

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION PERMIT

Permit Number: 030227

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Wellin & Co/Sundance Sign  
has permission to Erect 19 SF of Signage  
AT 85 Exchange St L 032 D004001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or otherwise closed-in. YOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Handwritten Signature]*  
3/2003  
Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

PERMIT ISSUED

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0227	Issue Date: MAR 27 2003	CBL: 032 D004001
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Location of Construction: 85 Exchange St	Owner Name: Wellin & Co	Owner Address: Po Box 533	Phone: 879-5422
Business Name:	Contractor Name: Sundance Sign	Contractor Address: 89 Oak Street Dover	Phone: 8006274467
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Restaurant/Vacant	Proposed Use: Restaurant	Permit Fee: \$49.00	Cost of Work: \$49.00	CEO District: 1
Proposed Project Description: Erect 19SF of Signage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group SIGNAGE 3/26/03 Signature: [Signature]	
		Signature:	Signature: [Signature]	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date:	

Permit Taken By: gad	Date Applied For: 0312412003	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone-or Reviews</b> <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"/> Date: 3/25/03	<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 Date: 3/25/03	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions Denied Date: 3/25/03
	No App. - door or signs office PARK OK with conditions		TO D.A D.A 3/26/03

**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

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11/10/03

BICAN