Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

B NOITS

PERMIT

Permit Number: 030509

epting this permit shall comply with all

ences of the City of Portland regulating

of buildings and structures, and of the application on file in

Marginal Way Properties Inc. n Desig This is to certify that 9' Ne Reface 8'x 8' Freestanding Si gn on B & Erect has permission to AT 211 Marginal Way 024 C001001

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provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ication inspec must and w n permis n procu e this dina o t thered d or d losed-in. R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.	
Health Dept.	
Appeal Board	
Other Department Name	Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine	e - Building or Use	Permi	t Applic	ation	Per	rmit No:	Issue Date	•	CBL:	-	
389 Congress Street, 0410	•					03-0509			024 C0	01001	
Location of Construction:	Owner Name:	Owner Name:				r Address:	Phone:				
211 Marginal Way	Marginal Way	Marginal Way Properties Inc			87 Sea Meadows Ln						
Business Name:	Contractor Name				Contractor Address:				Phone		
	Sign Design				306 Warren Ave Portland				2078562600		
Lessee/Buyer's Name	Phone:	<u> </u>			Permit Type:					Zone:	
					Signs - Permanent					1B5	
Past Use:	Proposed Use:		<u> </u>	<u>L</u>		it Fee:	Cost of Wor	lr.	CEO District:		
Retail/Strictly Formal	1 *	Retail/Strictly Formal									
Ketan/Strictly Politial	Retail/Strictly				FIRE DEPT:		\$0.00				
					TIME	DEII.	Approved Use Gro			Туре:	
							Denied Osc \		о ч р.	.) p v.	
					1						
Proposed Project Description:											
Reface 8'x 8' Freestanding Si	om fr Ernat 2' v O' Navy S	Siah an	Duildina		ο.						
Reface 6 x 6 Preestanding 51	gii & Elect 5 x 9 New 3		ign on Building (Na Na N			Signature: S. PEDESTRIAN ACTIVITIES DISTRI			Signature:		
$\mathcal{O}_{\mathcal{O}}$	licatur (11)9				SIKIAN ACI	IVITIES DIS	RICI (I	CT (P.A.D.)		
111/1	1111011		1 1	$_{2}$	Actio	n: Appro	ved App	proved w	Conditions	Denied	
1.0.	long d	į	11710	$^{\prime}$	Siana	tura			Date:		
Permit Taken By:	Date Applied For:	-11100				Signature: Date:					
gad	05/14/2003		•			Zoning	g Approva	ll			
		Spe	cial Zone or	Review	'S	Zoni	ng Appeal		Historic Pres	servation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and		1			0						
Federal Rules.	ng applicable State and		noreland Se	ŊΜ	لم.`	Varianc	e		Not in Distri	ct or Landma	
		_ ON		. 6	H						
2. Building permits do not		w	etland	200	the	Miscell	aneous		Does Not Re	quire Review	
septic or electrical work. 3. Building permits are void if work is not started		<u> </u>	W 2-	(iv							
		Flood Zon			Conditional Use				Requires Review		
within six (6) months of			200	Sal		50					
False information may in permit and stop all work		∐ Sι	ibdivision 6	40,	سن. ا	Interpre	tation		Approved		
permit and stop an work	••	l	U	Mary	5	_			_		
		Si	te Plan C	,,		Approv	ed		Approved w	Conditions	
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		Maj Minor MM			Denied				Denied		
		1	1/2 602 1/4	NU	NV.	\ \\`\`\		ļ		/	
		Date: U	10.4	4	77	Date:		D	ate:		
			S.	211	II_{α}	7				-	
					•	,					
		C	ERTIFIC	CATIO	N						
I hereby certify that I am the o	owner of record of the na	med pro	operty, or t	hat the	prop	oosed work is	authorized	by the	owner of reco	rd and that	
I have been authorized by the	owner to make this appl	ication a	as his autho	orized	ageni	t and I agree	to conform	to all ap	pplicable laws	of this	
jurisdiction. In addition, if a p	permit for work describe	d in the	applicatio	n is iss	ued,	I certify that	the code off	icial's a	uthorized repr	esentative	
shall have the authority to ente such permit.	er all areas covered by si	ich pern	nit at any r	easona	ble n	iour to enforc	the provi	sion of	the code(s) ap	plicable to	
saon pormit.											
SIGNATURE OF APPLICANT			AD	DRESS			DATE		PHC	NE	
DECDONCIDI E DEDCOM IN CUAT	OCE OF WORK TITLE		_								
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE		PHO	NE	