

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

Location of Construction: 185 Lancaster St		Owner: October Corp		Phone: 871-1290		<b>Permit No: 9 8 1 2 3 3</b> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>OCT 29 1998</b>  <b>CITY OF PORTLAND</b> </div> Zone: <b>B-5</b> GBL: 025-F-001 Zoning Approval: <i>OK 10/23/98</i> <b>Special Zone or Reviews:</b> <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"/>
Owner Address: c/o Boulos 1 Canal Plz Ptld, ME04330		Lessee/Buyer's Name: State of Maine/Department of Labor		Phone: 782-9654		
Contractor Name: ***** Neokraft Signs		Address: 686 Main St Lewiston, ME 04240		Business Name:		
Past Use:  Office		Proposed Use:  Same		<b>COST OF WORK:</b> \$ <b>PERMIT FEE:</b> \$ 41.80 <b>INSPECTION:</b> Use Group: Type: <i>B0CA96</i> Signature: <i>[Signature]</i>		
Proposed Project Description:  Install Signage (3) Totalling 84 Sq Ft		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____				
Permit Taken By:  Via Mail		Date Applied For:  22 October 1998				

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

**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: 23 October 1998 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 1  
*AR IDC*