City of Portland, Maine –	Building or Use Permit Applica	tion 389 Congres	s Street, 04101, Tel: (20	07) 874-8703, FAX: 874-8716
Location of Construction:	Owner:			Permit No: 9 8 1 2 1 9
170 Brighton Ave	R & R Leasi		1-800-242-2505	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Christy's Market Address:	Phor		Permit Issued:
Mikri Construction		P.O. Box 992 Alton, NH 03809 603-492-1489		
Past Use:	Proposed Use:	COST OF WOR	RK: PERMIT FEE:	OCT 2 6 1998
		\$ 13,000	\$ 85.00	OF BOOTH ASID
Convenience Store	0	FIRE DEPT. □		CITY OF PORTLAND
	Same	ľ	11	ype:
				Zone: 080-D-001
		Signature:	Signature:	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Action: Approved		1.D.) 01/ 10/21/49
				Special Zone or Reviews:
Make Interior Renovation		Approved with Conditions:	브 다Shoreland	
		Denied	□ □ Wetland	
		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:	Signature.	Date.	☐ Site Plan maj ☐minor ☐mm ☐
MG	Date Applied For.	20 October 1998		
				Zoning Appeal
 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 informa- 				☐ Variance ☐ Miscellaneous
				□ Conditional Use
				□ Interpretation
tion may invalidate a building per	□Approved			
			D =	☐ Denied
			WITHERMIT	Historic Preservation
			H REDUSSIIED	Not in District or Landmark
WITH REQUIREMENTS				Does Not Require Review
			ENTS	☐ Requires Review
				Action:
	CERTIFICATION			
	Appoved			
I hereby certify that I am the owner of				
authorized by the owner to make this	idultion, ===================================			
	pplication is issued, I certify that the code officies easonable hour to enforce the provisions of the			Date:
areas covered by such permit at any re	casonable nour to enrorce the provisions of the	code(s) applicable to suc	n permit	
		21 004-1 100	10	'
SIGNATURE OF APPLICANT	ADDRESS:	21 October 199 DATE:	PHONE:	
SIGNATURE OF AFFEICANT	ADDILUS.	DAIL.	HIONE.	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				CEO DISTRICT Z
	White-Permit Desk Green-Assessor's	Canary_D PW Pink_P	ublic File Ivory Card-Insper	ctor na (1)
			and the start mopel	$\mathcal{M}_{\mathcal{M}}$