## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703. FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Atlantic Hardware 1002 Congress St. Lessee/Buver's Name: Phone: BusinessName: Owner Address: Permit Issued: Phone Address: Contractor Name: 137 U.S. Rt 1 Scarborough, ME 04074 \*\*Black Bear Signworks CED 2 4 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ Ø 39.60 INSPECTION: 519794 FIRE DEPT. Approved Same Retail ☐ Denied Use Group: Type: CBL: 076-A-023 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Erect Signage 4'x12'. Action: Approved Special Zone of Review Approved with Conditions: ☐ Shoreland Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP 9-13-99 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ 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.. \*\*\*Send to: Black Bear Signworks □ Denied 137 U.S. RT. #1 Historic Preservation Scarborough, ME 04074 Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS CERTIFICATION □Appoved ☐ Approved with Conditions 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 ☐ 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 9-13-99 ADDRESS: PHONE: SIGNATURE OF APPLICANT DATE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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