Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## PERMIT

Permit Number: 081490

This is to certify that	SAJON LLC /The Chimney D	or			 
has permission to	Install Wood Fired Oven & Ch	ney			
AT 182 OCEAN AVE			C	140 C012001	

provided that the person or persons, fit or comment on an explaining this permit shall comply with all of the provisions of the Statutes of Mare and of the Statutes of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

ation o Not spectio must b give nd writt permissi procured this bui ng or p befo hereof i lath or oth sed-in. 2 NOTICE IS REQUIRED. HOL

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

OTHER REQUIRED APPROVALS							
Fire Dept.	- CLEUNA (PROPER						
Health Dept.							
Appeal Board	DEC						
Other							
	Department Name						
,	CITY OF PORTLAM <b>BEN</b>						

IÅLTY FOR REMOVING THIS CARD

City of Portland, Mai	ne - Buil	ding or Use	Permi	t Applicatio	n Permit No:	Issue Date:	CBL:		
389 Congress Street, 041		•				12/03/0	<b>28</b> 140 C	012001	
Location of Construction: Owner Name:					Owner Address:	Owner Address:		Phone:	
182 OCEAN AVE S		SAJON LLC		62 FLAVELL RI	)	207-751-3600			
Business Name:		Contractor Name: The Chimney Doctor			Contractor Address:		Phone		
					40 McLellan Stre	et Brunswick			
Lessee/Buyer's Name		Phone:			Permit Type:		Zone:		
		<b> </b>		Additions - Com	mercial		1B-1		
Past Use: Proposed Us		Proposed Use:	===		Permit Fee:	Cost of Work:	CEO District:		
<b>,</b> - ·		Commercial			\$240.00 \$21,262.00		0 4	I	
		Restaurant/Bakery/Borealis Bread -				SPECTION:			
			stall Wood Fired Oven &			- Apploved	e Group: F-/ Type: 58		
		Chimney						,	
					See 1		IM-200	3	
Proposed Project Description:		L			Conditi	in is			
Install Wood Fired Oven &	& Chimney				Signature: Crea Crash Signature: Clash S				
instant wood i nod o von c					PEDESTRIAN ACT	IVITIES DISTRIC	CT (P.A.D.)	- Wy sp	
,	*				i				
					Action: Appro	ved Approve	ed w/Conditions	Denied	
					Signature:		Date:		
Permit Taken By:	Date A	pplied For:	Γ	<del></del>	Zoning	Approval	<del></del>		
lmd	l	2008			Zoning	g Approvai			
1. This permit application	n does not	preclude the	Spe	cial Zone or Revie	ews Zoni	ng Appeal	Historic Pre	Historic Preservation	
Applicant(s) from me				oreland	Variance		Not in District or Landmark		
Federal Rules.			Snoreland		Variance		Not in District of Editorium		
Building permits do not include plumbing, septic or electrical work.			│ □ w	etland	Miscell	☐ Miscellaneous		Does Not Require Review	
3. 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			☐ FI	ood Zone	Conditi	onal Use	Requires Review		
			☐ Su	ıbdivision	Interpre	tation	Approved		
			☐ Si	te Plan	Approv	ed	Approved w	/Conditions	
				Minor MM	Denied		_ Denied		
PERMIT ISSUED			Date:	1/2/10	P) Date:		Date:		
DEC	F		Duic.	11/20/0	C) Date.		Date.	<del>/-</del>	
DLC	47 .						•		
CITY OF	PORTI	AND							
		11140	•	ERTIFICATI	ON				
I haraby cartify that I am th	a aumar af	record of the no				a authorized by	tha auman af maaa	عمماه امسماس	
I hereby certify that I am th I have been authorized by t	he owner to	make this annli	ication :	operty, or mar n as his authorized	le proposed work is Lagent and Lagree	to conform to a	the owner of reco	ra ana mai of this	
jurisdiction. In addition, if									
shall have the authority to e									
such permit.									
SIGNATURE OF APPLICANT			ADDRESS		DATE.		Dit	DUONE	
				ADDRES	•	DATE	PHO	PHONE	
RESPONSIBLE PERSON IN CH	IARGE OF W	ORK, TITLE				DATE	PHO	ONE	