City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 974-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 9 80 5 6 2 334 Forest Ave Back Cove Realty 773-3356 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Bleachers SAA Permit Issued: Contractor Name: Phone: Address: Bleachers JN - 3 1009 334 Forest Ave Ptld, ME 04101 870-3969/Stu **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: 25.00 OF PORTLAND Restaurant FIRE DEPT. Approved INSPECTION: Use Group: ☐ Denied Type: CBL: Zone: BOCA 96_ 13-7 114A-F-007 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (F Action: Approved Approved with Conditions: Conduct outside dining 1998 season ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 15 May 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Historic Preservation □ Not in District or Landmark Does Not Require Review Requires Review Action: CERTIFICATION □ Appoved ☐ Approved with Conditions 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 □ Denied 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 provisions of the code(s) applicable to such permit 18 May 1998 ADDRESS: SIGNATURE OF APPLICANT DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRIC

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

M LEAV