City of Portland, Maine - Build	_			Per	mit No: 06-1508	Issue Dat	e:	CBL:	7001
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87			207) 874-8716				053 D007001		
Location of Construction:  2 BRAMHALL ST  Owner Name:  MAINE MEDIC			Owner Address: 22 BRAMHALL ST			Phone:			
Business Name:	Contractor Nan	ne:		Contractor Address: 22 Bramhall Portland				Phone	
	Maine Med							2076622013	
Lessee/Buyer's Name	ee/Buyer's Name Phone:			Permit Type: Signs - Permanent			Zone:		
Past Use:	Proposed Use:	T : 1 : . 110		Permi	Permit Fee: Cost of Wo				
Commercial/ Hospital		Hospital- install 2 : 19' & 1-3.5' x 9.5'					62.00 2		
	banners 1- / X			FIRE	<u></u>	, ripproved	INSPEC Use Gro		Туре
						Denied			
Proposed Project Description:									
install 2 banners 1-7' x 19' & 1-3.5' x 9	0.5'			Signatu	ıre:		Signatur	e:	
				PEDESTRIAN ACTIVITIES DISTRIC				<u> </u>	
				Action	n Approv	ved App	proved w/	Condition	Denied
				Signati	ure:			Date:	
-	Applied For: 3/2006				Zoning Approval				
This permit application does not	preclude the	Spec	ial Zone or Revi	ews	ews Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			☐ Variance			☐ Not in District or Landm	
2. Building permits do not include permits or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Revie	
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		☐ Flood Zon			Conditional Us			Requires Review	
		Subdivision			☐ Interpretatio			Approved	
		☐ Si	te Plan		Approve	ed		Approved w	/Condition
			Maj Mino MM		Denied			☐ Denied	
		Date:			Date:		Da	te:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all art to such permit.	o make this appl or work described	med proication a	as his authorized application is iss	ne prope l agent sued, I d	and I agree t certify that th	o conform t se code offic	o all app cial's auti	olicable laws of horized repres	of this sentative
SIGNATURE OF APPLICAN			ADDRESS	S		DATE	;	Pl	НО

ocation of Construction: 2 BRAMHALL ST	L ST MAINE MEDICAL CENTER		Owner Address: 22 BRAMHALL ST	Phone: Phone 2076622013	
Business Name:			Contractor Address: 22 Bramhall Portland		
essee/Buyer's Name	Phone:		Permit Type: Signs - Permanent		Zone:
Note: temporary banner revie  1) * Request for special excep	otion to allow temporary bann	ners to be in place		Approval Da	Ok to Issue:
Dept: Zoning State Note: 10/27/26 to D. A. To rev only one temp. Banner	view under 14-368.5.g - tempo	Reviewer:	Marge Schmuckal	<b>Approval Da</b> ger than 4' x8' -	te: 10/27/2006 Ok to Issue:
Note:	us: Approved with Conditional of the IBC		•	Approval Da	te: 11/03/2006 Ok to Issue: ☑
Note:			•		
Note:			•		
Note:			•		
Note:			•		
Dept: Building State Note:  1) Signage Installation to comp			•		

## **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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO