City of Portland, Maine - Build	ding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	_			2013-01304		327A A001001
	Owner Name:			r Address:	•	Phone:
		DUSTRIAL WAY	531 E CHAPMAN AVE ORANGE, CA 92866			
Business Name:	Contractor Name:		Contractor Address:			Phone
Zap Auto Repair LLC			ME			
Lessee/Buyer's Name Phone:		Permit		it Type:		Zone:
Eric Zappe, zappe2002@gmail.com (207) 699-90		4	Change of Use - Commercial		IM	
Past Use:	Proposed Use:		Perm	it Fee: Cost of Work:		CEO District:
Brewery (Rising Tide Brewery) To change Auto Rep		e use of unit #2 to INSPEC		\$105.00 ECTION:	\$	60.00 8
Proposed Project Description:	11 : 2					
Change of Use ONLY, no constructio C of U from brewery to auto repair.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Condition			D.A.D.)	
e of a from ofewery to date repair.						
			S	ignature:		Date:
Permit Taken By: Date App bjs 06/24		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landma
2. Building permits do not include p septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date of the sinformation may invalidate.	of issuance.	issuance.		Condition	onal Use	Requires Review
False information may invalidate permit and stop all work	a building	Subdivision		Interpre	tation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		_ Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all area such permit.	make this appl r work describe	ication as his authored in the application	at the rized a is issu	proposed work a gent and I agree ted, I certify that	to conform to a the code officia	all applicable laws of this al's authorized representativ
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE