City of Portland, M		_			**	mit Np:	issue Date	YEV	CBL:		
389 Congress Street, (	04101 Tel: (		, Fax:	(207) 874-87		02-0049	مرح اد	79	137 CC	)05001 	
Location of Construction:		Owner Name:			Owner Address:				Phone:		
803 Forest Ave		Sangillo Michael D			63 Hunts Hill Rd				297-874-0432		
Business Name:		Contractor Name:			Contractor Address: PUNILAND Phone						
n/a		n/a			Portland						
Lessee/Buyer's Name		Phone:			Permit Type:			_		Zone:	
n/a		n/a			Alterations - Commercial						
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		 k:	CEO District:			
Commercial / Community Market		Commercial / Community Market			\$30.00 \$900.			00.00	00 2		
grocery & deli with seating restaurant		grocery & deli with seating			FIRE DEPT: Approved IN			INSPE	SPECTION:		
		restaurant. Adding seating.						Use G	se Group: /// Type:		
									12/ A.	1.144	
Proposed Project Descriptio	m·				+			/	1702	v	
Add customer seating.				Signature: M. Mr)		Signati	BOLA MAGG				
riad customer seating.				PEDESTRIAN ACTIVITIES DISTRI			TRICT (	CT (P.A.D.)			
								. 1			
						n: Appro	ved 🗌 🎢	proved w	ed w/conditions Denied		
					Signa	ture:	/ /	///	Date:		
Permit Taken By: Date Applied For:				Signature:				<del>_</del>			
·		1/16/2002				Zoning Approval					
			Special Zone or Reviews 7			Zoni	ng Appeal Historic Preservation			egryotion	
1. This permit applica		Spe	Special Zone of Revie		ws Zoning Appeal						
Applicant(s) from a Federal Rules.	cable State and	Shoreland			☐ Variance			Not in District or Landman			
2. Building permits do septic or electrical	plumbing,	│ □ w	etland		Miscellaneous			Does Not Require Review			
3. Building permits ar within six (6) mont	of issuance.	☐ Flood Zone		Conditional Use			Requires Review				
False information r permit and stop all	e a building	Subdivision			☐ Interpretation			Approved			
			☐ Si	te Plan		Approv	ed		Approved w	/Conditions	
			May [	Mipper ☐ MM	Denied				Denied		
				0 1.6							
				7 463	100	Date:			Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner to, if a permit for	o make this appli or work described	med proication a	as his authorize application is i	he prop d agent ssued,	t and I agree I certify that	to conform the code of	to all a ficial's	pplicable laws authorized rep	s of this presentative	
	J.T.			1000-			<del></del>				
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		
RESPONSIBLE PERSON IN	CHARGE OF V	VORK, TITLE			_		DATE			ONE	
		The second secon					~		1110		