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:** 543 Deering Ave 1st f1 Geoffry Rice 773-1814 Lessee/KXXXX Name: Phone: Owner Address: BusinessName: Yvette D. Faulkner Congress St Ptld The Bayou Kitchen Contractor Name: Address: Phone: N/A SEP - 1 1999 **COST OF WORK:** Past Use: PERMIT FEE: Proposed Use: 30.00 Same Restaurant **INSPECTION: FIRE DEPT.** □ Approved Use Group: ☐ Denied Type: CBL: 125-M-004 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Rev Outside dining 1999 season Approved with Conditions: □ Shoreland The C Denied ☐ Flood Zone Signature: Date: ☐ Subdivision ☐ Site Plan mai Permit Taken By: Date Applied For: UB August 24, 1999 sp This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance · 1. ☐ 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 tion may invalidate a building permit and stop all work.. ☐ Approved ☐ Denied Historic Preservation Not in District or Landmark □ Does Not Require Review ☐ Requires Review 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit August 30, 1999 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