City of Portland, Maine	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	` ′	, Fax: (207) 874-8	716	2013-01261		032 F010001
ocation of Construction: 9 EXCHANGE ST (15 Exchange) ELEVEN EXC				r Address: BOX 4894 POF 12	RTLAND , ME	Phone: (207) 699-6020
Business Name: B Good	Boston Sign C	Contractor Name: Boston Sign Company Inc. mm@bostonsign.com		actor Address: Plympton St Bos	Phone (617) 338-2114	
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Past Use:	Proposed Use:	Proposed Use:		it Fee:	Cost of Work:	CEO District:
Restaurant	_	Restaurant - B Good				00.00 2
Proposed Project Description:	CO!! 4 11 1 40!! 1	(c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	INSPI	ECTION:		
install 3 awnings - 68" long x of signage for B Good	60" tall by 40" deep wi			TIES DISTRICT	ec pictrict (P A D)	
of signage for B Good		PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Approved Approved Signature:			ed w/Conditions Denied	
					Date:	
Permit Taken By: bjs		Zoning Approval				
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting Federal Rules.		Shoreland		☐ Variano	ee	☐ Not in District or Landmar
2. Building permits do not in septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void within six (6) months of t	Flood Zone		Conditi	onal Use	Requires Review	
False information may in permit and stop all work	Subdivision		Interpre	etation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		☐ Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the or I have been authorized by the conjurisdiction. In addition, if a poshall have the authority to enter such permit.	owner to make this applermit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE