					DERM		••	· I ~~~		
	y of Portland, Maine	_		·•	mit No	Lissne Date	5. • • · · · · · · · · · · · · · · · · ·	CBL: 0	10601	
			207) 874-8703, Fax: (207) 874-871			<u>نوجلـ</u>		-		
			Soley Joseph L		Owner Address: Po Box 367 Dts			Phone: 207-772-1333		
			Contractor Name:		Contractor Address:			Phone		
			Sundance Sign		89 Oak Street Dover			8006274467		
Lessee/Buyer's Name		<u> </u>	Phone:		Permit Type:			Zone:		
n/a			n/a		Signs - Permanent			B-3		
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			·k: C	CEO District:		
'		-	Commercial / 7.5 sq. ft. hanging sign		\$0.00			1		
		Commercial								
						Denied	Use Grou		EMENTS	
_	osed Project Description:									
Hang 7.5 sq. ft. sign				Signature:		S				
				PEDESTRIAN ACTIVITIES DIST			TRICT (PM	RICT (PIA.D.)		
						-	roved w/Conditions Denied			
				Signature:				Date:		
	nit Taken By:	Date Applied For:		Zoning Approval						
gg 07/1		07/17/2001	Constit Zaman David		7					
1.	This permit application of Applicant(s) from meeting Federal Rules.	-	Special Zone or Review Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landmark		
2.	Building permits do not septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Review		
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zone		Conditional Use			Requires Review		
	False information may in permit and stop all work		Subdivision		Interpretation			Approved		
			Site Plan		Approved		<u>\</u>	Approved w/Conditions		
			Maj Minor MM		Denied .			Denied		
		Date: 7		Date:	_	Date	e:	cn //20/		
			112/01				PE! WITH	RMIT ISSU REQUIRED	AFN S 21	
I hav juris shall	reby certify that I am the over been authorized by the diction. In addition, if a part have the authority to enterpermit.	owner to make this appli permit for work described	cation as his authorized in the application is is	ne prop d agen ssued,	t and I agree t I certify that t	to conform the code of	to all app ficial's aut	licable laws thorized repr	of this esentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE		
RES	PONSIBLE PERSON IN CHAI	RGE OF WORK, TITLE				DATE		PHO	NF	