City of Portland, Maine - B	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel	l: (207) 874-8703	s, Fax: (207) 874-8	3716	2014-01976		028 D003001	
Location of Construction:		Owner Address:		Phone:			
290 CONGRESS ST ROMAN CA' OF PORTLA				OCEAN AVE	PORTLAND, I	ME	
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone:		
Rite Aid Plaza	Bailey Sign	Bailey Sign		nomas Dr Westb	92 (207) 774-2843		
Lessee/Buyer's Name	Phone:	Phone:		it Type: ns - Permanent	Zone: B2b R6		
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
Retail, personal services and	Same: Retail.	Personal services	\$186.92		\$1	86.92	
restaurant (in Portland Co-Op) and restauran Proposed Project Description:			INSP	ECTION:			
Replace existing free standing sign	- 18' high - 5'						
setback		PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Approved Signature:		TIES DISTRICT	CT (P.A.D.)		
				ved Approv	ved w/Conditions Denied		
					Date:		
Permit Taken By: Date Applied For: 09/02/2014			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	re	Not in District or Landmar	
2. Building permits do not inclue septic or electrical work.			Miscell	aneous	Does Not Require Review		
3. Building permits are void if w within six (6) months of the d			Conditi	onal Use	Requires Review		
False information may invalid permit and stop all work			Interpre	etation	Approved		
			Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	ATION	N.			
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	er to make this appl t for work describe	amed property, or the lication as his authored in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE	