

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 081103

This is to certify that SOUTHERN MAINE PROPERTIES CO./Seabrook Signs

has permission to Install 2 new signs

AT 10 FREE ST 038 A001002

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 altered or closed-in. 24 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	

PERMIT ISSUED
SEP 30 2008
Department Name
CITY OF PORTLAND

[Signature] 9/20/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

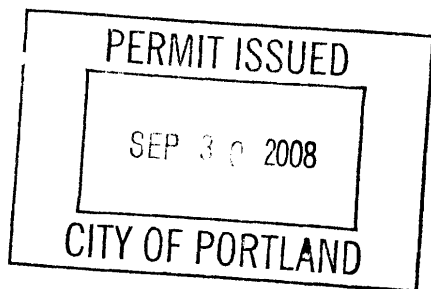
Permit No: 08-1103		Issue Date: 9/30/08		CBL: 038 A001002	
Location of Construction: 10 FREE ST		Owner Name: SOUTHERN MAINE PROPRTIE		Owner Address: 5 MILK ST	
Business Name: Arabica Coffee Co.		Contractor Name: Scarboro Signs		Contractor Address: 680 US Rt. 1 Scarborough	
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Permanent	
				Zone: B-3	

Past Use: Commercial - Coffee Shop (Restaurant) "Arabica Coffee Co." (Change of use #08-1087)		Proposed Use: Commercial - Coffee Shop (Restaurant) "Arabica Coffee Co." - Install 2 new signs		Permit Fee: \$117.00	
				Cost of Work: \$117.00	
				CEO District: 1	

Proposed Project Description: Install 2 new signs		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: M Signature: [Signature] Type: [Signature] IBC-2003	
		Signature:		Signature: [Signature] 9/29/08	

Permit Taken By: Idobson		Date Applied For: 09/03/2008		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
				Signature: D. Andrews Date: 9/29/08	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>		Special Zone or Reviews		Zoning Appeal		Historic Preservation	
		<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"/> OK w/condition Date: 9/14/08 ABM		<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:		<input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied ABM Date:	



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