

**CARD ON PRINCIPAL FRONTAGE OF WORK  
CITY OF PORTLAND**

**BUILDING INSPECTION**

Permit Number: 030325

**PERMIT**

Associates/Local Cellular Corp.

Micro Wave Dishes - Tower with Two smaller dishes

032 L002001

Persons, firm or corporation accepting this permit shall comply with all  
laws of Maine and of the Ordinances of the City of Portland regulating  
and use of buildings and structures, and of the application on file in

Notification of inspection must be  
given and written permission procured  
before this building or part thereof  
is altered or otherwise closed-in.  
**48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be  
procured by owner before this build-  
ing or part thereof is occupied.

*Expired + abandoned  
permit Application*

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0325	Issue Date:	CBL: 032 L002001
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Location of Construction: 1 City Ctr	Owner Name: One City Center Associates	Owner Address: 1 City Ctr	Phone: 320-762-2000
Business Name:	Contractor Name: Rural Cellular Corp.	Contractor Address: 233 Oxford Street Portland	Phone: 2078280023
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: <b>B3</b>

Past Use: Rooftop Media Dish Tower/Office Complex	Proposed Use: Rooftop Media Dish Tower/Office Complex with two updated microwave dishes	Permit Fee: \$93.00	Cost of Work: \$10,000.00	CEO District: 1
Proposed Project Description: Replace Two Existing Microwave Dishes on Tower with Two smaller dishes		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: <i>Expired permit Application</i>	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: gad	Date Applied For: 04/14/2003	<b>Zoning Approval</b>		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland <i>OK per IA-430</i></p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>OK 4/10/03</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE