

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

CONSTRUCTION

PERMIT

Permit Number: 020849

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Bcia New England Holdings / Applicant
has permission to Erect a 36' x 24' Sidewalk Sign
AT 481 Fore St 038 B003001

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 information. If work requires
such information.

No
Application inspection must
be made and written permission procured
before this building or part thereof
is closed or enclosed-in.
HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be

OTHER REQUIRED APPROVALS
Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

PERMIT

CITY OF PORTLAND, MAINE
PORTABLE SIDEWALK SIGN

PENALTY FOR REMOVING THIS C

02-0849

EXPIRES 07/11/12

8/4/04

Close.

A Howe

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 020849	Issue Date: AUG 1 2002	CBL: 038 B003001
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Location of Construction: 481 Fore St	Owner Name: Bcia New England Holdings Llc
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Owner Address: One Boston Place Suite 2100	Phone: 207-6000
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Business Name:	Contractor Name: Applicant
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Contractor Address: Portland	Phone:
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Lessee/Buyer's Name	Phone:
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Permit Type: Signs - Side Walk	Zone: B-3
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Past Use: Retail Space	Proposed Use: Retail Space
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Permit Fee: \$36.00	Cost of Work: \$36.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>BOCA 99</i> Signature: <i>[Signature]</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Denied
Signature:	Date:	

Permit Taken By: gad	Date Applied For: 07/25/2002	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"/> <i>Not a Zoning Issue</i> Date: <i>7/30/02</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 <input type="checkbox"/> Not in District or Landmark <input checked="" 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 Date: <i>7/21/02</i>

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