Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached B STION

PERMIT ISSUED
Permit Number: 041684
JAN 1 0 2005

epting this permit shall comply with all ences of the City of Portland regulating

tures, and of the application on file in

This is to certify that

AT 791 Forest Ave

Shahnaz Properties Llc /Leav

& Parris

m or d

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CITY OF PORTLAND

has permission to

Install 2 awnings and one 41

informa nai sig

ne and of the

137 C00200T

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ication inspect must git and wron permis in procube this to ding or the thereo land or company to the procupation of the procup

R NOTICE IS REQUIRED.

of buildings and str

ation

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Department Name

Fire Dept.

Health Dept.

Appeal Board

Other

PENALTY FOR REMOVING THIS CARD

City of Portland, N	Maine - Building or Use	Permit Appli	cation Pe	ermit No:	Issue Date	111 183	CBI:		
389 Congress Street,	04101 Tel: (207) 874-870	3, Fax: (207) 87	4-8716	04-1684	1		137]	C002001	
Location of Construction: Owner Name:			Own	er Address:	14.3	1	Phone:		
791 Forest Ave Shahnaz Prop		perties Llc	ties Llc 256 Bancroft St		JAN	1 1 0	2005		
Business Name:	Contractor Na	Contractor Name:		Contractor Address:			Phone		
	Leavitt & Pa	Leavitt & Parris Inc.		256 Read St. Portland TV OF			PORT 2017970100		
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:			one:		
			Aw	vning, with sig	gnage			32	
Past Use: Proposed			Pern	Permit Fee: Cost of Work:		k: C	CEO District:		
Commercial	Commercial	Commercial / Install 2 awnings and		\$386.00 \$386.0		36.00	00 4		
	one 4 x 6' In	formational signi-	FIRI	E DEPT:	Approved	INSPECT Use Grou		Type: 0	
	, , ,	166	1.4		Denied	Ose Grou	" 'Y	5 6	
	1	be come fil	Kel					AWNIN'X	
Proposed Project Descripti	on:					160	2003	' '	
Install 2 awnings and	11.	Sign	Signature: S		Signature	The 2003 The 2003 To proper to the second			
mstan z awnings and	One VX o Information 31211	1/6/05 PM		ESTRIAN ACT	IVITIES DIST	TRICT (P.	A.D.)	11 1 2 -	
	12 120000	1/6/05 pm					77°'		
	Cont 1CI	Jun	Actio	on: Appro	ved App	proved w/C	onditions	Denied	
(D. 1127)		Signature:				Date:			
Permit Taken By:	1			Zoning Approval					
	Special Zone	r Poviove	iews Zoning Appeal			Historic Preservation			
1. This permit applic	l _ '	Special Zone or Reviews Zonin Shoreland Variance				1 /			
Applicant(s) from meeting applicable State and Federal Rules.				Shoreland	ee	Not in District or Landma			
2. Building permits of septic or electrical	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	Flood Zone Cond		tional Use		Requires Review		
		Subdivision	Subdivision		Interpretation		Approved		
		Site Plan		Approv	ed		Approved	w/Conditions	
		Maj Minor	Maj Minor MM Denied			Denied			
		Date:	35	Date:		Date	. <i>></i>		
		11010						/	
		CERTIFI	CATION						
I hereby certify that I ar	n the owner of record of the	named property, or	that the pro	posed work is	s authorized	by the o	wner of red	cord and that	
I have been authorized	by the owner to make this app	olication as his aut	horized ager	nt and I agree	to conform	to all app	licable lav	ws of this	
shall have the authority	n, if a permit for work describ to enter all areas covered by	such permit at any	on is issued, reasonable	, I certify that hour to enforce	the code off	icial's au	thorized re	applicable to	
such permit.	to enter an areas covered by	saen perime at any	reasonable	nour to emore	ce the provi	sion or u	ic code(s)	applicable to	
SIGNATURE OF APPLICANT		AI	ADDRESS		DATE		PHONE		
RESPONSIBLE PERSON II	N CHARGE OF WORK TITLE	 -			DATE		Di	HONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE		Pi	TONE	