Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

Permit Number: 061642

epting this permit shall comply with all

ances of the City of Portland Tegy aring

ctures, and of the application on file in

|                         |                             |       | <b>\</b> |              |                 |          |
|-------------------------|-----------------------------|-------|----------|--------------|-----------------|----------|
| This is to certify that | Shahnaz Properties Llc /The | gnery |          |              | PERMIT ISSUED   |          |
| has permission to       | Replace awning - "Acropoli  |       |          |              | T LINWITT TOOLD | [        |
| 799 Forest Ave          |                             |       | q        | . 137 C00300 | JAN 2 2 2007    |          |
|                         |                             |       |          |              |                 | $\Gamma$ |

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provided that the person or persons of the provisions of the Statutes of I the construction, maintenance and use of buildings and s this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication inspe ın mus' n and w en permi on proci re this Iding or t there ed or osed-in JR NOTICETO MÉQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

| OTHER  | REQUIRED | <b>APPROVALS</b> |
|--------|----------|------------------|
| UIIIEN | negoined | AFFRUVALS        |

Fire Dept. Health Dept. Appeal Board\_ Other \_ Department Name

PENALTY FOR REMOVING THIS CARD



| City of Portland, Ma  | ine - Buil   | ding or Use     | Permi                 | t Applicatio               | n Permit                      | No:                 | Issue Date   | :               | CBL:  |         |  |
|---|--------------|-----------------|-----------------------|----------------------------|-------------------------------|---------------------|--------------|-----------------|---|---------|--|
| 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716                           |              |                 |                       |                            |                               |                     |              |                 | 137 C003001   |         |  |
| Location of Construction: Owner Name  |              |                 |                       | <u> </u>                   | Owner Address:                |                     |              |                 | Phone:  |         |  |
| 799 Forest Ave Shahnaz  |              |                 | erties L              | lc                         | 256 Bancroft St               |                     |              |                 | - [   |         |  |
| Business Name:  | -            | Contractor Name | :                     |                            | Contracto                     | Contractor Address: |              |                 |   |         |  |
|   | The Signery  |                 |                       | 299 Forest Avenue Portland |                               |                     |              | 20787977        | 2078797700  |         |  |
| Lessee/Buyer's Name Phone:  |              |                 | _                     | I                          | Permit Type:                  |                     |              |                 |   | Zone:   |  |
|   |              |                 |                       |                            | Signs -                       | Permane             | nt           |                 |   | BZ      |  |
| Past Use:   |              | Proposed Use:   |                       | Permit Fee: Cost of Wo     |                               |                     | <u></u>      | : CEO District: |   |         |  |
|   |              |                 | - Restaurant- Replace |                            |                               | \$90.00             |              | \$90.00         |   |         |  |
| Persian Grille)   | (            |                 | awning - "Acropolis"  |                            |                               | FIRE DEPT:          |              | This property   |   | 2 .     |  |
|   |              |                 |                       |                            | Í                             |                     |              | Use Gr          | : Group: CommerCal Type                             |         |  |
|   |              |                 |                       |                            |                               | L                   | Denied       |                 |   | ~       |  |
|   |              |                 |                       |                            |                               |                     |              | -               | TBC 20  | 03      |  |
| Proposed Project Description:   | <u>_</u>     |                 |                       | -                          | 1                             |                     |              | -               |   |         |  |
| Replace awning - "Acrop   | olis"        |                 |                       |                            | Signature: Signatur           |                     |              |                 | oup: Commercal Type: 5B  TDC 2083  ure: Jw 01/02/0- |         |  |
|   |              |                 |                       |                            | PEDESTRIAN ACTIVITIES DISTRIC |                     |              | RICT (P         | T (P.A.D.)  |         |  |
|   |              |                 |                       |                            | Action:                       | Approv              | vad □ An     | around xu/      | Conditions  | Denied  |  |
|   |              |                 |                       |                            | Action.                       | Афріоч              | rea Ap       | proved w        | Conditions  | Dellica |  |
|   |              |                 |                       |                            | Signature:                    |                     |              |                 | Date:   |         |  |
| Permit Taken By:  | Date A       | plied For:      |                       | _                          | Zoning Approval               |                     |              |                 |   |         |  |
| ldobson   | 11/0′        | 7/2006          |                       |                            |                               |                     | ,            | -               |   |         |  |
| This permit applicat  | ion does not | preclude the    | Spe                   | ecial Zone or Revi         | ews                           | Zoni                | ng Appeal    |                 | Historic Preservation                               |         |  |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State a |              |                 |                       | noreland                   |                               | Variance            |              |                 | Not in District or Landmar                          |         |  |
| Federal Rules.  |              |                 |                       |                            |                               |                     |              |                 | Katempal  |         |  |
| 2 Building permits do   | not include  | nlumbing        | l □ w                 | etland                     |                               | Miscellaneous       |              |                 | Does Not Require Review                             |         |  |
| 2. Building permits do not include plumbing, septic or electrical work.                       |              |                 | _                     |                            |                               |                     |              |                 |   |         |  |
| 3. Building permits are void if work is not started   |              |                 | ☐ FI                  | ood Zone                   |                               | Conditional Use     |              |                 | Requires Review                                     |         |  |
| within six (6) month  |              |                 |                       |                            |                               | _                   |              |                 |   |         |  |
| False information may invalidate a building   |              |                 | St                    | ıbdivision                 |                               | Interpretation      |              |                 | Approved  |         |  |
| permit and stop all v   | vork         |                 |                       |                            |                               | Approved            |              |                 | Approved w/Conditions                               |         |  |
|   |              |                 | Si                    | te Plan                    |                               |                     |              |                 |   |         |  |
|   |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| PERMIT ISSUED   |              |                 |                       | Minor MM                   | Denied                        |                     |              |                 | ☐ Denied  |         |  |
|   |              |                 |                       | wi codifini                |                               |                     |              |                 | 1 ABM   |         |  |
|   |              |                 |                       | 10107 AGE                  | Da                            | Date:               |              |                 | Date:   |         |  |
| JAN 2   | 4 / -        |                 |                       |                            |                               |                     |              |                 |   |         |  |
|   |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| CITY OF PO  | RTLANT       |                 |                       |                            |                               |                     |              |                 |   |         |  |
| 01110110  | MILMINE      | <i>.</i>        |                       |                            |                               |                     |              |                 |   |         |  |
|   |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
|   |              |                 | (                     | CERTIFICATI                | ON                            |                     |              |                 |   |         |  |
| I hereby certify that I am t  |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| that I have been authorize  |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| this jurisdiction. In additi  |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| representative shall have t<br>code(s) applicable to such                                     |              | to enter an are | as cove               | rea by such per            | mit at any                    | reasonao            | ne nour to e | morce           | the provision of                                    | or the  |  |
| TOWARD APPLICATION TO SHOLL   | point.       |                 |                       |                            |                               |                     |              |                 |   |         |  |
|   |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| SIGNATURE OF APPLICANT  |              |                 |                       | ADDRES                     | S                             | DATE                |              |                 | PHONE   |         |  |
|   |              |                 |                       |                            |                               |                     |              |                 |   |         |  |
| RESPONSIBLE PERSON IN C   | HARGE OF W   | ORK TITLE       |                       |                            |                               |                     | DATE         | -               | PHON  |         |  |
|   |              | ,               |                       |                            |                               |                     | PAIL         |                 | IIION   | ~       |  |

DATE

PHONE