City of Portland, I	Maine - Buil	ding or Use	Permi	t Application	Pe	rmit No:	Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fa					01.0271			137 A008001			
Location of Construction: Owner Name:					Owner Address:			Phone:			
152 Ocean Ave		City Of Portland			389 Congress St				207-874-8126		
Business Name:		Contractor Name:			Contractor Address:				Phone		
n/a		Portland School Department			331 Veranda St. Portland				2078748126		
Lessee/Buyer's Name		Phone:		Permit Type:					Zone:		
n/a		n/a			Signs - Permanent				R-5		
Past Use: Bayter		Proposed Use:					Cost of Wor	k:	CEO District:	1	
Residential + School		Same; Erect a Stand		d 32 SqFt		\$36.40		36.40) 2		
		Narrator Cabinet Sign.			FIRE DEPT: Appr		Approved			nage	
		Ritter Sherwood at 874-8		4-8126 when	Denied			Use G	e Group: 4 Type:		
	ready.			_		DOD!	LUT JOSEPH	1000			
						111	400	TUDEOLUDEACUTO			
Proposed Project Description:					WILL			NH K	HEUUINEMENIS		
Erect a Standard 32 SqFt Narrator Cabinet Sign.					Signature:			Sign	ignored for		
				PEDESTRIAN ACTIVITIES I			IVITIES DIST	TRICT (P.A.D.)			
						on: Appro	ved App	proved w	d w/Conditions Denied		
					Signature:				Date:		
Permit Taken By: Date Applied For:									Date.		
cih	1	3/2001	Zoming Approval								
This permit application does not preclude the			Spe	Special Zone or Reviews Zoning Appeal				T	Historic Preservation		
Applicant(s) from meeting applicable State and			Special Zone or Reviews Zoning Appeal Shoreland John Apread Variance					☐ Not in District or Landmark			
Federal Rules.			using mestal Resident								
2. Building permits of septic or electrica	olumbing,	nbing, 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			Conditional Use			Requires Review		
			Subdivision		☐ Interpretation			Approved			
			Si Si	te Plan		Approve	ed		Approved w/C	Conditions	
			Maj Minor MM		Denied			Denied			
			Date:		Date:		D	Date:			
DENIED						PERMIT ISSUED WITH REQUIREMENTS					
I hereby certify that I an I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to n, if a permit fo	make this appli r work described	med pro cation a	as his authorized application is is	e proglagen	t and I agree I certify that	to conform the code off	to all a	pplicable laws of authorized representations.	of this esentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE				PHONE		