abarone	telephone;	name, address & (207) 450-173 4 Aba Roa 3392 <i>p</i> ofil	3 W 45 046 F	ost Of /ork: \$ <u>/</u> 2	5000,00
Current use: VUCAN+ If the location is currently vacant, what wo	as prior use: _	retail !		'Cha	ngevfun
Proposed use: GROCCTY+ Project description:	_	_	~ \	<u> </u>	
Contractor's name, address & telephone: Who should we contact when the permit i	An(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ONIT CHEY ONITS AND ATTY TOY !!		T Eq	uipof Me
Mailing address: We will contact you by phone when the periew the requirements before starting and a work starts before	ny work, with	a Plan Reviewer	ne in and pick	up the r order wi	ll be issued
THE REQUIRED INFORMATION IS NOT INCLUENIED AT THE DISCRETION OF THE BUILDING	/PLANNING I				

shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable

Signature of applicant:	Date:	08/27	102
This is NOT a permit, you may not commend If you are in a Historic District you may be subject Planning Department on th	ce ANY work unt ot to additional p ne 4 th floor of City	ermi tin c	and fees with the
War Ma Chaus			E GEIV E.

or for 10/5/02 other permits deal with reconstruction details ofter the fine. M 10/21/02 No change of and 64-0-1 nudide as per MJ Nagust 02-0986 Notes on obvere of fremt.

MAN