City of Portland, Maine - Bui	U			2013-02593	Issue Date:		032 H006001	
389 Congress Street, 04101 Tel: (` '	5, Fax: (207) 874-8						
Location of Construction: 92 EXCHANGE ST MAINESCAP LLC		E PROPERTIES	Owner Address: 92 EXCHANGE ST 2ND FLOOR PORTLAND , ME 04101			Phone:		
Business Name:	Contractor Name:		Contractor Address:				Phone	
ARISTELLE LLC				ME				
Lessee/Buyer's Name	Phone:			Permit Type:			Zone:	
Andrea King	(207) 842-6000		Signs - Side Walk				В3	
Past Use:	Proposed Use:	Proposed Use: Same: 1st floor retai (Aristelle)		it Fee:			CEO District:	
1st floor retail with offices above Same: 1st flow with offices a		` ' '		\$0.00	2			
Proposed Project Description:			-					
Side walk sign; Aristelle LLC								
6.5' sq.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
		Action: Approved Approved w/C						
D 4 T L D	1	S	Signature: D Zoning Approval			te:		
	pplied For: 0/2013							
3	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Shoreland		☐ Varianc	☐ Variance		Not in District or Landman	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscell	Miscellaneous		Does Not Require Review		
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate a building permit and stop all work		Subdivision Site Plan Maj Minor MM		Interpre	☐ Interpretation		Approved	
	Approv			Approved		Approved w/Conditions		
	Denied			☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit f shall have the authority to enter all ar such permit.	to make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all appl ial's autl	icable laws of this horized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE