City of Portland,	Maine - Buil	ding or Use	Permit Applicat	ion	Permit No:	Issue Date	:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-870					2013-00497			029 P032001	
Location of Construction:		Owner Name:		Owner Address:			Phone:		
19 COMMERCIAL ST		CLAY COVE CORP		19 HENNING'S WAY NORTH YARMOUTH, ME 04097					
Business Name:		Contractor Name:		Contractor Address:				Phone	
		Sign Design Inc		PO Box 207 Westbrook ME 04098			098	(207) 856-2600	
Lessee/Buyer's Name Phone:		Phone:			Permit Type: Signs - Permanent			Zone: B3	
Past Use:		Proposed Use:		Perm	Permit Fee: Cost of Work:		k:	CEO District:	
Business		Business		FIRE	\$191.00 E DEPT:	Approved	\$0.00 INSPECT Use Group		
						N/A			
Proposed Project Descrip									
Sign permit; 2 signs s		PEDESTRIAN ACTIVITIES DISTRICT (P.A.I Action: Approved Approved w/0			Signature: CT (P.A.D.))			
Permit Taken By:	Date Applied For:				ignature:	ate:			
bjs	03/14		Zoning Approval						
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews Zoning Appeal				Historic Preservation		
			Shoreland		☐ Varianc	☐ Variance		Not in District or Landmark	
 Building permits do not include plumbing, septic or electrical work. 			☐ Wetland		Miscella	Miscellaneous		Does Not Require Review	
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			Flood Zone		Condition	Conditional Use		Requires Review	
			Subdivision		Interpre	☐ Interpretation		Approved	
		Site Plan		☐ Approved			Approved w/Conditions		
			Maj Minor MM		☐ Denied	Denicd		☐ Denied	
			Date:		Date:	Date:		Date:	
			CERTIFICA	TION	N				
I hereby certify that I at that I have been author this jurisdiction. In ad representative shall ha code(s) applicable to s	rized by the own dition, if a perm ve the authority	er to make this a	application as his au ribed in the applicat	thoriz	ed agent and I agisting issued, I certify	gree to confi that the cod	orm to all e official's	applicable laws of authorized	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	
RESPONSIBLE PERSON	IN CHARGE OF W	ORK, TITLE				DATE		PHONE	