

Location of Construction: 40 Wharf St		Owner: Joe Foley/Monopoly, Inc.		Phone:	
Owner Address:		Leasee/Buyer's Name: T.O.M. Salomey Plaza		Phone:	
Contractor Name: Burr Signs		Address:		Phone:	
Past Use: Restaurant		Proposed Use: Same		COST OF WORK: \$	
				PERMIT FEE: \$ 29.00	
				INSPECTION: Use Group: <i>U</i> Type:	
				Signature: <i>[Signature]</i>	
Proposed Project Description: Direct Signage (20 sq ft total)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/>	
				Approved with Conditions: <input type="checkbox"/>	
				Denied: <input type="checkbox"/>	
Permit Taken By: <i>Zory Gresh</i>		Date Applied For: 16 Oct 95		Signature: _____ Date: _____	

Permit No: **951140**

**PERMIT ISSUED**

Permit Issued:

**NOV - 1 1995**

**CITY OF PORTLAND**

Zone: *2* CBL: *32-V-018*

Zoning Approval: *[Signature]*

**Special Zone or Reviews:**

Shoreland

Wetland

Flood Zone

Subdivision

Site Plan maj  minor  mm

**Zoning Appeal**

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

**Historic Preservation**

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *11/16/95*

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

**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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *Bill Berman* ADDRESS: \_\_\_\_\_ DATE: 16 Oct 95 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT 2