City of Portland, Maine - Build	O	• •		Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2013-02424	<u> </u>	116 A001001	
Location of Construction:  470 FOREST AVE  470 FOREST ASSOCIATES			477	Owner Address: 477 CONGRESS ST FL 5 PORTLAND, ME 04101		ND, (207) 773-1988	
Business Name:  Franklin American Mortgage Co  Burr Signs info@burrs				ractor Address: A Mason Libby R 04074	Phone (207) 846-7622		
Lessee/Buyer's Name Phone:				it Type: ns - Permanent	Zone:		
Past Use: Proposed U		<del>-</del> e:		it Fee:	CEO District:		
Commercial Office Space Commercial O		•		\$138.00 ECTION:	\$0.	.00 4	
Proposed Project Description:	l		1				
Sign face only. Franklin American M							
15' x 3' & 3' x 3'	PEDESTRIAN ACTIVITIES DISTR		TES DISTRICT (P.	CT (P.A.D.)			
		Action: Approved Approved w/Con					
Description Description	1	E			Date:		
I	ate Applied For: 10/29/2013			Zoning Approval			
3		Special Zone or Ro	ecial Zone or Reviews Zoning Appeal		g Appeal	Historic Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	;	Not in District or Landman	
2. Building permits do not include p septic or electrical work.	☐ Wetland		Miscella	neous	Does Not Require Review		
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition	nal Use	Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		Interpret	ation	Approved	
	Site Plan		Approve	d	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work ingent and I agree along I certify that	to conform to all the code official'	applicable laws of this s authorized representative	
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE