City of Portland, Maine - Buil	ding or Use 1	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	0			2013-01292		064 D006001
Location of Construction:		Owne	· Address:		Phone:	
249 ST JOHN ST 2nd floor HO DUC N		YEM T LEE JTS	17 ALLEN RD SOUTH PORTLAND ME 04106		ND,	
Business Name:	Contractor Name	ontractor Name:		actor Address:	Phone	
			ME			
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
Omar Omar (NO EMAIL)	(207) 318-2479		Change of Use - Commercial			B2
Past Use:	Proposed Use:		Perm	ermit Fee: Cost of Work:		CEO District:
Office space Restaurant/co w/games - 12				\$105.00 ECTION:	\$1,000.00 3	
Proposed Project Description:						
2nd floor; Change of use from office seats) only serving coffee and packag		DEDECEDIAN ACTIVITATE DISTRICT (DAD)				
hood	TO SLOVE OF PE.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied			
				gnature:	Date:	
-	Date Applied For: 06/20/2013		Zoning Approval			
This permit application does not preclude the		Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not include properties or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition	onal Use	Requires Review	
False information may invalidate permit and stop all work	Subdivision		Interpre	tation	Approved	
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work gent and I agreeded, I certify that	e to conform to a t the code officia	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE