City of Portland, M	Iaine - Bui	lding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	04101 Tel: ((207) 874-8703	Fax: (207) 874-8	3716	2014-00393			317 B005001	
Location of Construction:		Owner Name:		Owner Address:				Phone:	
375 RIVERSIDE ST		MOOSE LLC		PO BOX 99 GORHAM, ME 04038					
Business Name: Gourmet Food Trucks of Maine Inc.		Contractor Name:		Contractor Address:			Phone		
				ME					
Lessee/Buyer's Name		Phone:		Perm	it Type:	Zone:			
Jim Chamoff		(207) 653-9296		Foo	Food Truck Operating on Private Proper			B4	
Past Use:		Proposed Use:		Perm	it Fee: Cost of Work:			CEO District:	
Retail & repair of motorcycles		locate food truck in additon to motorcycle sales & repair		\$30.00 \$0.00 8 INSPECTION:					
Proposed Project Descriptio		<u>,</u>							
locate Food Truck (20' x 8')on private property.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Action: Approved Approved w/Co				nditions Denied	
		Signature:			Da	nte:			
Permit Taken By: bjs		policed For: Zoning Appro							
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from Federal Rules.			Shoreland		☐ Varianc	☐ Variance [Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits a within six (6) mont	ths of the date	e of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review	
False information in permit and stop all		e a building			Interpre			Approved	
			Site Plan		Approv	Approved		Approved w/Conditions	
			Maj Minor MM		Denied	☐ Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	to make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code office	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADDI	RESS		DATE	PHONE		