• /	laine - Building or Use				CBL: 137 C011001	
Location of Construction:	04101 Tel: (207) 874-8703			12 3	Phone:	
865 Forest Ave	Heather Piece		Owner Addres 1366 Wes <del>tb</del>		Phone:	
Business Name:		Contractor Name:		Contractor Address:		
Dubiness runie.		 uipement of Maine	75 York Street Portland 2077737376			
essee/Buyer's Name Phone:			Permit Type: Zone:			
				t to Commercial		
Past Use: Proposed Use:			Permit Fee: Cost of Work: CEO District:			
Restaurant	Restaurant	aurant		.00 \$30.0	00 2	
			FIRE DEPT: Approved INSPECTION: Denied Use Group: A -3 Type:			
Proposed Project Descriptio Amendment to Permit #	en Vent Signature: Sig		gnature: fly furt			
		Action: Approved Approved w/Conditions Deni			red w/Conditions Denied	
		Signature:		Date:		
Permit Taken By: gad	By: Date Applied For: Zoning Approval 08/13/2002					
1. This permit applica	tion does not preclude the	Special Zone or Review	vs	Zoning Appeal	Historic Preservation	
	Applicant(s) from meeting applicable State and		[] V	ariance	Not in District or Landmark	
	. Building permits do not include plumbing, septic or electrical work.		Miscellaneous		Does Not Require Review	
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>		Flood Zone	Conditional Use		Requires Review	
		Subdivision	🗔 Ir	terpretation	Approved	
		Site Plan	- A	pproved	Approved w/Conditions	
		Maj 🛄 Minor 🛄 MM [	D	enied	Denied	
		Date:	Date:		Date:	

## CERTIFICATION

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 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, 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 areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE