

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

Location of Construction: 152 Middle Street		04101	Owner: Ronald M Cedrone	Phone: 773-2020	Permit No: 790990
Owner Address: 28 Hedgerow Dr. Falmouth, ME 04105		Lessee/Buyer's Name: **Casco Bay Eye Care, LLC 152 Middle St.		Phone:	BusinessName:
Contractor Name: Thomas J. McDermott		Address: Becky Darling 66 Desert Road, Freeport ME 04032		Phone:	Permit Issued: SEP 13 1999 CITY OF PORTLAND
Past Use: Office	Proposed Use: same retail eye care	COST OF WORK: \$ 0	PERMIT FEE: \$ 34.00	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Proposed Project Description: Replace current sign with replacement (new name) Unlighted-hanging sign 4x5 Signage		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____	Zone: B-3 CBL: 029-A-001 Zoning Approval: <i>OK JS 8/26/99</i> Special Zone or Reviews: <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"/>
Permit Taken By: UB		Date Applied For: 8-23-99			

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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 permit and stop all work..

***** Sent to: Becky Darling
Casco Bay Eye Care, L.L.C.
152 Middle Street
Portland, ME 04101

PERMIT ISSUED WITH REQUIREMENTS

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: **8-23-99** 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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *to DA 8/26/99*

DA 9/13/99

CEO DISTRICT **1**
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