	y of Portland, Maine - Bui	O			Permit No:	Issue Date:		CBL:	
	Congress Street, 04101 Tel: (	·	, Fax: (207) 874-8		2014-02556			040 E003001	
Location of Construction: 311 COMMERCIAL ST		Owner Name: BROWN J B & SONS		Owner Address: PO BOX 207 PORTLAND, ME 04			04112	Phone:	
Business Name:		Contractor Name: Burr Signs		Contractor Address: 40A Manson Libby Road Scarborough ME 04074			ough	Phone: (207) 846-7622	
Lesso	ee/Buyer's Name	Phone:		Permit Type: Signs - Permanent			Zone: B5b		
Past	Use:	Proposed Use:				Cost of Work:	CEO District:		
131	Hotel Rooms with Restaurant	Same: 131 Ho	otel Rooms with	\$216.00			\$0.00	2	
and	14 Residential Condominiums	Restaurant and 14 Residential Condominiums		INSPECTION:					
For	osed Project Description: the installation of one (1) 3.75' x	, ,	one (1) 2' x 26.5'						
(53	SF) attached, building wall signs	for TIQA.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approve		ved Approv	Approved w/Conditions Denied				
Pern	nit Taken By: Date A	1	Signature: Zoning Approval			Dat	e:		
dn		Zomng Approvar							
1.	This permit application does not	preclude the	Special Zone or Reviews		Zonia	Zoning Appeal		Historic Preservation	
	Applicant(s) from meeting applications Federal Rules.		Shoreland		☐ Variance	Variance		Not in District or Landmar	
2.	Building permits do not include septic or electrical work.	<ul> <li>□ Wetland</li> <li>□ Flood Zone</li> <li>□ Subdivision</li> <li>□ Site Plan</li> <li>Maj □ Minor □ MM □</li> </ul>		Miscella	Miscellaneous		Does Not Require Review		
3.	Building permits are void if wor within six (6) months of the date			Condition Condition	Conditional Use		Requires Review		
	False information may invalidate permit and stop all work			Interpre	☐ Interpretation ☐		Approved		
				Approve	Approved		Approved w/Conditions		
				Denied	Denied		Denied		
		Date:		Date:	Date:		Date:		
I ha juris shal	reby certify that I am the owner of we been authorized by the owner to ediction. In addition, if a permit for I have the authority to enter all are a permit.	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work i gent and I agree ed, I certify that	to conform to the code offic	all appl ial's autl	icable laws of this norized representative	
SIG	NATURE OF APPLICANT	ADDRESS			DATE		PHONE		
RES	PONSIBLE PERSON IN CHARGE OF V	VORK, TITLE				DATE		PHONE	