

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1020 Forest Ave		Owner: Witkowski, John		Phone:	Permit No: 980305
Owner Address:		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: Bailey Sign		Address: 9 Thomas Dr Westbrook, ME		Phone: 04092 774-2843	
Past Use: Prof Office		Proposed Use: Same		COST OF WORK: \$	PERMIT FEE: \$ 29.80
Proposed Project Description: Erect Signage 24 Sq Ft 29.80		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: Date:	
Permit Taken By: XXXXX Mary Gresik		Date Applied For: 01 April 1998			

PERMIT ISSUED
APR - 2 1998
CITY OF PORTLAND

Zone: **B-2** CBL: 146-A-019
~~XXXXXXXXXX~~
Zoning Approval: *OK with conditions*
Special Zone or Reviews:
 Shoreland *See Attached*
 Wetland
 Flood Zone *4/1/98*
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: *4-1-98* *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

Judy Bailey
SIGNATURE OF APPLICANT Judy Bailey ADDRESS: _____ DATE: 01 April 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 6
m. LEARY