City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: 772-0873 Location of Construction: Owner: Permit No: Archie & Matilda Giobbi 04101 1 Danforth Street Lessee/Buyer's Name: Owner Address: BusinessName: Phone: N/A 1184 Washington AVe. 04103 N/A N/A Permit Issued: Contractor Name: Address: Phone: None Given Jayar Signs (John Roberts) South Portland, ME باجل COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 36.00 Ø INSPECTION: SIGNATURE **FIRE DEPT.** □ Approved Same Restaurant ☐ Denied Use Group: Type: **CBL**: 040-B-028 Zone BOCAGE Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT OF Install new neon sign on side of building. Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 11-1-99 KA Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation Not in District or Landmark Does Not Require Review ***Send To: Archie & Matilda Giobbi □ Requires Review 1 Danforth Street Portland, ME 04101 Action: **CERTIFICATION** ☐ Appoved I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been ☐ Approved with Conditions □ Denied authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** ub White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector