City of Portland, Maine - Bu	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:		, Fax: (207) 874-8		2013-02482		034A C001001
Location of Construction: 295 FOREST AVE (suite 3) Owner Name: HANNAFOR #351C		D BROS CO		Owner Address: PO BOX 1000 PORTLAND, ME 04104		Phone: (207) 883-2911
Business Name: Exciting Nails & Spa	NeoKraft Sign	Contractor Name: NeoKraft Signs patrick@neokraft.com		ractor Address: Main St. Lewisto	Phone (207) 782-9654	
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Phuong Neang				ns - Permanent	B2	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:
Personal Service (Nail Salon & Personal spa) - change of use #2013-02103 spa)		ervice (Nail salon and		\$116.00 \$0.00 4 INSPECTION:		
Proposed Project Description:						
install building sign - 1'11" x 13'7",	er roof (4'11.75" x					
11.75") and add panel (5'2.5" x 7")		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Co				
Permit Taken By: Date	Ī	ŭ			Date:	
	05/2013	Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	2	Not in District or Landman
2. Building permits do not includ septic or electrical work.	☐ Wetland		Miscella	ineous	Does Not Require Review	
3. Building permits are void if we within six (6) months of the da	Flood Zone		Condition	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpret	ation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	ication as his authord in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to all the code official	l applicable laws of this 's authorized representative
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE