	y of Portland, Maine - Bui	O			Permit No:	Issue Date:	CBL:
	Congress Street, 04101 Tel:	<u> </u>	5, Fax: (207) 874-8		2014-00995		293 A007001
	otion of Construction: 00 FOREST AVE - 11 BISHOP	Owner Name: BURGESS JAMES L		Owner Address: 35 WESTCUSTOGO PT YARMOUTH , ME 04096			Phone:
Business Name:		Contractor Name:		Contractor Address: ME			Phone
Less	ee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Kla	rey Aehamdany/Ginny Goodwin	(207) 899-9937		Change of Use - Commercial			B2
Past		Proposed Use:		Perm	Permit Fee: Cost of Work:		CEO District:
For lau	Floor: 1190 Forest = retail; 1192 rest = restaurant; 9 Bishop - ndromat; 11 Bishop = pizza take-; 2nd floor = 8 dwelling units.	Change of use for 11 Bishop to bakery and retail sales. All other uses are the same		\$105.00 \$1,000.00 7 INSPECTION:			
_	osed Project Description: ange of use from Bike shop to bal	kery with retail s	ales; no structure				
	nges.	,	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved ApproveDa		ved Approv	red w/Conditions Denied		
			Signature:			Date:	
Pern bjs	nit Taken By: Date A 05/1		Zoning Approval				
1.	This permit application does not	t preclude the	Special Zone or Reviews Shoreland		Zoni	ng Appeal	Historic Preservation
	Applicant(s) from meeting applicant Federal Rules.				☐ Varianc	e	Not in District or Landman
2.	Building permits do not include septic or electrical work.	☐ Wetland ☐ Flood Zone		Miscella	aneous	Does Not Require Review	
3.	Building permits are void if wor within six (6) months of the date			Condition	onal Use	Requires Review	
	False information may invalidat permit and stop all work	e a building	Subdivision		Interpre	tation	Approved
		Site Plan Maj Minor MM		Approve	ed	Approved w/Conditions	
				Denied		Denied	
		Date:		Date:		Date:	
I ha juris shal	reby certify that I am the owner over been authorized by the owner ediction. In addition, if a permit for lawe the authority to enter all an permit.	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work in agent and I agreed and I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative
SIG	NATURE OF APPLICANT		ADDI	RESS		DATE	PHONE
RES	PONSIBLE PERSON IN CHARGE OF	WORK, TITLE				DATE	PHONE