City	y of Portland, Maine	- Building or Use	Permit No:	Permit No: Issue Date:		CBL:			
389	Congress Street, 04101	Tel: (207) 874-8703	Fax: (207) 874-8	716	2013-01951			125 M003001	
Location of Construction: 646 FOREST AVE		Owner Name: SM & A PRO	Owner Name: SM & A PROPERTIES LLC		Owner Address: PO BOX 6752 PORTLAND, ME 04101		Phone: (207) 615-7165		
Business Name:		Contractor Name	Contractor Name:		Contractor Address: ME			Phone	
Lessee/Buyer's Name Phone:		Phone:			Permit Type: Change of Use - Commercial		Zone: B2b		
Past Use: Proposed U					it Fee:	Cost of Work:		CEO District:	
			ivide off part of restaurant for tail and grocery		\$105.00 ECTION:				
_	osed Project Description: unge of Use from restauran	nt to restaurant and retai	l / grocery on first	_					
floc	_		<u> </u>	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					Action: Approved Approved w/Conditions Denied				
D.	4 m 1 n	D. A. P. IE.	T	Signature:			Date	Date.	
bjs	nit Taken By:	Date Applied For: 08/29/2013	Zoning App			g Approval			
1.	This permit application does not preclude the		Special Zone or Review		Zoni	Zoning Appeal		Historic Preservation	
	Applicant(s) from meetin Federal Rules.	-	Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2.	Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started		Wetland		Miscell		Does Not Require Review		
3.	within six (6) months of t False information may in	the date of issuance. validate a building	☐ Flood Zone ☐ Subdivision ☐ Site Plan			☐ Conditional Use ☐ Interpretation ☐ Approved		Requires Review	
	permit and stop all work.							Approved w/Conditions	
			Maj Minor MM		Denied	Denied [Denied	
			Date:		Date:	Date: I		Date:	
I hav juris shall	reby certify that I am the over been authorized by the diction. In addition, if a playe the authority to enterpression permit.	owner to make this applermit for work describe	ication as his authord in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicial's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE