

Sign Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

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Location/Address: 561 longress St. Portland, ME 04101	
Tax Assessor's Chart/Block/Lot (CBL) OWNER Name/Address:	Telephone: 207. 741. 0660
Chart: Block: Lot: Peter Pachions	E-Mail: dyallaro @ Salt. eda
LEASEE/BUYER Name (if Applicable) CONTRACTOR name, address/phone (S.F. fee + Sign F	Total S.F. signage \$ (SF='x \$2.00) Sign Fee: \$ (Sidewalk=\$25) (Regular = \$30) ee) =TOTAL FEE: \$
Who should we contact when the permit is ready: Name: Donna Gallano Address 561 Conjust 8- portland just 64/01	Phone: Wt. Hl. 0660 E-Mail: Agalluri @ Salt.
Tenant/allocated building space frontage (in feet): Length:	Height: 114 Sinches
Lot frontage (in feet): Single Tenant or Multi-Tenant Lot:	1/1
Current Property Specific Use: Salt Inshitte for Dewmunt If vacant, what was prior use: Proposed Use:	0
Information on proposed sign(s)	5 (sf); Height from grade: 3.5 sf
A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.	
Please submit all information outlined in the Sign/Awning Application Checklist. Failure t	o do so may result in the denial of your permit.
In order to be sure the City fully understands the full scope of the project, the Planning and Develor information prior to the issuance of a permit. For further information, visit us on-line at <u>WWW.Planspections Office</u> , room 315 City Hall, or call 207-874-8703.	
I hereby certify I am the Owner of record of the named property, or that the owner of record authorized by the owner to make this application as his/her authorized agent. I agree to conform addition, if a permit for work described in this application is issued, I certify that the Code Officia authority to enter all areas covered by this permit at any reasonable hour to enforce the provision	to all applicable laws of this jurisdiction. In I's authorized representative shall have the
Signature of Applicant:	Date: 9/25/13
Donna M. Gadlagas Exce Dir	1 - 1