

## Yes. Life's good here.

Permitting and Inspections Department Michael A. Russell, MS, Director

## Signage / Awning Permit Application

Project Address:	52 WASHINGTON A	VE fort	And Tax Assessor's Ci	BL: 013 E-0	10 001
Owner Name:		moine.	04007	Chart # Block none: (207) 400	
Address: 56	Laboring ten Ave I	2rd Has	Www. Email: Dlin	A Cruss Las	hotenon com
Lessee (if applicable):		041	Who Email: Plin	hone:	
Address:			Email:		
Contractor Name:	A.T. Schier			hone: (207) 712	0384
Address:					
Building Information:					
	çade of tenant space (ft): _	35A	Height of exteri	ior façade (ft): 3	oft
	et (ft): 40A Thi				
	If multi-tenant, thi				per story unit
Current specific use:	RESTAURANT				
Proposed use:					
nformation on EXIST	For awnings only	Dimensions of awning	Height of awning or	For freestanding signs	
Type (i.e. awning, freestanding sign, attached	Is there any symbol/lettering	Is awning	or sign (include length,	sign above the	- setback of closest point
building sign)	on awning? (Y/N – if Y, list the dimensions of the messaging)	backlit? (Y/N)	width, and height, as applicable)	ground to its highest point	of sign to the nearest property line(s)
Awting	No	Y	344×34×3A	109	
SIGH			42" × 30"	16-6"	
			1		
nformation on PROP	OSED signs:				
Type (i.e. awning,	For awnings only	Name and Address of the Owner, where the Owner, which is the Owner,	Dimensions of awning or sign (include length,	Height of awning or sign above the	- setback of closest poin
freestanding sign, attached	Is there any symbol/lettering on awning? (Y/N – if Y, list the	Is awning backlit?	width, and height, as	ground to its	of sign to the nearest
building sign)	dimensions of the messaging)	(Y/N)	applicable)	highest point	property line(s)
Awming	No	7	34 x 5 x 3	16-6"	
Sum			42" * 30"	16-6	
				111	P
	mit all information outlined i				
	ections Department may request			ance of a permit. For it	artner information,
	ortlandmaine.gov/1728/Permittin			harizes the aranased wa	ork and that I have
been authorized by the o	Owner of record of the named pro wner to make this application as	his/her auth	orized agent. I agree to co	onform to all applicable	laws of this
invicdiction in addition i	if a permit for work described in the authority to enter all areas of	this applicati	ion is issued, I certify that t	ne coae Official's autho	orizea
codes applicable to this p		A COVERED BY UI	- Casonada	1	1
H H		XYA-		Date: 4/	4/17
Signature of Applica	1 /	7		- '/	1
389 Congress St	treet/Portland, Maine 04101	/ http://poi	rtlandmaine.gov /tel: (2	207) 874-8703/fax: (2	.07) 874-8716