			PERMIT ISSUED										
City of Portland, M 389 Congress Street, 0					1	Permit No: 01-0219	1	e Date			CBL:	003001	
Location of Construction: Owner Na			Vame:			Owner Address:				Phone:			
290 Congress St		Oak Leaf Terrace Company			177 High St				Ur B	10 F Taz 474 25b1			
Business Name:	Contractor Name:			Contractor Address:					Phone				
Rite Aid Pharmacy		Bailey Sign Company Inc.			9 Thomas Drive Westbrook					2077742843			
Lessee/Buyer's Name		Phone:			1	nit Type:						Zone:	
Rite Aid Pharmacy		207-774-0345			Signs - Permanent						182b		
Past Use:		Proposed Use:		Permit Fee: Cost of Work:				k:					
Retail		Retail / Pharmacy. This is a Sign			*39.60 \$0.00 \$2,680.0				80.00				
	`	Permit They a			FIR	E DEPT:	Аррі	oved	INSPE	ECTIO	IN: 911	1990	
		same sign that				Г	Deni	ed	Use G	roup:	-	Type:	
		sign was taken down to re-model store frontage.							100	EPERMIT ISSUED			
	_					THE PUHBENNE DITS							
Proposed Project Description	n:) /	2/1		
Re-Install 48 SqFt Sign			Signature:					Signflyfe:					
					PEDESTRIAN ACTIVITIES D				ISTRICTAR ASDA				
				Action: Approved Appro				proved v	ved w/Conditions Denied				
					Signature:				Date:				
Permit Taken By:					Zoning Approval								
cih	03/20	0/2001	ļ										
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		ews	Zoning Appeal Variance				Historic Preservation Not in District or Landmark			
 Building permits do not include plumbing, septic or electrical work. 			☐ Wetland			☐ Miscellaneous				Does Not Require Review			
3. Building permits ar within six (6) mont		Flood Zone		Conditional Use				Requires Review					
False information in permit and stop all	a building Subdivision		ubdivision	☐ Interpretation				Approved					
Mail to			Site Plan			☐ Approved				Approved w/Conditions			
Mail to Contractor when Ready. Samuel & closed				Minor MM Land Old ~ 1.	وكجلة	Denied				Denied			
21.2	. 1.1.0]	Date:	"of the	3/2	Date:			I	Date:)	
-36 www.			(CERTIFICATI	ON						/ MIT ISS REQUIRE		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority to such permit.	y the owner to if a permit fo	o make this appli or work described	med projection and in the	operty, or that the as his authorized application is is	ne prod d age	ent and I agree I, I certify that	to cor	nform ode of	to all a ficial's	applicauth	cable laws	s of this	
SIGNATURE OF APPLICANT				ADDRE	SS	SS DATE			<u> </u>	PHONE			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE					PHONE		

DATE

PHONE