389 Congress Street,	<b>Maine - Building or Use</b> 04101 Tel: (207) 874-8703	3, Fax: (207) 874-871	111	01-1378 NOV 1-5-20		CBL: 375 C001001	
Location of Construction: Owner Name:				Owner Address:		Phone:	
91 Auburn St Shaw's Realt		Company				207-846-9756	
Business Name: Contractor Nam			Po Box 600 OF PORTL		LAND	AND Phone	
n/a NeoKraft		ıs	686 Main St. Lewiston			2077829654	
Lessee/Buyer's Name Phone:				Permit Type:		Zone:	
n/a n/a			Signs - Permanent			B-2	
Past Use: Proposed Use:		Permit Fee: Cost of Wo					
Retail	<u> </u>	Retail / Install 1 45.22 sq. ft. set of internally illuminated letters			\$0.00	2	
	internally illur			DEPT.		NSPECTION:	
				Approved	Use Group:		
				Denied			
				$V^{(N)}$		11/9/01	
Proposed Project Description	on:		-¦ '	•		$A(\alpha)$	
Install 45.22 sq. ft. of in	Sign		are.	Signature	Signature Conditions Denied  Date:		
•		PEDESTRIAN ACTIVITIES DISTRI					
				Action: Approved Approv			
			Signature:				Dat
Permit Taken By:	Date Applied For: 11/05/2001			Zoning Approva	d		
gg			<i>_</i>				
1. This permit application does not preclude the		Special Zone or Reviews		s Zoning Appeal		Historic Preservation	
Applicant(s) from Federal Rules.	meeting applicable State and	Shoreland		☐ Variance	<b>□</b>	Not in District or Landmar	
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		Conditional Use	Requires Review		
		Subdivision		Interpretation		Approved	
		Site Plan		Approved		Approved w/Conditions	
		Maj Minor WIN		Denied		Denied	
	Date: Date:		Date:	Date:			
		CERTIFICATION	ON				
hereby certify that I am	the owner of record of the name by the owner to make this appli	med property, or that the	e propo	osed work is authorized	by the own	er of record and that	
urisaiction. In addition,	, if a permit for work described to enter all areas covered by su	I in the application is is	sued. I	certify that the code offi	icial's autho	rized representative	
SIGNATURE OF APPLICAN	ADDRESS		DATE		PHONE		
		1221100	•	DATE		FRUNE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				DATE	DATE PHONE		

PHONE