City of Portland,		_		1011	ermit No: 01-1340	Issue Date	i pan	CBL:	204001	
389 Congress Street Location of Construction			5, Fax: (207) 874-8					034 D0	004001	
137 Preble St		Owner Name:	Grapheteria		er Addres:	LTY OF P	PORTLA		2700	
Business Name:			Contractor Name:		144 Preble street Y UF PURILA 24-172-3709 Contractor Address: Phone					
			Sign Design		actor Addres	s:	İ	Phone	1	
			Phone:						Zone:	
n/a		n/a							173-5	
Past Use: Propo		Proposed Use:	Proposed Use:		nit Fee:	Cost of Wor	k. CEC	O District:	+ ****	
Commercial / Bookland			Commercial / Graphic Shop		\$0.00 1 FIRE DEPT: Approved INSPECTION:			1 DN:	Туре: 57	
					1/1	☐ Denied	120	S A. 199	7.90.0 C	
Proposed Project Descrip	tion					•	Ba	<i>F</i> • • •	- 7	
One 4' x 12' Sign & One 3' x 6' Sign				Signatura			Bock 1949 Signature: T. Municolaria (P.A.D.)			
One + k 12 bigii & c	one o x o i	Jign .			Signature:			ICT (P.A.D.)		
Replacements					Action: Approved Approved w/Conditions Denied					
				Signature:			Date:			
Permit Taken By:	I	Pate Applied For:		Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoning Appeal		I	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland		☐ Variance			Not in District or Landma		
2. Building permits septic or electrical		lude plumbing,	Wetland		Miscellaneous			Does Not Require Review		
3. Building permits	are void if	work is not started date of issuance.			Conditional Use			Requires Review		
False information permit and stop a		lidate a building	Subdivision		Interpretation			Approved		
			Site Plan		Appro	ved		Approved w/	Conditions	
			Maj Minor MM		Denied			Denied Denied		
	Date: 0		>ate:		Date:	Date:				
			10/	32/01						
I hereby certify that I a	am the owr	ner of record of the na	CERTIFICA med property, or tha		posed work	is authorized	by the own	ner of reco	rd and that	
I have been authorized jurisdiction. In additional shall have the authority such permit.	on, if a peri	mit for work described	d in the application i	s issued,	I certify tha	t the code off	ficial's author	orized repr	resentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE			PHC	ONE	

3/17/08 Avri.