City of Portland, Maine - Buil	_			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8		2013-02029		295 G007001
Location of Construction: 188 WARREN AVE	PHEN L & DALE	332	Owner Address: 332B GRAY RD FALMOUTH, ME 04105		Phone: ME	
Business Name: Sprint Communications	Contractor Name: Crown Castle dan.vadney@crowncastle.com		Contractor Address: 46 Broadway Albany NY 12204			Phone (518) 433-6262
Lessee/Buyer's Name	Phone:		Permit Type: Radio/Telecommunications Tower			Zone:
Sprint, 1 International Blvd Suite 80 Past Use:	Proposed Use:		Permit Fee: Cost of Work:			B4 CEO District:
•		inications Tower		\$220.00 ECTION:	\$20,00	
Proposed Project Description:	1					
Remove existing antennas and ground	h new models of					
similar size and weight within their le		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					ed w/Conditions Denied	
		T	S	ignature:		Date:
I -	oplied For: 0/2013		Zoning Approval			
1. This permit application does not preclude the		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
Applicant(s) from meeting application Federal Rules.	•	d Shoreland		☐ Variance		Not in District or Landma
2. Building permits do not include properties or electrical work.	Wetland		Miscella	nneous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date	of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Condition	onal Use	Requires Review
False information may invalidate permit and stop all work	a building			Interpre	tation	Approved
				Approve	ed	Approved w/Conditions
	Maj Minor MM		_ Denied		Denied	
		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	lication as his authored in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to a	all applicable laws of this al's authorized representativ
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE