City of Portland, 389 Congress Stree		_			01-1160	18.Sul	7	032 F0	01001	
ocation of Construction: Owner Name:				· /	ner Address:	3 20	01	Phone:		
19 Exchange St. Ocean Block			Associat	es 30	Market St					
Business Name: Contractor Nam		Contractor Name	:		Contractor Address: F PORTLA			Phone		
		no contractor/s	r/self		n/a n/a					
		Phone:		Per	Permit Type:				Zone:	
n/a		n/a							115-7	
1		Proposed Use:		1	Permit Fee: Cost of Work: \$0.0			CEO District:		
Comm. Retail Sam		Same: Erect a 17 SqFt Sign		· -	FIRE DEPT: Approved Us			TION:		
								SPECTION: se Group: SI 9NA Gype: PERMIT ISSUED PERMIT ISSUED PERMIT ISSUED		
Proposed Project Descri	ption:							~ n /	M	
Erect a 17 SqFt Sign				Sig	Signature: S		Signatur	ignature Amer Affec		
			PEDESTRIA		DESTRIAN ACT	IAN ACTIVITIES DISTRICT (P.A.D.)				
				Ac	tion: Appro	oved App	proved w/0	Conditions	Denied	
Permit Taken By: Date Applied For:				Sig	Signature: Date: Zoning Approval				<u> </u>	
cih	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Zonnig Approva					
This permit application does not applicate to the second sec		preclude the	Special Zone or Revie		ews Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable State Federal Rules.			Shoreland		☐ Variance		[☐ Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		☐ Miscell	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		Conditi	Conditional Use		Requires Review		
			Subdivision		☐ Interpretation			Approved		
			Si	te Plan	Approved			Approved w/Conditions		
			Maj Minor M		Denied Date:			Denied To D. A		
Date:				DVIV						
				alzilo	\			PERMITIS WITH CHUIF	ENEW S/O	
			(ERTIFICATION						
I hereby certify that I I have been authorize jurisdiction. In additionall have the authorical such permit.	d by the owner to on, if a permit for	o make this appli or work described	med proication a	operty, or that the pas his authorized agapplication is issue	ent and I agree d, I certify that	to conform the code of	to all app ficial's au	plicable laws uthorized rep	of this resentative	
SIGNATURE OF APPLICANT			ADDRESS		DATE			PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE			PHONE		

PERMIT ISSUED