

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 2014-01801	Issue Date:	CBL: 274 D001001
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Location of Construction: 1041 BRIGHTON AVE	Owner Name: 1041 BRIGHTON AVE LLC	Owner Address: 1 CANAL PLAZA PORTLAND, ME 04101	Phone: (207) 871-1290
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Business Name: Castle Nails & Spa

Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2
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Past Use: retail, personal services, offices & restaurant - specific tenant is nail salon	Proposed Use: retail, personal services, offices & restaurant - - specific tenant is nail salon	Permit Fee: \$118.00	Cost of Work: \$0.00	CEO District: 7
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Past Use: retail, personal services, offices & restaurant - specific tenant is nail salon	Proposed Use: retail, personal services, offices & restaurant - - specific tenant is nail salon
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Proposed Project Description: install a 30" x 138" wall sign and a 22" x 97" panel in the freestanding sign for "Castle Nails & Spa).

INSPECTION:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: dmc	Date Applied For: 08/12/2014
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Zoning Approval

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews
<input type="checkbox"/> Shoreland
<input type="checkbox"/> Wetland
<input type="checkbox"/> Flood Zone
<input type="checkbox"/> Subdivision
<input type="checkbox"/> Site Plan
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>
Date: _____

Zoning Appeal
<input type="checkbox"/> Variance
<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Interpretation
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
Date: _____

Historic Preservation
<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Requires Review
<input type="checkbox"/> Approved
<input type="checkbox"/> Approved w/Conditions
<input type="checkbox"/> Denied
Date: _____

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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