City of Portland, Maine - Building or Use Permit Applicat						ermit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	3716	2	013-01282			032 K012001			
Location of Construction:		Owner Name:			Owner Address:			Phone:		
1 MONUMENT SQ		FINARD MURRAY W TR		ONE MONUMENT SQUARE SUITE 200 PORTLAND, ME 04101				ITE		
Business Name:		Contractor Name:			Contractor Address:				Phone	
		Bailey Sign Company Inc. bruceb@baileysign.com		9 Thomas Drive Westbrook ME 04092				(207) 774-2843		
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:		
		D. IV			Signs - Permanent  Permit Fee: Cost of Work:				B3	
Past Use: Bank on 1st floor with offices above		Proposed Use: Bank on 1st floor with office		Permit				\$0.00	0.00 CEO District:	
		above		INSPECTION:						
Proposed Project Description	n:			1						
Install one directory sig	ee - 4.5' x 2' & one	& one								
free standing sign on C	ongress St. sid	e -		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
					Actio		ved Approv	red w/Coi	nditions Denied	
Permit Taken By:	1	Signature:			Di	ite.				
bjs	Zoning Approval									
This permit application does not preclude the			Special Zone or Reviews			Zoning Appeal			Historic Preservation	
Applicant(s) from a Federal Rules.			Shoreland			Variance			Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not state within six (6) months of the date of issuand			Flood Zone			Conditional Use			Requires Review	
False information repermit and stop all		a building	☐ Subdivision			☐ Interpretation			Approved	
			Site Plan			Approved			Approved w/Conditions	
	Maj Minor MM		]	Denied			☐ Denied			
			Date:			Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to , if a permit fo	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	e pro agei ued,	nt and I agree, I certify that	to conform to the code offic	all app ial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE	