City of Portland, Maine - Build	0			2013-02430	Issue Date:		253 A004001
389 Congress Street, 04101 Tel: (2		, Fax: (207) 874-8					
Location of Construction:  Owner Name:  111 PINE TREE IND PKWY  MEGCO REA		LTY II LLC	Owner Address: 75 PINE TREE INDUSTRIAL PKWY PORTLAND, ME 04102			hone:	
Business Name:	Contractor Name:		Contractor Address:			Pi	hone
		arlo Signs nn@barlosigns.com		158 Greeley Street Hudson NH 03051			800) 227-5674
Lessee/Buyer's Name	Phone:			Permit Type: Signs - Permanent			<b>Cone:</b> M
Past Use: Proposed U			Permit Fee: Cost of Work:		C	CEO District:	
Warehouse & distribution Warehouse &				\$402.00 \$0.00 CTION:		\$0.00	6
Proposed Project Description:			1				
replacing two wall sign panels - 29' 1	& 20' x 4' for						
Homans Associates	PE		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	Action: Approved Approved w  Signature:			ed w/Condit Date:			
I	plied For:	Zoning Approval					
bjs 10/29/2013		Constal Zama an D	e or Reviews Zoning Appeal				storic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews  Shoreland			Variance		ot in District or Landman
2. Building permits do not include p septic or electrical work.	☐ Wetland		Miscella	nneous	Do	oes Not Require Review	
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition	Conditional Use		equires Review	
False information may invalidate permit and stop all work	Subdivision		☐ Interpre	Interpretation		pproved	
		Site Plan		Approve	ed	☐ Aj	pproved w/Conditions
	Maj Minor MM		_ Denied	Denied [		Denied	
	Date:		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.	make this appl r work describe	ication as his autho d in the application	nat the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to the code official	all applica al's autho	able laws of this orized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE