City of Portland,	Maine - Buil	ding or Use	Permi	t Application	ı Pe	rmit No:	Issue Date	<u>U.U</u>	:CBL:			
389 Congress Street, 04101 Tel: (207) 874-8703, F				(207) 874-871	6	02-1297		4	314 A0	003001		
Location of Construction:		Owner Name:			Owner Address: 20				Phone:			
615 Warren Ave		Older Brother LLC			One Canal Plaza			<i>:</i>				
Business Name:		Contractor Name:			Contractor Address: Phone							
n/a		Planet Neon Sign Company			11 Johnston Way Stow 9788971550				550			
Lessee/Buyer's Name		Phone:			Permit Type: Zone:							
n/a		n/a		Signs - Permanent				_	15-9			
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			k: C	CEO District:				
F		Wendy's Restaurant / Erect 291 sq.			\$321.00 \$0.00 1							
		Ft. Sign  1/22/02 - permit revised for  Relicing a coly-not the			FIRE DEPT: Approved Use G				ECTION Type A			
									10-115			
		2000		The Th	1				1/19	15/00		
Proposed Project Descript	ion:	1 Trees Am	TO S	1 Nin and	À			}	$\bigcap$	1//		
Erect 291 sq. Ft. Sign	ull betweed 4 Amanda (2015a)			Signature: Sign PEDESTRIAN ACTIVITIES DISTRIC			Signature	nature:				
								<u> </u>				
		Wantorom	rinit	huster "	<b>/</b> >				l	Daniad		
		Maria	& W	Tues -	Actic	n: Appro	vea Ap	proved w/C	onditions	Denied		
					Signa	ature:			Date:			
Permit Taken By:		oplied For:		Zoning Approval								
gg 11/19/2002			Special Zone or Reviews 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 Shoreland			Variance			Not in District or Landman			
											2. Building permits do not include plumbing, septic or electrical work.	
3. 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			Flood Zone Cwth			Conditional Use			Requires Review			
			Su	ibdivision	Interpretation				Approved			
			Si Si	te Plan		Approv	ed		Approved w	/Conditions		
			Мај [	Minor MM	Denied				Denied			
			D	S 11/22	year							
			Date:	<u>·</u>		Date:		Date	ž:			
				ERTIFICATION								
I hereby certify that I a	m the owner of	record of the na	med pro	operty, or that th	e pro	posed work is	authorized	by the o	wner of reco	rd and that		
I have been authorized in identification. In addition	by the owner to	make this appli	cation a	as his authorized	lagen	t and I agree	to conform	to all app	licable laws	of this		
jurisdiction. In additio shall have the authority	to enter all are	as covered by si	i in the ich pern	application is is	suea, able l	I certify that	the code off	icial's au	thorized repr	resentative		
such permit.	to onto an are	us covered by st	ien pem	int at any reason	iabic i	nour to emore	c the provi	Sion or u	ie code(s) ap	plicable to		
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE			
RESPONSIBLE PERSON I	RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE			PHONE		