City of Portland, Maine - Buil	ding or Use l	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	Fax: (207) 874-8	3716	2013-01325		132 J001001
Location of Construction: 197 PLEASANT AVE (463 Stevens Ave.)	Owner Name: RICE GEOFFREY I		657	r Address: CONGRESS ST RTLAND, ME (	Phone: (207) 773-1814	
Business Name: The Coffee Cat LLC	Contractor Name: Banacom Signs  Phone: (207) 650-7170		Contractor Address:  2257 Broadway South Portland ME 04106  Permit Type:			Phone (207) 773-5474
Lessee/Buyer's Name						Zone:
Keith Dunlop			Signs - Permanent		B1	
Past Use: Retail Establishment (9 seats or less)	Proposed Use:  Retail Establishment (9 seats or less) - coffee shop			sit Fee: \$48.00 ECTION:	Cost of Work:	\$0.00 CEO District:
Proposed Project Description:						
Install 3' x 3' hanging sign - Coffee C	at					
		PEDESTRIAN ACTIVITIES DISTRICT (P.A			( <b>P.A.D.</b> )	
			ction: Approv	ed w/Conditions Denied		
	P. LE	1	S	ignature:		Date:
	oplied For: 5/2013		Zoning Approval			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	e	Not in District or Landm
		Wetland		Miscella	nneous	Does Not Require Revie
3. Building permits are void if work within six (6) months of the date False information may invalidate	of issuance.	☐ Flood Zone ☐ Subdivision		Condition	onal Use	Requires Review
permit and stop all work	a bunding			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 fo shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE