Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	P	Permit No:	Issue Dat	te:	CBL:		
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-0419			184 D0	15001	
Location of Construction: Owner Name:						Owi	Owner Address:			Phone:		
502 Woodford St			Harborcity Properties Llc			502	502b Woodford St					
Busi	iness Name:		Contractor Name:			Contractor Address:			Phone			
Lessee/Buyer's Name Ph			Phone:		Permit Type:					Zone:		
						Outdoor Seating						
			Proposed Use:					Cost of Wo	Cost of Work: CEO D			
· •			outdoor seating	-	staurant: 8' x		\$75.00		\$0.00	3		
			20'; 4 tables, 10 seats		Approved			SPECTION: se Group: Type				
Pro	posed Project Description:		l									
_	tdoor seating for Rachel's	Grill rest	taurant: 10 seats.	-		Signature: Sig			Signati	gnature:		
			,			PEDESTRIAN ACTIVITIES DISTRIC						
						Action: Approved Approved w/Condition Denied					Denied	
						Signature:				Date:		
	mit Taken By:		pplied For:			•	Zoning	g Approva	ıl			
kw	· ·		/2004	G	:-17 D		7			T		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and		•	Special Zone or Reviews Shoreland		ews	Zoning Appeal Variance			Historic Preservation Not in District or Landm		
2.	Federal Rules. Building permits do not include plumbing, septic or electrical work.		☐ Wetland			Miscellaneous			Does Not Require Revie			
3.	Building permits are voice			☐ Flood Zon			Conditional Us			Requires Review		
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved		
			☐ Site Plan Maj ☐ Minor☐ MM ☐			Approved			Approved w/Condition			
						Denied			☐ Denied			
				Date:			Date:			Date:		
I ha juris shal	reby certify that I am the over been authorized by the soliction. In addition, if a pull have the authority to entuch permit.	owner to ermit fo	o make this appli r work described	med procation a	as his authorize application is is	ne pr d age sued,	nt and I agree I certify that t	to conform he code offi	to all ap	oplicable laws athorized repre	of this esentative	
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	E	F	РНО	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

	Owner Name:	J	Owner Address:		Phone:	
502 Woodford St	Harborcity Properties I	Llc	502b Woodford St			
Business Name:	Contractor Name:	•	Contractor Address:	Phone		
Lessee/Buyer's Name	Phone:		Permit Type: Outdoor Seating			Zone:
Note:	tus: Approved with Condition				Ok to Issue:	0/2004
	ect to adjustment at any time fr	om the City's tra	ffic engineer who ensu	res that the City si	idewalk is op	en
and cleared for pedestrian	use.					
•	use. wed on the basis of plans subm	itted. Any devia	ations shall require a se	parate approval b	efore starting	g that
3) This permit is being approvious.				parate approval be		
3) This permit is being approvious.	ved on the basis of plans subm			Approval Dat		2/2004
3) This permit is being approved work. Dept: Building State Note:	ved on the basis of plans subm	ns Reviewer:	Tammy Munson	Approval Dat	e: 04/2	2/2004
3) This permit is being approved work. Dept: Building State Note: 1) The outdoor seating must N	ved on the basis of plans subm tus: Approved with Condition	ns Reviewer: ss from any abutt	Tammy Munson	Approval Dat	e: 04/2 Ok to Issue:	2/2004

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.

DECRONGING E DEDCOM IN CHARGE OF WORK THE	DATE	DIIO	
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО