City of Portland, M	laine - Buil	ding or Use	Permit Applicat	tion	Pe	ermit No:	Issue Date:		CBL:	
389 Congress Street, 0	4101 Tel: (2	207) 874-8703, Fax: (207) 874-8'			2	2013-01667	08/05/	2013	137 C011001	
Location of Construction:		Owner Name:			Owner Address:			Phone:		
865 FOREST AVE		MARDIGAN STEPHEN E		460 BAXTER BLVD PORTLAN ME 04103			PORTLAN	D,	(207) 831-8762	
Business Name:		Contractor Name:		Contractor Address:				Phone		
		Donmingo Torres chiletorres@yahoo.com		131	131 High Street Sanford ME 04073			3	(207) 651-6073	
Lessee/Buyer's Name		Phone:		Permit Type:					Zone:	
Domingo Torres, chiletorres@yahoo		(207) 651-6073		Alterations - Commercial					B2	
Past Use:		Proposed Use:		Permit Fee					CEO District:	
Restaurant		Restaurant		\$80.00 \$6		\$6,00	000.00 5			
Proposed Project Description		Q	:- 4ii	1						
Install clay roof orname area.	& supporting be	_		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
			Action: Approved				Approved w/Conditions Denied			
		Signature:				Date:				
Permit Taken By: bjs	_	oplied For: 1/2013		Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews			Zoning Appeal			Historic Preservation	
Applicant(s) from r Federal Rules.			Shoreland		☐ Variance			Not in District or Landman		
2. Building permits do not include plumbing septic or electrical work.			☐ Wetland		Miscellaneous [			Does Not Require Review		
3. Building permits ar within six (6) mont	hs of the date	of issuance.	☐ Flood Zone ☐ Subdivision		Conditional Use			Requires Review		
False information repermit and stop all		a building			☐ Interpretation			Approved		
			Site Plan			Approved	d		Approved w/Conditions	
			Maj Minor MM		]	Denied			Denied	
			Date:			Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority to such permit.	y the owner to , if a permit fo	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	pro age	ent and I agree I, I certify that	to conform to the code offici	all app al's aut	licable laws of this horized representative	
SIGNATURE OF APPLICAN	NT		ADDI	RESS			DATE		PHONE	
-										