•		O	Permit Applicat		2014-02597	Issue Date:		032 F010001
389 Congress Street, 04	101 161: (.		, rax: (207) 874-8					!
Location of Construction: 9 EXCHANGE ST (17)		Owner Name: ELEVEN EXCHANGE LLC			Owner Address: PO BOX 4894 PORTLAND , ME 04112			Phone: (207) 233-1607
Business Name:		Contractor Name Sundance Sign		Contractor Address: 89 Oak Street Dover NH 03820			Phone: (603) 742-1517	
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Permanent			Zone: B3	
Past Use:		Proposed Use:				Cost of Work:		CEO District:
Retail		Retail - Marke	et Square Jewelers	\$234.80 INSPECTION:		\$0.00		2
Proposed Project Description:		1		1				
install one hanging sign -	nings with text - 3							
sf total				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved Approved w/Conditions Denied  Signature: Date:					
Permit Taken By:	<u> </u>			Da	ie:			
Permit Taken By: dmc Date Applied For: 11/07/2014				Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zoni	ng Appeal		Historic Preservation
Applicant(s) from mo				☐ Variance		Not in District or Landmark		
<ol> <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</li> </ol>			☐ Wetland		Miscella	aneous	Does Not Require Review	
			ance.		Conditional Use			Requires Review
permit and stop all w	a building	Subdivision		Interpre	etation	Approved		
			Site Plan  Maj Minor MM		Approv	Approved		Approved w/Conditions
	Denied					Denied		
			Date:		Date:		Date:	
I hereby certify that I am t I have been authorized by jurisdiction. In addition, i shall have the authority to such permit.	the owner to f a permit fo	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offic	all appl ial's aut	licable laws of this horized representative
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE