

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: XXXXXXXX 48 Free St		Owner: Cotton St Associates		Phone:	
Owner Address:		Lessee/Buyer's Name: Harvard Pilgrim Health Care		Phone:	
Contractor Name: Sign Solutions		Address: 75 Bishop St Ptld, ME 04103		Phone: 878-8000	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ _____ PERMIT FEE: \$ 35.40 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Sign Use Group: Type: MOCAG Signature: <i>[Signature]</i>	
Proposed Project Description: Erect Signage 52 Sq Ft		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Permit Taken By: Mary Gresik		Date Applied For: 04 December 1997			

Permit No: 981116

PERMIT ISSUED

SEP 29 1998

CITY OF PORTLAND

Zone: CBL: 038-I-018

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: *[Signature]*
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]* 12/17/98

[Signature]

- 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..

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 provisions of the code(s) applicable to such permit

[Signature]
 SIGNATURE OF APPLICANT Kyle Noyes ADDRESS: _____ DATE: 04 December 1997 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 1
AR/DC