

Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND** Please Read B STION Application And Notes, If Any, Permit Number: 020849 PERMI Attached This is to certify that_ **Bcia New England Holdings** /Applic

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Erect a 36' x 24'' Sidewalk Si has permission to _

AT 481 Fore St

Fire Dept. Health Dept.

Other _

Appeal Board_

provided that the person or persons, of the provisions of the Statutes of A the construction, maintenance and u this department.

Apply to Public Works for street line ADDIG ROP INIT WORK WORK TERVINA anchine mathematicature of work requires such information.

OTHER REQUIRED APPROVALS

Department Name

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A certificate of occupancy must be

PERMIT

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PORTABLE SIDEWALK SIGN L PENALTY FOR REMOVING THIS C.

038 B003001

EXPIRES

8/4/04 Close allow

City of Fortland, Walle Duffing of Ose Fermit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Docation of Construction: Owner Name: 481 Fore St Bcia New England Holdings Llc Business Name: Contractor Name: Applicant Portland Lessee/Buyer's Name Phone: Past Use: Proposed Use: Retail Space Proposed Use: Retail Space Retail Space Promit Fee: Cost of Work: CEO District: Signature: Signature: Approved INSPECTION: Use Group: Signature: Date Applied For: gad 07/25/2002 1. This permit application does not preclude the App						RMIT IS	SUE			
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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