Form # P 04	DISPLAY				PRINCIPAL			OF	WORK
Please Read Application And Notes, If Any, Attached	đ			ILDI			_	it Numl	per: 090391
This is to certify	/that 1140_B	RIGHTON	AVENUE A	SSOCI	ATES INC/property_	owner			
has permission	to Install E	lood.Syster	m					1	2011
at _1140-BRIG	GHTON-AVE.					CBL 265 E	3004001	0.0	
of the prov	visions of th uction, main	e Statut	tes of Ma e and use	ine a of bi	nd of the Ordinuildings and st	nances of ructures,	the Ci	ty of	shall comply with all Portland regulating application on file in
	iblic Works for s I nature of work ation.		give befo lath	n and w re this ed or a	n of inspection m vritten permission pr building or part the otherwise closed- TICE IS REQUIRED	ocured ereof is in. 24	procur	red by	of occupancy must be owner before this build- ereof is occupied.
	R REQUIRED APPR					15			
					PO TO A LONG TO A LONG	A STATE	<b>n</b>		
	<u>-</u>					$\partial b$	1.0	1 MA	1 1
	Department Name					_Ch	Ust X	- Building (	
			PENALI	Y FO	R REMOVING T	HIS CARD			//





### CITY OF PORTLAND, MAINE Department of Building Inspections

# **Original Receipt**

		1:20	20 0
Received from	Wa:	Chan	
Location of Work	11	10 Br: 1140	Acc
Cost of Construction	\$	Building Fee	
Permit Fee	\$(	Site Fee:	
	Certifica	ate of Occupancy Fee:	
		Total:	100
Building (IL) Plu Other		Electrical (I2) Sit	e Plan (U2)
CBL: 265	3.4		
Check #:		Total Collecte	d s_100

### No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater) In order to receive a refund, you <u>MUST</u> present the Original Receipt.

Taken by: _	21	)		
WHITE - Applican YELLOW - Office				
PINK - Permit Co				

Cit	y of Portland, Maine	- Building or Use	Permi	t Application	1 Per	rmít No:	Issue Date:		CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax:	(207) 874-871	6	09-0391	5/1/	29	265 B0	04001
Loca	tion of Construction:	Owner Name:	Owner Name:		Оwner	r Address:	. 17		Phone:	
1140 BRIGHTON AVE		1140 BRIGHT	ΓΟΝ ΑΝ	VENUE ASSO	1140	BRIGHTON	AVE			
Busir	iess Name:	Contractor Name	Contractor Name:		Contra	actor Address:			Phone	
		property owne	er							
Lessee/Buyer's Name P		Phone:	Phone:		Permit Type: Hood Systems, Commerical				Zone:	
Past	Use:	Proposed Use:			Perm	it Fee:	Cost of Worl	k: Cl	EO District:	1
Cor	nmercial Restaurant - Kon .	Asian Commercial R	lestaura	nt - Kon Asian		\$100.00	\$8,00	0.00	3	
Bist	то	Bistro - Install	hood s	ystem	FIRE	DEPT:	Approved	INSPECT	ION:	
							Denied	Use Group	AZ TBC	Type: 58
									TRE	-2007
	_								L.	0000
-	osed Project Description:								DD	-11
Inst	all Hood System				Signat			Signature:		71/9
					PEDE	STRIAN ACTI	VITIES DIST	RICT (P.A	.D.)	111
					Action	n: Approv	ved 🗌 App	roved w/Co	onditions	Denied
					Signal	lure:		D	ale	
Perm	it Taken By:	Date Applied For:				Zoning	Approva	l		
Ld	obson	04/30/2009					**			
1.	This permit application do	es not preclude the	Spe	cial Zone or Review	ews Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting Federal Rules.	applicable State and	Shoreland			Variance			Not in District or Landmark	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>			Wetland		🗌 Miscella	Miscellaneous		Does Not Require Review		
3. Building permits are void if work is not started			Flood Zone			Conditional Use			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Subdivision O.K.						Approved	
			🗌 Sı	te Plan			d		] Approved w/	Conditions
	PERMIT ICO		Maj [	Minor MM		Dunied			Denied	
	MAY 4 20 CITY OF PORT	009	Date 5	julon cs	<i>911</i>	Date:		Date	Stila	

#### 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.

OS/18/09 CLUSED

		ilding or Use Permit		Permit No: 09-0391	Date Applied For: 04/30/2009	CBL:
389 Congress Street, 04	101 Tel:	(207) 874-8703, Fax: (2	207) 874-8716	09-0391	04/30/2009	265 B004001
Location of Construction:		Owner Name:	(	Owner Address:		Phone:
1140 BRIGHTON AVE		1140 BRIGHTON AV	ENUE ASSO	1140 BRIGHTON	AVE	
Business Name:		Contractor Name:		Contractor Address:		Phone
		property owner				
Lessee/Buyer's Name	_	Phone:		Permit Type:		
				Hood Systems, C	ommerical	
Proposed Use:			Proposed	d Project Description		
<ul> <li>No 2019</li> </ul>				Hood System	•	
Commercial Restaurant -						
Dept: Zoning Note:	Status:	Approved	Reviewer:	Chris Hanson	Approval J	Date: 05/01/2009 Ok to Issue: 🗹
Dept: Zoning		Approved with Conditions		Chris Hanson Chris Hanson	Approval J Approval J	Ok to Issue: 🗹



# General Building Permit Application



Signature:

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 14	o Brighton the Putta	4 MR 04102					
Total Square Footage of Proposed Structure/A	area Square Footage of Lot	Number of Stories					
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant <sup>a</sup> <u>inust</u> be owner, Lessec or Buye Name John Zho.Ng	2078740000					
365 5 1	Address 1140 Brighton Ave	91767/827.8					
	City, State & Zip Portland WE \$4	195					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$ \$000					
	Name	WOIK: \$					
	Address	C of O Fee: \$					
	City, State & Zip	Total Fee: \$					
Current legal use (i.e. single family)							
Contractor's name:	ian Bistro John	Zhanoi					
Address: (140 Prie hoton	Sure ( ( ) )	04102					
City, State & Zip		lephone: 9176718298					
Who should we contact when the permit is ready	The Tel	ephone: 9176718297					
Mailing address: 140 Brighton	Ave Partland ME	04(02					

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Date:

This is not a permit; you may not commence ANY work until the permit is issue