259 Crumic,
Portland, Maine - Building or Use P

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portland, Ma 389 Congress Street, 04		O			1	01-0879	Issue Date:		CBL: 038 F0096	001	
Location of Construction: Owner Name:						Owner Address:			Phone:		
456 Fore St		Harbor Plaza Associates Ii			Po Box 3572				207-761-2881		
Business Name:	Contractor Name:						7 1/				
Maine Employers Mutual Ins. Co.		Bailey Sign Company Inc.			9 Thomas Drive Westbrook				2077742843	3	
Lessee/Buyer's Name		Phone:			Permit Type:			<u> </u>	ene:		
Maine Employers Mutual Ins. Co.		n/a			Signs - Permanent				6-5		
Past Use:		Proposed Use:			Permit Fee: Cost of Work:			: CE	CEO District:		
Comm. Office		Same: Replace 208 SqFt of Existing) \$0.00 \ 1						
		Signage w/ 206 SqFt to Reflect			Approved			INSPECTI			
		Name Change					Denied	Use Group	Signagn	pe:	
						businged			ISSUE!)	
								BOEN	WACKING THE STATE OF THE STATE	MIS	
Proposed Project Description:					WIZH B				THE THE		
Replace 208 SqFt of Existing Signage w/ 206 SqFt to			Reflect Name Change						Framuel Affre		
				PEDESTRIAN ACTIVITIES DISTRIC				.1 (P.A.D.)			
					Action: Approved Approved			roved w/Cor	d w/Conditions		
				Signature:			Da	Date: 8/21/1			
Permit Taken By:					Zoning Approval			1			
cih	7/2001							THE CONTRACTOR OF THE CONTRACT			
			Special Zone or Revie				g Appeal	Historic Preservation			
			Sh	oreland		Variance			Not in District o	ır Landmark	
			w	etland		☐ Miscellan	eous		Does Not Requi	re Review	
			☐ Fk	ood Zone		Condition	al Use		Requires Review	V	
			☐ Su	bdivision		Interpreta	tion		Approved		
			☐ Sit	te Plan		Approved			Approved w/Cor	nditions	
			Maj [Minor MM	5) >/	Denied			Denied A	a X	
			Date:	7/20	101	Date:		Date.	$=$ 7 $^{\prime}$	10	
				' / /	' '		21	MA.	SECTION INFO	01	
				CERTIFICATIO							
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if shall have the authority to exact permit.	he owner to a permit fo	o make this appli or work described	cation a	as his authorized application is is	l agent sued, l	t and I agree to I certify that th	o conform to ne code offic	o all appli cial's auth	icable laws of norized repres	this entative	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		

DATE

PHONE