						PERMIT ISSUED				
City of Portland, M	Iaine - Buil	ding or Use	Permi	t Application	on Pe	mit No: Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (2					l l	01-11387 2 3 2001		037 H01	3001	
Location of Construction:		Owner Name:			Owner Address:			Phone:		
504 Congress St		Kaplan 504 Llc			49 Ocean Ave () F PORTIAND 207-774-9492				492	
Business Name:		Contractor Name:			Contractor Address: Phone					
The Barn, Inc.		Sign Design			72 Bridge St Westbrook 2078562600				00	
essee/Buyer's Name		Phone:		Permi	Permit Type:			Zone: 2		
Dan Lajoie		n/a		1	Sign	Signs - Permanent			V	
'ast Use:		Proposed Use:	•	Perm	it Fee: Cost of Work:	CEO District:				
Comm. Vacant		Comm. Retail: Sign Permit Only: To Erect 180 SqFt of Signage			\$0.00 2					
'roposed Project Description:			orginage		FIRE	Approved Us	SPECTION SE Group: PERM	SISISISISISISISISISISISISISISISISISISI	A GU ENTS 2 m	
Erect 180 SqFt of Signage					Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			77		
					Action: Approved Approved w/Conditions Chemied Signature: D. Audhulz Date: 10/22/67					
Permit Taken By: Date Applied For: 09/14/2001		=			Zoning Approval ()					
<u> </u>			Spe	ecial Zone or Rev	iews Zoning Appeal		Historic Preservation			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			Variance	Not in District or Landmar			
2. Building permits do not include plumbing, septic or electrical work.			Wetland			☐ Miscellaneous	Does Not Require		iire Review	
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			_ F	ood Zone	4	Conditional Use	Requires Review		·w	
			☐ Su	ibdivision NexdS	Interpretation		Approved			
			☐ Si	te Plan	ر دوعه سوراها	Approved	A ₁	pproved w/C	onditions	
			Maj [4 🗍	☐ Denied	D	enied	A_{\cdot}	
			Date:	9 9/21	0	Date:	Date:		9/21	
				ι		PER WITH F	MIT ISS REQUIR	SUED EMENTS	ı	
I have been authorized by jurisdiction. In addition	y the owner to, if a permit fo	make this appli r work describe	med proication a	as his authorize application is	the prop ed agen issued,	posed work is authorized by t and I agree to conform to a I certify that the code official to the provision to enforce the provision	ll applica l's authoi	ble laws or	f this sentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE			
DESDONSIDI E DEDSON IN	I CHARCE OF W	ODK TITLE				DATE		DHON		