

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

Location of Construction: 66 Bramhall St

Owner Address: 66 Bramhall St

Contractor Name: Kasekratic Sign Co.

Permit Type: Medical Building

Proposed Project Description: Erect Signage (51.6 sq ft)

Permit Taken By: Mary Greath

Date Applied For: 15 March 1996

Signature: [Signature]

Address: 686 Main St Lewiston, ME 04240

Proposed Use: Signs

Cost of Work: \$ 772-1544

Permit Fee: \$ 35.12

Inspection: Use Class B Type 20

Signature: [Signature]

Fire Dept: Approved Denied

Pedestrian Activities District: Approved Denied

Zone: CB1 54-B-6

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature] 3/20/96

Special Zoned: [Signature]

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Permit No: 960185

PERMIT ISSUED

MAR 20 1996

CITY OF PORTLAND

Zone: CB1 54-B-6

Special Zoned: [Signature]

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

Sign Plan: Yes No

Zone Approval: [Signature]

Special Zoned: Yes No

Subdivision: Yes No

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, areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: [Signature]

Name: Peter Murphy

ADDRESS:

DATE: 15 March 1996

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE:

PHONE:

Write-Permit Desk Green-Assessor's Casey-D.P.W. Public-Permit File Ivory Card-Inspector

CEO DISTRICT

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A. Simpson