

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0635	Issue Date:	CBL: 032 I041001
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Location of Construction: 401 Fore St	Owner Name: October Corporation	Owner Address: One Canal Plaza	Phone:
Business Name:	Contractor Name: Graph X Signs, Inc	Contractor Address: P.O. Box 805 Yarmouth	Phone 2078295063
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Past Use: Celtic Treasures/Retail Commercial	Proposed Use: Celtic Treasures/Retail Commercial	CEO District: 1
Proposed Project Description: Erect a 24" x 84" Sign over Entrance		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type Signature:
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>

Date Applied For: gad	Special Zone or Reviews <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Maj <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>
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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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Historical	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 06/19/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/10/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 06/24/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT			PHO

7/1/03 OK

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