Form # P 04

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

| CIT  | Y OF PORTLAN  |   |
|--|---|---|
| Please Read<br>Application And                         | INCRECTION  | PERMIT ISSUED   |
| Notes, If Any,<br>Attached                             | PERIM   | Permit Number: 060037  FEB = 3 2005   |
| This is to certify that IFANTIDES ANITA T & V          | LLIS I JTS/Signery  | 1.50  |
| has permission to Install a 7 sf sign on a bracket     |   | CITY OF DODAY AND   |
| AT 467 STEVENS AVE                                     | 132   | J01400  |
| the construction, maintenance and this department.     | e of buildings and yeture                                       | s, and of the application on file i   |
|  | ificatio of inspector muse e en and vomen permoon process       | of the City of Portland regulatin s, and of the application on file i  A certificate of occupancy must be |
| and grade if nature of work requires such information. | ore this liding or art there is led or convice cosed-in 4 UR NO | procured by owner before this building or part thereof is occupied.                                       |
| OTHER REQUIRED APPROVALS                               |   |   |
| Fire Dept  |   | 2/2/06  |
| Health Dept  |   | L And all   |
| Appeal Board   | - //  | WHIV  |
| Other  |   | 11 * *  |

PENALTY FOR REMOVING THIS CARD

Closed -ost

|   |  |  |   | PERI  | VIT ISS                      | UED                        |   |  |  |
|---|--|--|---|---|------------------------------|----------------------------|---|--|--|
| City of Portland, Maine -   | O  |  |   | ssue Date   |                              | 132 J0                     | 14001   |  |  |
| 389 Congress Street, 04101 Cocation of Construction:  | Owner Name:                                    |  | Owner Address:  | ' I FEE   | 1 - 3 X                      | Phone:                     | 14001   |  |  |
| 467 STEVENS AVE   |  | ANITA T & VASILLI  | 20 FOREST S   | r (   |                              | r none.                    |   |  |  |
| Business Name:  | Contractor Name                                |  |   |   | E POPT                       | PAdale)                    | _   |  |  |
| Signery   |  |  |   | Contractor Address: CIIY () P 299 Forest Ave Portland |                              |                            | 207879770   |  |  |
| Lessee/Buyer's Name Phone:  |  |  | Permit Type:  |   |                              | 1                          | Zone:   |  |  |
| ,   |  |  | Signs - Perma   |   |                              | BI                         |   |  |  |
| Past Use:   | Proposed Use:                                  |  | Permit Fee:   | Cost of Wor   | k: CF                        | O District:                | i   |  |  |
| Residential   |  | Residential install a 7 sf sign on a bracket  I dwelling unit (2nd Floor)  beauty salon (1stf for) |   | \$44.00   |                              |                            | 0 4   |  |  |
|   | bracket  |  |   | FIRE DEPT: Approved Use                               |                              |                            |   |  |  |
| legal   | use: I dwelling                                |  |   |   |                              |                            | e Group: () Type: Significant |  |  |
| <b>,</b>  | مأمي بطريه طال                                 |  |   |   |                              |                            |   |  |  |
|   | · Dearly salo                                  | 7 CB 14 10 )   |   |   | 1130                         | - lug                      | 2   |  |  |
| Proposed Project Description:   |  |  |   |   | <u> </u>                     | 11                         |   |  |  |
| Install a 7 sf sign on a bracket.   |  |  | Signature:  | Signature:  |                              |                            |   |  |  |
|   |  |  | PEDESTRIAN A  | CTIVITIES DIS   | TRICT (P.A.D.)               |                            |   |  |  |
|   |  |  | Action: Ap  | proved App  | proved w/Co                  | oved w/Conditions Denied   |   |  |  |
|   |  | Signature:   |   | D:  | Date:                        |                            |   |  |  |
| Permit Taken By:  | Date Applied For:                              |  |   | ng Annwar   |                              |                            |   |  |  |
| dmartin   | 01/09/2006                                     | Zoning Approval  |   |   |                              |                            |   |  |  |
| 1 This parmit application dos   | es not proclude the                            | Special Zone on Day  |   | ews Zoning 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 Landma  |   |  |  |
| 2. Building permits do not include plumbing, septic or electrical work.   |  | ☐ Wetland  | ☐ Miscellaneous   |   |                              | ☐ 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 ☐ Conditi   |   | ditional Use  | Requires Review              |                            | view  |  |  |
|   |  | Subdivision  | ☐ Inter   | ☐ Interpretation                                      |                              | Approved                   |   |  |  |
|   |  | ☐ Site Plan ☐ A  |   | Approved  |                              | Approved w/Conditions      |   |  |  |
|   |  | Maj Minor MM   | 1 _ Den   | Denied  |                              | Denied                     |   |  |  |
|   |  | OK Date:   18 06 18  | Date:   | Date:   |                              | Date:                      |   |  |  |
| I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a per shall have the authority to enter a such permit.               | ner to make this appl<br>mit for work describe | ication as his authorize d in the application is i   | he proposed wor<br>ed agent and I agr<br>ssued, I certify the | ree to conform nat the code of                        | to all appl<br>ficial's autl | icable laws<br>horized rep | s of this<br>presentative   |  |  |
| SIGNATURE OF APPLICANT  |  | ADDRES   | SS  | DATE  | ,                            | PHO                        | ONE   |  |  |
| RESPONSIBLE PERSON IN CHARGE  | E OF WORK, TITLE                               |  |   | DATE  |                              | PHO                        | ONE   |  |  |

This cardisans uperiod conficure issued
Approved:

(FBH TWO DAY Approximation for the first parameter sisse, and english to be tru-