Cit	y of Portland, Maine - Bu	Permit No: Issue Date:		CBL:	CBL:						
389	Congress Street, 04101 Tel	: (207) 874-8703,	Fax: (2	207) 874-8716	03-	0635			032 I041	.001	
Location of Construction: Owner Name:				C		Owner Address:			Phone:		
401 Fore St October Corpo				oration		One Canal Plaza					
Busi	iness Name:	Contractor Nan	ne:		Contractor Address:				Phone		
		Graph X Signs	Graph X Signs, Inc			P.O. Box 805 Yarmouth				2078295063	
Lessee/Buyer's Name Phone:					Permit Type:					Zone:	
					Signs - Permanent						
Past	t Usa·	Proposed Use:		ı					CEO District:	1	
			s/Retail Commercial				1				
CCI	tic freasures/Retair Commercial	Centre Treasure	s/Retail Commercial		FIRE DEPT:		<u> </u>	INCDE	ISPECTION:		
					FIRE DEFT:		Approved	Use G		Туре	
							☐ Denied		oup.	1,700	
D-10-	posed Project Description:										
_	ect a 24" x 84" Sign over Entranc				Gi-natura.						
Lic	ct a 24 x 64 Sign over Entranc	.C							gnature:		
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
					Approve			proved w	ed w/Condition		
	Dot	e Applied For:									
ga		e Applied For.									
ga	•		Spec	ial Zone or Revi	OWE				Historia Pros	arvation	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Spec _	iai Zone or Kevi	ews				Historic Preservation Not in District or Landm		
2.	2. Building permits do not include plumbing, septic or electrical work.								Does Not Re	quire Revie	
3.	within six (6) months of the date of issuance. False information may invalidate a building										
					_						
	permit and stop all work										
									Approved w/Condition		
			Maj [MM							
								<u> </u>			
				CERTIFICATION	ON						
Tho	raby cortify that I am the evener	of record of the ne				vorle i	authorizad	by the	owner of recor	d and that	
	reby certify that I am the owner we been authorized by the owne										
jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable											
	uch permit.		1	,			r '		(-/ -·I	•	
07.5	NAME OF A PROPERTY.				α			,			
SIGNATURE OF APPLICAN				ADDRES	S DATE			1	РНО		

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Const	ruction:	Owner Name:	Owner Name:			Phone:		
401 Fore St		October Corporation	October Corporation		One Canal Plaza			
Business Name:		Contractor Name:	Contractor Name:		Contractor Address:			
		Graph X Signs, Inc		P.O. Box 805 Yarmouth			2078295063	
Lessee/Buyer's N	ame	Phone:		Permit Type:			Zone:	
				Signs - Permanent				
Dept: Histori Note:	cal Status	: Approved	Reviewer	: Deborah Andrews	Approval Date	e: 06/2 Ok to Issue	19/2003	
Dept: Zoning Note:	Status	s: Approved	Reviewer	: Marge Schmuckal	Approval Date	e: 06/2 Ok to Issue	10/2003 : 🗹	
Dept: Buildin	g Status	s: Approved	Reviewer	: Mike Nugent	Approval Date	e: 06/2 Ok to Issue	24/2003 : 	

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT	DATE	PHO	

7/1/03 OK