City of Portland, Maine - Buil	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	,	, Fax: (207) 874-8		2013-02789	<u> </u>	032 L002001	
Location of Construction: 1 CITY CTR ONE CITY CT ASSOCIATES			Owner Address: ONE CITY CENTER PORTLAND ME 04101		Phone: (207) 871-1080		
Business Name: Contractor Nam Viewpoint Si rstgermain@			Contractor Address: 35 Lyman Street Northboro MA 01532			Phone (508) 393-8200	
Lessee/Buyer's Name Phone:			Permit Type: Signs - Permanent			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Office & retail showroom Office &		etail showroom		\$82.80 INSPECTION:		\$0.00 2	
Proposed Project Description:				20110.11			
Install three banners - each one is 10)1 5" x 12"						
instant times builders — such one is re		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conc			(P.A.D.)		
					ed w/Conditions Denied		
D 477 L D	-E-4 F		Signature: Date:				
·	oplied For: 5/2013		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	1
		Shoreland		☐ Varianc	e	Not in District or Lan	dmar
 Building permits do not include plumbing, septic or electrical work. 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 		Wetland		Miscell	aneous	Does Not Require Re	view
		Flood Zone		Condition	onal Use	Requires Review	
		Ging Subdivision		☐ Interpretation		Approved	
		Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor Minor N	ММ [☐ Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representa	s ative
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE