		PERMIT ISSUED								
City of Portland, Maine - Buil 389 Congress Street, 04101 Tel: (_			u j	rmit No: 01-0219	Isst	e Date:	2 6	028 D00)3001
Location of Construction:	Owner Name:			Owne	r Address:				Phone:	1
290 Congress St	Oak Leaf Terrace Company			177 High St				2074774-0501		
Business Name:	Contractor Name:			Contractor Address:				Phone		
Rite Aid Pharmacy	Bailey Sign Company Inc.		Inc.	9 Thomas Drive Westbrook			rook		20777428	
Lessee/Buyer's Name	Phone: 207-774-0345			Permit Type: Signs - Permanent					Zone:	
Rite Aid Pharmacy				Permit Fee: Cost of Work:			0.777	=1		DUD.
Past Use:	Proposed Use:	This is a Sign				Cost	of Work: \$2,680.00	, †		
		il / Pharmacy. This is a Sign nit. They are re-installing the						SPECTION: San 490		
Proposed Project Description:	same sign that was pre-existing. The sign was taken down to re-model store frontage.			Denied INSPECTION: 34/749 Use Group: Type: PERMIT ISSUED WITH REQUIREMENT					ED MENTS	
Re-Install 48 SqFt Sign		Signa	tura:		Sion.		2//_			
Re-instan 40 5414 Sign				Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT				TANKI		
				Actio			Approved	•	nditions [Denied
				Signature:				Date:		
1	pplied For: 0/2001	_				g App	proval			
		Special Zone or Revie		ews Zoning Appeal			eal	Historic Preservation		
		Shoreland		☐ Variance				Not in District or Landmark		
		Wetland			Miscellaneous			Does Not Require Review		
		☐ Flo	ood Zone	Conditional Use			е	Requires Review		
		☐ Su	bdivision	Interpretation				Approved		
Mail to Contractor when Ready			te Plan		Approved			Approved w/Conditions		
			Minor MM Rad Old Y- Rh Sh Aller	Denied 3 Date:			Denied Denied			
				1			W		RMIT ISSU REQUIREN	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appli or work described	med procation a	as his authorized application is is	ne prop d agen ssued,	t and I agree I certify that	to con the co	form to all de official	appli 's auth	icable laws o norized repre	of this esentative

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE