

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080115

Please Read Application And Notes, If Any, Attached

This is to certify that RING ISLAND LLC / Brown signs has permission to install (1) 26" x 33" hanging on existing brackets AT 545 CONGRESS ST

provided that the person or persons firm or organization accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or services are provided. 4 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

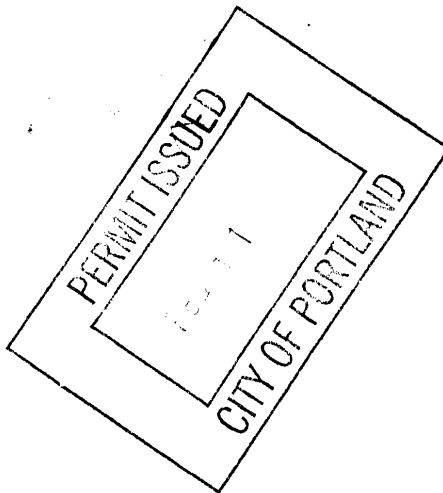
OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board Other Department Name

Handwritten signature and date 2/11/08

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0115	Issue Date:	CBL: 037 C01701C
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Location of Construction: 545 CONGRESS ST	Owner Name: RING ISLAND LLC	Owner Address: PO BOX 6799	Phone:
Business Name:	Contractor Name: Brown Signs	Contractor Address: 46 River Road Chelsea 2460 394	Phone 2334 2076336849
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

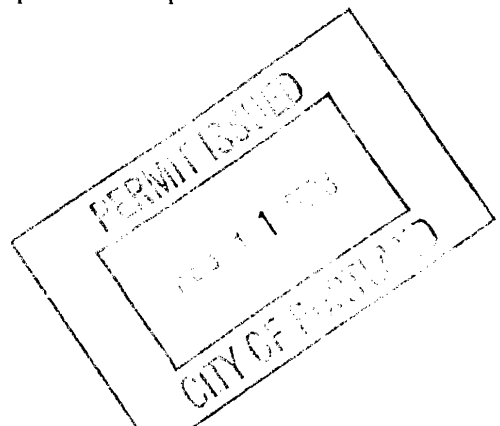
Past Use: Commercial - Cadillac Mt Sports	Proposed Use: Commercial - Gleason Fine Art - install (1) 26" x 33" hanging sign on existing brackett	Permit Fee: \$77.00	Cost of Work: \$77.00	CEO District: 1
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Proposed Project Description: install (1) 26" x 33" hanging sign on existing brackett	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: U Type: Sign IBC 2003 Signature: <i>[Signature]</i>
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Permit Taken By: Idobson	Date Applied For: 02/05/2008	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- 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..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>2/7/08</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation 2/7/08 <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>2/7/08</i> <i>Dr. Andrews</i>
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE