| City of Portland, Maine - Build 389 Congress Street, 04101 Tel: (2)  | _  |                                      |                                      | re   | 08-0605                                     | Issue Dat                   | e:                       | 034A B0                            | 01001                |
|--|--|--------------------------------------|--------------------------------------|--|---|-----------------------------|--------------------------|------------------------------------|----------------------|
| Location of Construction:<br>84 MARGINAL WAY   | tion of Construction: Owner Name:                                    |                                      |                                      | Owner Address:<br>50 PORTLAND PIER STE 400   |   | Phone: 207-553-2000         |                          |                                    |                      |
| Business Name: Contracto<br>NeoKraf  |  |                                      |                                      | Contractor Address:<br>686 Main St. Lewiston |   |                             |                          | Phone 2077829654                   |                      |
| Lessee/Buyer's Name Phone:   |  |                                      | Permit Type: Signs - Permanent       |  | t   | Zo                          |                          | Zone:                              |                      |
| Past Use:  Commercial - Drummond Woodsum (temamt fit up #080441)  Proposed Use: Commercial - D Woodsum - Ins   |  | Orummond<br>stall One 92' sq ft sign |                                      | _  | Permit Fee: Cos: \$214.00 Cos: \$214.00 Den |                             | INSPEC<br>Use Gro        |                                    | Туре                 |
| Proposed Project Description: Install One 92' sq ft sign (30'7" x 3')  |  |                                      |                                      | Actio  | on Approv                                   |                             | oroved w/                | C.A.D.) Condition                  | Denied               |
| -  | pplied For:<br>2/2008  | Signature:  Zoning Approval          |                                      |  |   | Date:                       |                          |                                    |                      |
| This permit application does not   |  | Special Zone or Revie                |                                      | ews  | ws Zoning Appeal                            |                             |                          | Historic Preservation              |                      |
| Applicant(s) from meeting application from Federal Rules.  | •  | Shoreland                            |                                      |  | Variance                                    |                             |                          | ☐ Not in District or Landm         |                      |
| 2. Building permits do not include particles or electrical work.   | uilding permits do not include plumbing,<br>ptic or electrical work. |                                      | etland                               | Miscellaneous                                |   |                             | Does Not Require Revie   |                                    |                      |
| 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            |  | Flood Zon                            |                                      |  | Conditional Us                              |                             |                          | Requires Review                    |                      |
|  |  | Subdivision                          |                                      |  | ☐ Interpretatio                             |                             | [                        | Approved                           |                      |
|  |  | Si                                   | te Plan                              | Approved                                     |   |                             | Approved w/Condition     |                                    |                      |
|  |  |                                      | Maj 🔲 Mino 🔲 MM                      |  | Denied                                      |                             |                          | ☐ Denied                           |                      |
|  |  | Date:                                |                                      |  | Date:                                       |                             | Da                       | ite:                               |                      |
| I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit. | o make this appli<br>or work described                               | med proication and the second        | as his authorized application is iss | ne prop<br>l agen<br>sued, I                 | t and I agree to certify that the           | o conform t<br>e code offic | to all app<br>cial's aut | plicable laws of<br>horized repres | of this<br>sentative |
| SIGNATURE OF APPLICAN  |  |                                      | ADDRESS                              | S  |   | DATE                        | E                        | PI                                 | НО                   |

| Location of Construction:  84 MARGINAL WAY  Owner Name:  ATLANTIC BAYSIDE |             | E TRUST LLC                                     | Owner Address:<br>50 PORTLAND PIER STE 400 |  | Phone: 207-553-2000 |                             |
|---|-------------|---|--|--|---------------------|-----------------------------|
| Business Name:  |             | Contractor Name:<br>NeoKraft Signs              |  | Contractor Address:<br>686 Main St. Lewiston |                     | Phone<br>2077829654         |
| Lessee/Buyer's Name   |             | Phone:  |  | Permit Type: Signs - Permanent               |                     | Zoi                         |
| Dept: Zoning Note:  1) This permit is being a work.                       |             | Approved with Condition the basis of plans subm |  | : Ann Machado iations shall require a sepa   |                     | Ok to Issue:                |
| Dept: Building Note:  | Status:     | Pending   | Reviewer                                   | : Residential Plan Revie                     | Approval Dat        | te:<br>Ok to Issue:         |
| Dept: Planning Note:  | Status:     | Approved  | Reviewer                                   | : Rick Knowland                              | Approval Dat        | te: 06/19/2<br>Ok to Issue: |
| Comments:<br>6/16/2008-amachado: Plea                                     | ase wait to | issue the permit until you                      | get Rick Know                              | land's OK.                                   |                     |                             |
|   |             |   |  |  |                     |                             |
|   |             |   |  |  |                     |                             |
|   |             |   |  |  |                     |                             |
|   |             |   |  |  |                     |                             |
|   |             |   |  |  |                     |                             |

## **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 APPLICAN                    | ADDRESS | DATE | PHO |
|--|---------|------|-----|
|  |         |      |     |
|  |         |      |     |
| DECDONCIBLE DEDCON IN CHARGE OF WORK TIT |         | DATE | DHU |