City of Portland, Maine - Building	g or Use Permit Applicatio	on 389 Congress	Street, 04101, Tel: (	207) 874-8703, FAX: 874-8716
Location of Construction:	Owner:		Phone:	Permit No: y 80617
100 Fore St	Farley Inve		775-6000	
Owner Address: SAA	Lessee/Buyer's Name: Guy Gannet Direct	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: Scarborough Signs	Address: 608 U.S. Route 1 Sca	Phone arboroughf, ME	e: 04074 883 <b>–</b> 679	Permit Issued:
Past Use:	Proposed Use:	COST OF WOR		
		\$		CITY OF PORTLAND
Warehouse		FIRE DEPT.		Type:
			BOCA961	Zone: LGRI
		Signature:	Signature:	
Proposed Project Description:		CTIVITIES DISTRICT ()	Zoning Approval:	
			Approved	Special Zone or Reviews:
Erect Signage		Approved with Conditions: Denied		□ □ Shoreland □ □ Wetland
			Domod	□ Flood Zone
		Signature:	Date:	□Subdivision
Permit Taken By: Mary Gresik	Date Applied For:	28 May 1998		☐ Site Plan maj ☐minor ☐mm ☐
The state of the s	A			Zoning Appeal
1. This permit application does not preclude the		State and Federal rules.		│ □ Variance │ □ <u>Misc</u> ellaneous
2. Building permits do not include plumbing, septic or electrical work.				☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information and the sale works are sale works.				☐ Interpretation ☐ Approved
tion may invalidate a building permit and sto	p an work			E Danie d
			PED.	Historia Dancon estima
			HAPT ISO	Historic Preservation □ Not in District or Landmark
			"EQUIPS UED	Does Not Require Review
			MITH REQUIREMENTS	☐ Requires Review
			•	Action:
	CERTIFICATION			□Appoved
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				have been Approved with Conditions
authorized by the owner to make this application a				
if a permit for work described in the application is areas covered by such permit at any reasonable ho				Date:
, and the same of	1	02 June 1998	F	,
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	CEO DISTRICT
White-Pe	ermit Desk Green-Assessor's Ca	nary-D.P.W. Pink-Pu	ıblic File İvory Card–Insp	ector