City of Portland, Maine - Building or Use Permit Applicat				Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel:	•	5, Fax: (207) 874-8		2013-01481			303 G001001	
Location of Construction:  352 WARREN AVE  Owner Name:  352 WARREN  OWNER Name:  352 WARREN		N AVENUE LLC	29 E	Owner Address: 29 DOWNEAST LN SCARBOROUGH , ME 04074			Phone: (207) 878-1595	
Business Name: Warren Ave Trade Center Condos	Contractor Name: NeoKraft Signs patrick@neokraft.com		Contractor Address: 686 Main St. Lewiston ME 04240				Phone (207) 782-9654	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:			Zone:	
Aroma Joes			Signs - Permanent				B4	
Past Use:	Proposed Use:		Perm	Fee: Cost of Work:		•	CEO District:	
Mixed Uses: auto repair, offices, fitness center, church & retail	repair, offices,	Same: mixed uses for auto repair, offices, fitness center, church & retail		\$200.00 \$0.00 8 INSPECTION:				
Proposed Project Description: Sign permit								
3 = 1 freestand insert + 3 Bldg signs	•	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
directory sign in rear & sign over do			Action: Approved Approved w/Conditions Denied  Signature: Date:					
Permit Taken By: Date A	1	S				:: 		
	pplied For: 5/2013			Zoning	g Approval			
This permit application does no	Special Zone or Reviews		Zoni	Zoning Appeal		istoric Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		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 wo within six (6) months of the dat	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidat permit and stop all work	☐ Subdivision ☐ Site Plan  Maj ☐ Minor ☐ MM ☐		Interpre	☐ Interpretation ☐		Approved		
			Approve	Approved [		Approved w/Conditions		
			_ Denied	☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit is shall have the authority to enter all as such permit.	to make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agreed led, I certify that	to conform to	all applicial's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE