City of Portland, Maine - But	U			2014-01978	Issue Date:	CE	34 K004001	
389 Congress Street, 04101 Tel:	•	, Fax: (207) 874-8						
Location of Construction: Owner Name: KENNEBEC		KROSSING LLC	Owner Address: 65 TOWN FARM RD BUXTON, ME 04093			Phone:		
Business Name:	Contractor Name Burr Signs	Contractor Name: Burr Signs		Contractor Address: 40 A Manson Libby Road Scarborough ME 04074			Phone: (207) 396-6111	
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent			Zo	ne:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:				CEO District:	
Hair Salon "Parlour" - (change of use permit#2014-01401) Hair Salon		"Parlour"		\$105.00 \$105 NSPECTION:		05.00	5.00 4	
Proposed Project Description:	W 11 71F	-11 -1 (ACII						
Install free standing sign (24" x 45.5 94") for "Parlour"			COTOTANI A COTINI	HAN ACCENTIFIED DISCRIPTION (D.A.D.)				
71 / 101 Turiour				ved w/Condition	ons Denied			
Permit Taken By: Date A	1	č			Date:	_		
ldobson 09/0	Zoning Approval							
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	Zoning Appeal		oric Preservation	
		Shoreland		☐ Varianc	re	☐ Not	in District or Landmar	
2. Building permits do not include septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review			
3. 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		Flood Zone			onal Use	Requires Review		
		Subdivision		Interpre	ation Approved		roved	
	Site Plan		Approv	roved		proved w/Conditions		
	Maj Minor MM		Denied	☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all as such permit.	to make this appl or 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 applical	ole laws of this zed representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE