CBL: Permit No: **Issue Date:** City of Portland, Maine - Building or Use Permit Application 2014-02393 029 E001001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: 130 MIDDLE ST ELC LIMITED LIABILITY 42 MARKET ST PORTLAND, ME (207) 774-1000 **COMPANY** 04101 Business Name: Lessee/Buyer's Name Phone: Permit Type: Zone: Signs - Permanent В3 Past Use: Permit Fee: Cost of Work: CEO District: **Proposed Use:** Offices Offices \$50.00 \$0.00 2 INSPECTION: **Proposed Project Description:** install a wall sign for "Old Port Advisors" overall dimensions of lettering - 17" x 113" PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied Signature: Date: Permit Taken By: Date Applied For: **Zoning Approval** dmc 10/15/2014 Zoning Appeal Special Zone or Reviews **Historic Preservation** This permit application does not preclude the Applicant(s) from meeting applicable State and Shoreland Not in District or Landmark Variance Federal Rules. Wetland Miscellaneous Does Not Require Review Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started Flood Zone Conditional Use Requires Review within six (6) months of the date of issuance. False information may invalidate a building Subdivision Interpretation Approved permit and stop all work.. Approved w/Conditions Site Plan Approved Denied Maj Minor MM Denied Date: Date: Date: 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 provision of the code(s) applicable to such permit. SIGNATURE OF APPLICANT ADDRESS DATE PHONE RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE **PHONE**