	y of Portland, Maine Congress Street, 04101	O			2013-01176	Issue Date.	027 D001001
Location of Construction: Owner Name:			, (,	Owner Address:		Phone:	
	5 CONGRESS ST/ 244 mberland	METRO MED LLC	METRO MEDIA PROPERTIES LLC		OUTH SERVICI ICHO, NY 1175)	
Business Name: Contractor Name			Contra		actor Address:		Phone
			ign Design Inc igndesi@maine.rr.com		Box 207 Westbro	(207) 856-2600	
Lessee/Buyer's Name Phone:			Permit T		it Type:		Zone:
Diana/Roger			Signs -		ns - Permanent		В3
Past Use: Proposed Use:			Permit F		it Fee:	Cost of Work:	CEO District:
	orage and property maintenar th office (244 Cumberland)		Storage and property maintenance with office (244 Cumberland)		\$42.00 ECTION:	\$	\$0.00 1
_	oosed Project Description: install Sign 2' x 3' flag to a	ttach to existing flag po	ole along side of				
	lding	men to empany mag po	ore urong side of	PEDE	ESTRIAN ACTIVIT	IES DISTRICT (P.A.D.)
			Action: Approved		ed Approve	Approved w/Conditions Denied	
				S	ignature:		Date:
Permit Taken By: Date Applied For: 06/10/2013			Zoning Approval				
1.			Special Zone or Reviews		Zoning	g Appeal	Historic Preservation
1.	Applicant(s) from meeting Federal Rules.	-			☐ Variance		Not in District or Landmar
2.	Building permits do not in septic or electrical work.	☐ Wetland		Miscellar	neous	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			Flood Zone		Condition	nal Use	Requires Review
	permit and stop all work	Subdivision		Interpreta	ition	Approved	
			Site Plan Maj Minor MM		Approved	1	Approved w/Conditions
					Denied		Denied
			Date:		Date:		Date:
I ha juris shal sucl	we been authorized by the obsciction. In addition, if a poly law the authority to enten permit.	owner to make this applermit for work describe	ication as his author d in the application uch permit at any re	at the rized a is issu asonal	proposed work is agent and I agree and, I certify that	to conform to the code offici e the provision	al's authorized representative on of the code(s) applicable to
SIG	NATURE OF APPLICANT		ADDF	RESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE	PHONE