City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:	Owner:	Phone:	7) 700 00/2	Permit No:	
50 Exchange St. Portland, Me Owner Address: RR2 Box 465 Bridgton, Me.	. 04101 Virginia Fitzgibbon Lessee/Buyer's Name: The Golden Giraffe	15	7) 7 6 0–0842 ssName:	99046	
Contractor Name:	Address: Phone:		Permit Issued:		
Scarborough Signs Past Use:	608 US Rt 1, Scarborough 1 Proposed Use:	COST OF WORK: \$812.00	PERMIT FEE: \$ 28.00	MAY 1 Z 1.200	
Retail Space	Same	FIRE DEPT. □ Approved □ Denied	Use Group: S/A/A/C.JC	CITY OF PORTLAND	
		Signature:	BOCA 96 Signature: Holes	Zone: 032-I-006 Zoning Approval:	
Proposed Project Description:			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Erect Signage		Action: Approved CV C Approved with Conditions: Denied		Shoreland	
D's Talana Dan	Data Applied Form	Signature:	Date:	☐ Subdivision☐ Site Plan maj ☐minor ☐mm ☐	
Permit Taken By: S.P.	Date Applied For:	h, 1999		Zoning Appeal	
 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. False information may invalidate a building permit and stop all work 				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied	
			ERMIT ISSUED	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review	
	CERTIFICATION			Action: sign to weasure	
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable	of the named property, or that the proposed wation as his authorized agent and I agree to coon is issued, I certify that the code official's	onform to all applicable laws of the authorized representative shall have	his jurisdiction. In addition	, □ Denied	
		May 5th, 1999			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	(0)	
RESPONSIBLE PERSON IN CHARGE OF W	VORK TITLE		PHONE:	- CEO DISTRICT	