

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

Location of Construction: 145 COMMERCIAL ST		Owner: CIANCHETTE FAMILY		Phone: 774-1000		Permit No: <b>001418</b>
Owner Address: 42 MARKET ST PORTLAND		Lessee/Buyer's Name: DISABILITY CONSULTING GROUP		Phone:		
Contractor Name: *** NEOKRAFT SIGNS 686 MAIN ST		Address: LEWISTON MAINE 04240		Phone: 782-9654 *****		Permit Issued: <b>12/2000</b>
Past Use: COMMERCIAL		Proposed Use: SAME		<b>COST OF WORK:</b> \$ <b>PERMIT FEE:</b> \$ 32.48 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: Type: Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		
Proposed Project Description: SIGNAGE		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zone: <b>B3</b> CBL: 029-S-001 Zoning Approval: <i>[Signature]</i> 12/2/00 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: <b>K</b>		Date Applied For: <b>DEC 12 2000</b>				<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review  <b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>to Debra 12/12/00</i> <i>per phone conversation</i> <b>PERMIT ISSUED WITH REQUIREMENTS</b> <i>OK</i> Date: <i>12/19/00</i>

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..

**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

DEC 12 2000 K

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT 1