City of Portland, Maine - Buil		Permit No:	Issue Date:		CBL:			
389 Congress Street, 04101 Tel: (	207) 874-8703 IOwner Name:	, Fax: (207) 874-8		2015-00050			295 G004001	
Location of Construction: 110 WARREN AVE	NGS - WARREN	Owner Address: 5 VESPER ST SCARBOROUGH, ME 04074		ME	Phone:			
Business Name: Contractor Nam Sign Concept				Contractor Address: 342 Warren Avenue Portland ME			Phone: (207) 831-6262	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Signs - Permanent			Zone: B4	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Warehouse - industrial, medical & speciality gases & welding & safety suppliesgas & Industrial tools	& speciality ga	Warehouse -industrial, medical & speciality gases & welding & safety supplies ("Matheson Gas")		\$144.00 ECTION:			8	
Proposed Project Description:								
For the installation of a 5'-11" x 8' free that was hit and destroyed (Matheson	o replace prior sign	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
and was me and desirated (Manueless).		Action: Approved Approved w/				ditions Denied		
Permit Taken By: Date Ap	Signature:  Taken By: Date Applied For: Zoning Approval						ie.	
	Applied For: Zoning Approval //09/2015							
	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	Miscellaneous		Does Not Require Review		
3. Building permits are void if worl within six (6) months of the date False information may invalidate	Flood Zone		Condition	Conditional Use		Requires Review		
permit and stop all work	a building	Subdivision		☐ Interpretation			Approved	
	Site Plan		Approve	Approved		Approved 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 for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the ized a	proposed work in agent and I agreed and, I certify that	to conform to a	all appl al's autl	icable laws of this horized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE