City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 773-2217 04102 Michael Burnett 265 St. John Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: **Suwanna Truong 265 St. John St. 04102 828-0458 SAA Permit Issued: Contractor Name: Address: Phone: 878-8888 53 Industrial Way, Portland, ME Maine Bay CAnvas COST OF WORK: Proposed Use: PERMIT FEE: Past Use: CCO · A **\$** 1,000 \$ 30.00 Same Restaurant **FIRE DEPT.** □ Approved **INSPECTION:** ☐ Denied Use Group: *U* Type: $\textbf{CBL:}~_{064-D-001}$ BOCA90_1 Signature: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) New Awning to replace existing one. Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied П □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Sept. 7, 1999 SP Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied ** Send To: Suwanna Truong 265 St. John Street Historic Preservation Portland, ME 04102 Not in District or Landmark □ Does Not Require Review ☐ Requires Review PERMIT ISSE EN ROTOL MINES Action: CERTIFICATION □Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 provisions of the code(s) applicable to such permit 9-8-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT