City of Portland, Maine - Build	U			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2014-02435		028 K002001	
Location of Construction: 66 PEARL ST Cowner Name: LEADER PRO		OPERTIES LLC	Owner Address: 100 COMMERCIAL ST PORTLAND , ME 04101		Phone:		
Business Name:	Contractor Name: Burr Signs		Contractor Address: 40A Manson Libby Road Scarborough ME 04074			Phone: (207) 396-6111	
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:		
		loor - Personal Retail with Offices			\$0.00 2		
Proposed Project Description:							
For the installation of an attached, bu "Anthropology".	(22.53 SF) for	DEDECTRIAN A CONTINUES DASSEDASS OF A P.					
Ammiopology .						ed w/Conditions Denied	
		<u> </u>	S	ignature:		Date:	
Permit Taken By: dmc Date Applied For: 10/20/2014			Zoning Approval				
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. 		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	Not in District or Lan		nar
		Wetland		Miscella	aneous	Does Not Require Revie	ew
		Flood Zone		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 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 ized a	proposed work agent and I agree aed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representati	ive
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE