	y of Portland, Maine	O			Permit No:	Issue Date:		CBL:	
	Congress Street, 04101	<u>`</u>	, Fax: (207) 874-8	3716	2013-01621			293 D012001	
Location of Construction: 832 STEVENS AVE		Owner Name: RETAILERS	Owner Name: RETAILERS REALTY TRUST		Owner Address: PO BOX 620626 NEWTON LOW FALLS, MA 02462			Phone: (781) 237-9500	
Business Name: Aubuchon Hardware		Add- A- Sign	Contractor Name: Add- A- Sign Co doug@addasign.com		Contractor Address: 136 Pond Street Leominster MA 01453			Phone (978) 466-9000	
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type: Signs - Permanent			Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:		
Ret	ail	Retail	Retail				\$0.00	\$0.00 7	
_	osed Project Description:			INSP.	INSPECTION:				
add	a 4' x 5' sign box next to t	he Aubuchon Hardware	_		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved						
					rearippiov	Date:			
	nit Taken By:	Date Applied For:		Signature: Zoning Approval			Dat	<u></u>	
bjs		07/29/2013	Special Zone or Reviews		Zoni	ng Annaal	Historic Preservation		
1.	This permit application does not preclude Applicant(s) from meeting applicable Stat Federal Rules.		Shoreland Wetland		ews Zoning Appeal Variance		Not in District or Landmark		
2.	Building permits do not in septic or electrical work.	Miscell			aneous		Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zone		Conditi	onal Use	Requires Review		
	False information may inverse permit and stop all work	Subdivision		Interpre	☐ Interpretation ☐		Approved		
			Site Plan		Approv	Approved		Approved w/Conditions	
			Maj Minor MM		Denied	☐ Denied ☐		Denied	
			Date:		Date:	Date:		Date:	
I ha juris shal	reby certify that I am the or we been authorized by the o diction. In addition, if a po I have the authority to ente a permit.	owner to make this applermit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all appl	icable laws of this horized representative	
SIG	NATURE OF APPLICANT		ADDRESS			DATE		PHONE	
RES	PONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE		PHONE	