				PERMIT ISS	HED	1	
City of Portland, Main	_		' ¹¹ '	mit Np: 10016	5 57	CBL:	
389 Congress Street, 04101 Tel: (207) 874-870		, Fax: (207) 874-87			m	374 A00	5001
ocation of Construction: Owner Name:		Owner Address:)UI	Phone:	
166 Auburn St New Eng Tel &				Avenue Of The Ameri	cas.	n/a	
Business Name: Contractor Name				actor Address FUR	LANU	Phone	
n/a no contractor/		self n/a n/a Permit Type:					7
Lessee/Buyer's Name Phone:				gns - Permanent		Zone:	
n/a	n/a		<u> </u>				
Past Use:	Proposed Use:	2211 AZ EZIL CI.	Permi	it Fee: Cost of Wo		EO District:	
Comm. Utility	Same: Erect a	33" X 53" Sign	FIDE	DEPT: Approved	\$0.00 2		_
			FIRE	DEP1: Approved		10N: p: S/ 91 4	The !
				Denied		P. JUNED	<i>></i> PP- - (
					BOOK	Was Alexander	>
Proposed Project Description:			4		WITH	REQUIRM	1) -00-
Erect a 33" X 53" Sign		Signat	ture:	Signature:	Land		
Broot a 33 A 33 Sign				ESTRIAN ACTIVITIES DISTRI		CT (P.A.D.)	
					pproved w/Co		Denied
					••	Date:	
Permit Taken By:	T						
cih	Date Applied For: 09/18/2001			Zoning Approv	'aı		
		Special Zone or Reviews		Zoning Appeal		Historic Preservation	
1 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland ☐ Miscellaneous			Does Not Require Review		
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 ☐ Subdivision		☐ Conditional Use ☐ Interpretation		☐ Requires Review ☐ Approved	
Closed	Maj Mihor MM Date:		Denied		☐ Denied		
ال (ع) ا) Date:		Date:		
		9	ñ	6		REQUIREMEN	WS
		CERTIFICAT	ION				
I hereby certify that I am the		med property, or that	the prop				
I have been authorized by the jurisdiction. In addition, if a shall have the authority to ent such permit.	permit for work described	d in the application is	issued,	I certify that the code of	fficial's aut	thorized repre	esentative
SIGNATURE OF APPLICANT		ADDRESS		DAT	E	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				DAT		PHON	 NE