

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

Location of Construction: 425 Marginal Way 04101		Owner: Matt McKenzie		Phone: 780-6831		Permit No: 991121	
Owner Address: 425 Marginal Way 04101		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *Sign Solutions/Jeff DiPalo		Address: 75 Bishop ST. 04103		Phone:		Permit Issued: Oct 14 1999	
Past Use: Insurance Co. Sign		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 77.40	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>Signage</i> Use Group: Type: <i>BOLA 96</i>	
Proposed Project Description: Replacement of Sign face and Channel Letters.		Signature:		Signature: <i>Hoffman</i>		Date: <i>10/14/99</i>	
Permit Taken By:		Date Applied For: October 8, 1999		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <i>No New Replacement</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
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..

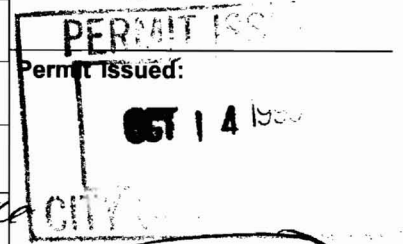
* Mail To Jeff DiPalo At Sign Solutions

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: October 8, 1999 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____



Zone: **CBL**
B-5 CBL: *008-A-005*
Zoning Approval:
No New Replacement
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: _____

