City of Portland, M		- C			Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	04101 T	` '	, Fax: (207) 874-8		2013-01803			114A A001001	
Location of Construction: 96 FALMOUTH ST		Owner Name: UNIVERSITY	Owner Name: UNIVERSITY OF MAINE		Owner Address: 107 MAINE AVE BANGOR, ME 04401			Phone:	
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
University of Southern Maine		Barlo Signs jenn@barlosig	Barlo Signs jenn@barlosigns.com		158 Greeley Street Hudson NH 03051			(800) 227-5674	
Lessee/Buyer's Name		Phone:	Phone:		it Type: ns - Permanent		Zone: B2 R5		
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
University of Southern	Maine	Same: Universimal Maine	ity of Southern	INSP	\$121.40 ECTION:			4	
Proposed Project Description	1:			-					
install two "flag mount"	" x 2'6" each								
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
	Action: Approved Approved w								
D " " " D	Г	č			Date	:			
Permit Taken By: bjs		Zoning Approval							
This permit applica	Special Zone or Reviews		Zoni	Zoning Appeal		listoric Preservation			
Applicant(s) from r Federal Rules.		-	Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	aneous		Does Not Require Review	
3. Building permits ar within six (6) mont	hs of the	date of issuance.	☐ Flood Zone ☐ Subdivision		Condition	onal Use	I	Requires Review	
False information repermit and stop all		idate a building			Interpre	tation		Approved	
			Site Plan Maj Minor MM		Approve	Approved		Approved w/Conditions	
	Denied	Denied [Denied				
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority to such permit.	y the ow:	ner to make this appl nit for work describe	ication as his authord in the application	nat the rized a is issu	proposed work a gent and I agree aled, I certify that	to conform to the code offici	all appli ial's auth	cable laws of this orized representative	
outh pormit.									
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE