City of Portland, Ma		O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04	1101 Tel: (2		, Fax: (207) 874-8		2014-02271		374 A030001
Location of Construction: 194 AUBURN ST		Owner Name: BROWN C N COMPANY		Owner Address: PO BOX 200 SOUTH PARIS, ME 04281			Phone: (207) 743-9212
Business Name:		Contractor Name: CN Brown Company		Contractor Address: P.O. Box 200 South Paris ME 04281			Phone: (207) 743-9212
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Permanent			Zone:
Past Use:		Proposed Use:		Permit Fee: Cost of Work		Cost of Work:	CEO District:
Heating Oil Office and Minor Auto Service Station with no Automobile Repair		Heating Oil Office and Minor Auto Service Station with no Automobile Repair		INSPI	\$190.00 ECTION:	5	\$0.00
Proposed Project Description: replace faces in existing sidewalk sign		pole sign (6' x 8	B") and license a				
sidewalk sign						TIES DISTRICT (P.A.D.) ved	
				Signature:			Date:
Permit Taken By:	Date Applied For: 09/29/2014			Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoning	g Appeal	Historic Preservation
Applicant(s) from m Federal Rules.			Shoreland		☐ Variance		Not in District or Landmar
 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 			☐ Wetland		Miscellan	eous	Does Not Require Review
			Flood Zone		Condition	al Use	Requires Review
					Interpreta	tion	Approved
	Site Plan		Approved	!	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I have been authorized by jurisdiction. In addition,	the owner to	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work is gent and I agree t ed, I certify that t	to conform to the code offici	the owner of record and that all applicable laws of this al's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE	PHONE