City of Portland, M	Iaine - Buil	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 0	04101 Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-02792		037 E002001
Location of Construction:	Owner Name:	wner Name:		wner Address:		Phone:	
585 CONGRESS ST - called 593		TRUSIANI ANNAMARIE & PAUL J		585 1/2 CONGRESS ST PORTLAND, ME 04101			AND,
Business Name:		Contractor Name:		Contractor Address:			Phone
Vinland				ME			
Lessee/Buyer's Name		Phone:		Perm	it Type:	Zone:	
				Sig	ns - Permanent		B3
Past Use:		Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:
Restaurant on 1st floor at #593		Same: Restaurant on 1st floor at #593		INSP	\$185.00 \$0.00 4 ECTION:		
Proposed Project Description	ı:			-			
Sign permit for Vinland Restaurant							
10' x 4' = 40' sq x \$2 = \$80				PEDESTRIAN ACTIVITIES DISTRICT		(P.A.D.)	
		Action: Approved Approved w/Conditions Denied					
2 1 2 2	1	Signature: Date:					
Permit Taken By: bjs	t Taken By: Date Applied For: 12/27/2013				Zoning	g Approval	
This permit application does not preclude the			Special Zone or R	Special Zone or Reviews		ing Appeal	Historic Preservation
Applicant(s) from a Federal Rules.				☐ Variano	ee	Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous	Does Not Require Review
3. Building permits an within six (6) mont	of issuance.	Flood Zone		Conditi	onal Use	Requires Review	
False information r permit and stop all		a building	Subdivision		Interpre	etation	Approved
			Site Plan		Approv	red	Approved w/Conditions
			Maj Minor MM		Denied		Denied
			Date:		Date:		Date:
I have been authorized by jurisdiction. In addition	y the owner to the difference of the difference	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	y the owner of record and the all applicable laws of this ial's authorized representativ on of the code(s) applicable (
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE