-	•	- Building or Use I Tel: (207) 874-8703		1 1	01-1259	Testie-Date		064 F00	01001	
Location of Construction:		Owner Name:			Address: 00	<del>1'2 6 200</del>	++-	Phone:		
229 St John St Makot Pech M		arket Llc		11 Georgia St			772- 8780			
Business Name:			Contractor Name:			Contractor Address PORTLAND			Phone	
		Scarboro Signs	<u> </u>		Scarboroug	n		20788367	796	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Signs - Permanent				Zone:	
Past Use:		Proposed Use:			it Fee:	Cost of Worl	i C	EO District:		
•		Grocery Store			n ree.		66.40	3		
			FIRE	Apploved			ECTION: Group: M Type: NAA			
Proposed Project	Description:						/	/		
Erect two 3' x	-			Signat	Signature: Signatur			M	10/36/6	
	Č				PEDESTRIAN ACTIVITIES DISTRICT		RICT (P.A	1-7-07-1		
				Action	n: Appro	ved App	roved w/Co	onditions [	Denied	
			Signat	Signature:			Date:			
Permit Taken By: Date Applied For:					Zoning Approval					
<u> </u>		10/12/2001	Special Zon	e or Reviews	Zoni	ng Appeal	<del></del>	Historic Pres	ervation	
<ol> <li>This permit application does not preclud Applicant(s) from meeting applicable Street Rules.</li> </ol>			Shoreland		□ Variance			Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland ☐ Miscellaneous		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		Conditional Use			Requires Review		
			Subdivision		[ Interpretation			Approved		
			Site Plan		Approv	ed		Approved w/	Conditions	
			Maj Minor MM		Denied			Denied		
		Date: O		Date:		Date	Date:			
			10	24/01						
			СЕРТИ	FICATION						
I have been au jurisdiction. It	thorized by the contact and th	wner of record of the na owner to make this appli ermit for work described r all areas covered by su	med property, cation as his and in the application	or that the proput or that the proput of the	t and I agree I certify that	to conform the code off	to all app icial's aut	licable laws thorized repr	of this resentative	
SIGNATURE OF APPLICANT				ADDRESS D.		DATE		PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE			PHC	NE .	