City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:	Owner:		Phone:		Permit No: 9 8 1 0 3 9
659 Warren Ave	Bill Robertson			892-6350	7 6 1 0 0 7
Owner Address:	Lessee/Buyer's Name: Carpet & Rug Depot	Phone:	Business	sName:	PERMIT ISSUED
Contractor Name: Burr Signs	Address: 10 Buttonwood St So.Po	Phone ortland, ME 0		799-1183	Permit Issued:
Past Use:	Proposed Use:	COST OF WOR		PERMIT FEE: \$ 50.20	SEP 1998
Retail	Same	FIRE DEPT. I Signature:	Approved Denied	INSPECTION: 5 Use Group: Type: OOCA GEORGIA	Zone: CBL: 315-A-001
Proposed Project Description:	•	PEDESTRIAN A Action:	Approved Approved v	S DISTRICT (1) .D.) with Conditions:	Zoning Approval: Special Zone or Reviews:
Erect Signage		Denied Signature: Date:		□ Date:	☐ ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐
Permit Taken By: MG	Date Applied For: 01	September 1998			
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 					☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
		*	TH REQUIR	ISSUED SEMENTS	Historic Preservation ☐ Not in District or Landmark ☑ Does Not Require Review ☐ Requires Review
				Wis .	Action:
authorized by the owner to make this if a permit for work described in the a	CERTIFICATION f record of the named property, or that the proposed wo application as his authorized agent and I agree to con application is issued, I certify that the code official's at reasonable hour to enforce the provisions of the code(rk is authorized by th form to all applicabl athorized representat	ne owner of e laws of th ive shall ha	record and that I have been is jurisdiction. In addition,	□ Denied
		September 1998			_
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARC	GE OF WORK, TITLE			PHONE:	CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector