City of Portland, M	aine	- Build	ding or Use 1	Permit Applica	tion	Pern	nit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	3716	201	14-00432			032 S001001				
Location of Construction:	Owner Name:)wner Name:			ddress:			Phone:			
366 FORE ST (called 370)			MCGEE CHARLES T & RICHARD P HERRERA TR			11 MOULTON ST PORTLAND, ME 04101					
Business Name:			Contractor Name:			ractor	Address:	Phone			
AWEAR			Burr Signs info@burrsign	as.com	40 A Mason Libby Road Scarborou ME 04074			ıgh	(207) 846-7622		
Lessee/Buyer's Name			Phone:		Perm	it Typ	e:			Zone:	
John Kelly						Signs - Permanent				В3	
Past Use:			Proposed Use:		Perm	nit Fee	:	Cost of Work:		CEO District:	
Retail - first floor			Same: Retail -	first floor	INSPECT		\$137.00 ON:	90.00		2	
Proposed Project Description		F. G.									
Sign permit for AWEAR, 370 Fore St 1 building sign; 16' sq.					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D				(D A D)	_	
					Action: Approved Approved Approved					nditions Denied	
					S	ignatu	re:		Da	ate:	
Permit Taken By: bjs		Date App	plied For: /2014		Zoning Approval						
This permit application does not preclude the				Special Zone or Reviews			Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable Federal Rules.				Shoreland			☐ Variance			Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.				Wetland			Miscellaneous			Does Not Require Review	
3. Building permits are void if work is not start within six (6) months of the date of issuance False information may invalidate a building permit and stop all work				Flood Zone			Conditional Use			Requires Review	
				Subdivision			☐ Interpretation			Approved	
				Site Plan			Approve	ed		Approved w/Conditions	
				Maj Minor MM			Denied			Denied	
				Date:		اا	Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t	y the o	wner to ermit for	make this appl work describe	ication as his authord in the application	nat the rized a is issu	prop agent aed, I	and I agree certify that	to conform to the code offic	all app ial's aut	licable laws of this thorized representativ	
such permit.											
SIGNATURE OF APPLICAN	T			ADD	RESS			DATE		PHONE	