

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

Location of Construction: 100 Middle Street		Owner: Middle Street Office Tower B		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: Saxton Sign Corp		Address: 1320 Route 9 Schodack NY 12033		Phone: 800-942-6366	
Past Use: Commercial		Proposed Use: Same		Business Name: Liberty Group	
		COST OF WORK: \$		PERMIT FEE: \$ 30.20	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>u</i> Use Group: Type:	
Proposed Project Description: 1 - 21" x 112" sign 1 - 21" x 40" sign		Signature:		Signature: <i>[Signature]</i>	
Permit Taken By: Sherry Pinard		Date Applied For: April 29, 1998 (by mail)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>	
		Signature:		Date:	

Permit No: **980460**

PERMIT ISSUED

Permit Issued:
MAY - 7 1998

CITY OF PORTLAND

Zone: *B-3* CBL: 029-E-026

Zoning Approval: *[Signature]* 5/1/98

Special Zone or Review

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: 5/1/98

MA

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: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT 2