

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

Location of Construction: 110 Free St.		Owner: Associated Hospital Services of Maine		Phone: 822-7000		Permit No: 000636 PERMIT ISSUED Permit Issued: JUN 14 2000 CITY OF PORTLAND Zone: B-3 CBL: 039-C-001 Zoning Approval: <i>[Signature]</i> 5/26/00 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"/>
Owner Address: 2 Gannet Dr. So. Portland 04106		Lessee/Buyer's Name: Anthem		Phone:		
Contractor Name: ** Bailey Sign Company		Address: ** 9 Thomas Dr. Westbrook 04092		Phone:		
Past Use: Insurance XXX company		Proposed Use: same		COST OF WORK: \$ PERMIT FEE: \$ 66.20 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <i>39099</i> Use Group: Type: <i>BOC 499</i> Signature: <i>[Signature]</i>		
Proposed Project Description: changes signage to reflect name change - from Blue Cross Blue shield to Anthem				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>D. Andrews</i> Date: <i>6/13/00</i>		
Permit Taken By: KA		Date Applied For: May 25, 2000 JF				

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

CONDITION: Letter size to be reduced to 36" letter

PERMIT ISSUED WITH REQUIREMENTS

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 OF APPLICANT _____ ADDRESS: _____ DATE: May 25, 2000 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

PERMIT ISSUED WITH REQUIREMENTS
NO DISTRICT