

CITY OF LEWISTON HISTORIC PRESERVATION REVIEW BOARD

**Thursday, April 6, 2017 – 3:00 P.M.
Administrative Conference Room – First Floor
Lewiston City Building**

AGENDA

3:00 P.M.

- I. Roll Call**
- II. New Business:**
 - 29 Lisbon Street - Orchid Restaurant – Signage**
- III. Other Business:**
 - May Annual Award Ceremony Discussion**
- IV. Minutes: Approval of Draft Meeting Minutes dated February 2, 2017**
- V. Adjourn**

CITY OF LEWISTON
HISTORIC PRESERVATION REVIEW BOARD

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

1. NAME OF APPLICANT: Minh Nguyen TELEPHONE: _____
ADDRESS: 29 Lisbon St, Lewiston
ADDRESS OF HISTORIC PROPERTY FOR WHICH CERTIFICATE IS SOUGHT:
29 Lisbon St
RIGHT, TITLE OR INTEREST IN PROPERTY _____
2. NAME OF OWNER (IF DIFFERENT) Anthony Briglio TELEPHONE _____
ADDRESS: _____
3. WHAT IS THE PRESENT USE OF THE PROPERTY? Restaurant / Dwelling units
4. PLEASE GIVE A BRIEF DESCRIPTION OF THE WORK FOR WHICH THE CERTIFICATE OF APPROPRIATENESS IS REQUIRED: Installation of wall sign
5. PLEASE ATTACH DRAWINGS(S) TO SCALE INDICATING THE DESIGN AND LOCATION OF ANY PROPOSED ALTERATION OR NEW CONSTRUCTION FOR WHICH THE CERTIFICATE IS REQUIRED AND ANY BUILDING OR SIGN PERMIT APPLICATION REQUIRED FOR THE PROPOSED WORK.
6. PLEASE ATTACH PHOTOGRAPHS OF THE BUILDING AND OF ADJACENT BUILDINGS. ✓
7. PLEASE INCLUDE A SITE PLAN SHOWING THE STRUCTURE IN CONTEXT AND INDICATING IMPROVEMENTS AFFECTING APPEARANCE, SUCH AS WALLS, WALKS, TERRACES, ACCESSARY BUILDINGS, SIGNS AND OTHER ELEMENTS.
8. PLEASE PROVIDE NECESSARY INFORMATION FOR THE BOARD TO MAKE A POSITIVE FINDING THAT ALL THE APPLICABLE REVIEW CRITERIA UNDER ARTICLE XV, SECTION 5 OF THE LEWISTON ZONING AND LAND USE CODE ARE MET. (PLEASE REFER TO THE LEWISTON HISTORIC PRESERVATION DESIGN MANUAL FOR GUIDANCE.)
9. THE HISTORIC PRESERVATION REVIEW BOARD SHALL CONSIDER AND APPROVE OR DENY THE APPLICATION WITHIN THIRTY (30) DAYS OF THE APPLICATION DATE UNLESS THE REVIEW PERIOD IS EXTENDED UPON MUTUAL WRITTEN CONSENT OF THE BOARD AND THE APPLICANT.

Minh Nguyen
SIGNATURE OF APPLICANT

02/08/2017
DATE

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FOR OFFICE USE ONLY

APPLICATION DATE

Gildace Arsenault
Director of Planning & Code
(207) 513-3126, Ext. 3222
garsenault@lewistonmaine.gov

City of Lewiston Business License



MAILING ADDRESS

Orchid Restaurant
29 Lisbon St
Lewiston, ME 04240

LOCATION:

Orchid Restaurant
29 Lisbon St
Lewiston, ME 04240

Food Service Establishment A-1

Class A - Spirituous, Vinious and Malt - up to 3,000 sq ft

Limits:

Special Restrictions:

Background Check	\$21.00	Effective Date	05/01/2016
Food Service Class A 1	\$350.00		
Total Fees:	\$371.00	Expiration Date	04/30/2017

Owner:

Minh Nguyen

This license is granted subject to strict observance of all laws, ordinances, and regulations enacted for the protection of the City of Lewiston so far as they may apply and is to continue in force until the license expires unless sooner revoked. A State license may also be required.



Kathleen M. Montz

City Clerk

**THIS LICENSE MUST BE DISPLAYED AT ALL TIMES
IT IS NOT TRANSFERABLE OR ASSIGNABLE**

City Clerk's Office - 27 Pine Street - Lewiston, Maine 04240 - Telephone (207) 513-3000 Ext.3219

Orchid



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OPEN



Orchid



OPEN

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Orchid 

  **AFTER HOURS SMOKE SHOP**
AFTERHOURS-SHOP.COM

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