				PERMIT	PERMIT ISSUED		
-	Jaine - Building or Us 04101 Tel: (207) 874-87		0.1		te: 2 2001	сві: 263А A001001	
Location of Construction:	Owner Name:		Owner Addr	ss:		Phone:	
1032 Brighton Ave	Heritage Spe	Heritage Spe Llc		onstill OF P	ORTLAN	D 7-247-2200	
Business Name:	Contractor Na	me:	Contractor A	ddress:		Phone	
China One	Burr Signs	Burr Signs		wood St. So. Port	land	2077991183	
Lessee/Buyer's Name	Phone:			Permit Type: Signs - Permanent		Zone: B-2	
Past Use:	Proposed Use:	posed Use: Pe		Cost of We	ork: CEO	O District:	
restaurant restaurant				\$0.00 3			
call 865-4527 when ready			$\gamma \mid A$		Use Group		
Proposed Project Description	on:		\neg			JUN III	
install 30.83 s.f. Of sig	nage		Signature: PEDESTRIAN ACTIVITIES DISTRICT/P.A.D.)				
			Action:	Approved A	pprovel weon Dat		
Permit Taken By:	Date Applied For:		Zoning Approval				
jodinea 11/16/2001							
	ation does not preclude the meeting applicable State and	Special Zone or Rev		Zoning Appeal Variance		Listorie Preservation Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		Wetland				Does Not Require Review	
 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				Requires Review	
		Subdivision		Interpretation		Approved	
		Site Plan		Approved		Approved w/Conditions	
			y 🗆 🕇 🗆	Denied		Denied	
		Date P	late:		Date:		
		1/20/01					

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

all with completed and appear 3/17/05 to neet all conditions of the permit. Cloedon CBL # 263 AA 001 perimit # 01-142-8