City of Portland, Maine - Bui	llding or Use Permit Applicat	ion 389 Congre	ss Street,	04101, Tel: (207)) 874-8703, FAX: 874-8716
Location of Construction: Owner:			Phone:		Permit No: 0 1 4 0 0
415 Forest Ave	University Cr			772-1906	Permit No. 9 8 1 4 2 8
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	ssName:	
391 Forest Ave	Multiple				Permit Rud: ISSUED
Contractor Name:	Address:		one:		Leumerssuda: 1990.
* <u>Sign One</u> Past Use:	6 Portland No. Bus Proposed Use:		almouth RK:	6	DEC 2 1 1998
		\$ 3,000	<u></u>	soved Since 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			FIRE DEPT. Approved		3
Mix Use	Same		1 Denied	Use Group: Type:	Zone: CBL: 111C-006
		Signature:		Signature:	Zanina Annasyalı
Proposed Project Description:				ES DISTRICT (P)(A).D.) Zorilling Approvation 1/19/196
		Action:			Special Zone or Reviews.
			Approved with C Denied		☐ ☐ Shoreland
Freestanding Sign	5 x 9.				□ □ Wetland □ Flood Zone
		Signature:		Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	orginature.		Duic.	☐ Site Plan maj ☐minor ☐mm ☐
MG	Sate Applied 1 of.	12/16/98			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					Zoning Appeal ☐ Variance
					☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.					☐ Conditional Use
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					☐ Interpretation
					□Approved
					Denied
		_			Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS					☐ Not in District or Landmark
					□ Does Not Require Review
				PANTALINER	☐Requires Review
					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					, , ,
authorized by the owner to make this applic					
if a permit for work described in the applica					rall C
areas covered by such permit at any reason	able hour to enforce the provisions of the	code(s) applicable to su	ch permit		Date:
		12/17/00			
SIGNATURE OF APPLICANT	ADDRESS:	12/17/98 DATE:		PHONE:	
DECOMICIDI E DEDCOM IN CHADCE OF	WORK TITLE			DUONE.	TM/K¢
RESPONSIBLE PERSON IN CHARGE OF	WORK, IIILE			PHONE:	CEO DISTRICT 2
Wh	nite-Permit Desk Green-Assessor's (Canary-D.P.W. Pink-	Public File	Ivory Card-Inspector	