City of Portland, Maine - F	O			2013-02209	Issue Date:		029 E016001	
389 Congress Street, 04101 Te		, Fax: (207) 874-8						
Location of Construction:  31 PEARL ST (27)  Owner Name:  130 LIMITED COMPAMY		LIABILITY	42 N	Owner Address: 42 MARKET ST PORTLAND, ME 04102		ΙE	Phone: (207) 253-4005	
Business Name:	NeoKraft Sign	Contractor Name: NeoKraft Signs patrick@neokraft.com		Contractor Address: 686 Main St. Lewiston ME 04240			Phone (207) 782-9654	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Signs - Permanent			Zone: B3	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Office	Office	Office		\$114.00 ECTION:		\$0.00	2	
Proposed Project Description:			1					
install wall sign - 2'.5" x 20'8" - 0	PEDESTRIAN ACTIVITIES DISTRICT  Action: Approved Appro							
McDonnell			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			ved w/Conditions Denied  Date:					
Permit Taken By: Da	te Applied For:	alied Form		ignature:	te:			
bjs 1		Zoning Approval						
3	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State a Federal Rules.</li> </ol>		Shoreland		☐ Variano	nce		Not in District or Landmar	
2. Building permits do not incluseptic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review			
3. Building permits are void if within six (6) months of the o	Flood Zone		Conditi	onal Use	Requires Review			
False information may invali permit and stop all work	date a building	Subdivision		Interpre	Interpretation		Approved	
	Site Plan		Approv	Approved		Approved w/Conditions		
	Maj Minor MM		Denied	Denied [		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a permishall have the authority to enter all such permit.	er to make this appl it for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all appl	icable laws of this horized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE