Location of Construction: 22 BRAMHALL ST	Owner Name:							053 D00	1/001	
Location of Construction:  22 BRAMHALL ST  Owner Name:  MAINE MEDIC				Owner Address: 22 BRAMHALL ST		Phone:				
Business Name:	Contractor Name:			Contractor Address: 686 Main St. Lewiston				Phone 2077829654		
NeoKraft Sign Lessee/Buyer's Name Phone:		Permit Type: Signs - Permanent		Zone:						
Past Use: Commercial Parking Garage along Congress St- connected w/ permit#041451		Proposed Use:  Commercial - Parking Garage alon  Congress St- 6' x 23' 7" Permit sign		Permi	\$314.00 DEPT:	Cost of Wo \$3 Approved Denied	rk: 0 14.00 INSPEC Use Gro		Туре	
<b>Proposed Project Description:</b> Parking Garage - 6' x 23' 7" Permit sig	;n			Signature: PEDESTRIAN ACTIVITIES DISTRI				Signature: RICT (P.A.D.)		
			Action Approved Approv			proved w/0	ved w/Condition Denied			
				Signatu	ure:			Date:		
rmit Taken By: Date Applied For: 08/19/2009				Zoning Approval						
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.		Special Zone or Reviews  Shoreland			Zoning Appeal  Variance			Historic Preservation  Not in District or Landn		
		☐ 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.		☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			ubdivision		☐ Interpretatio			Approved		
		☐ Si	te Plan	Approved				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 jurisdiction. In addition, if a permit f shall have the authority to enter all a to such permit.	to make this appli or work described	med proication a	as his authorized application is iss	ne prope d agent sued, I o	and I agree t certify that th	o conform to ne code offic	o all app cial's aut	olicable laws of horized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRES:	S		DATE	,	P	НО	

Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL C	CENTER	Owner Address: 22 BRAMHALL ST	Phone:	Phone:	
Business Name:	Contractor Name: NeoKraft Signs		Contractor Address: 686 Main St. Lewiston	<b>Phone</b> 2077829654		
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent	••		

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Marge Schmuckal
 Approval Date:
 08/27/2009

 Note:
 Ok to Issue:
 ✓

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Chris Hanson
 Approval Date:
 08/31/2009

 Note:
 Ok to Issue:
 ✓

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

2) Encroachments into public ways must be 8' above grade as per section 3202 of IBC 2003.

## **Comments:**

8/27/2009-mes: This sign actually meets the R-6 underlying zone for the garage entry along Congress Street under Institutional Uses in the R-6 Zone (not more than 5% of wall area) - discussed with Jean

## 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