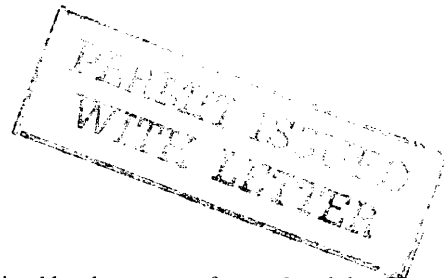


Location of Construction: 64 Pine St		Owner: New Atlantic Foods Limited		Phone:		Permit No 970089	
Owner Address:		Lessee/Buyer's Name: Aurora Provisions		Phone:		BusinessName:	
Contractor Name: Taylor Sign		Address: 142 High St Rm 619 Ptld, ME 04101		Phone: 774-7652		Permit Issued: FEB - 4 1997	
Past Use: Market/Cafe		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 31.40	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: <i>B-1</i>	
Proposed Project Description: Erect Signage 32 Sq Ft				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <i>[Signature]</i> 2/4/97	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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"/>	
Permit Taken By: Mary Gresik		Date Applied For: 30 January 1997				Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

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..



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: *[Signature]* Anthony Taylor
 ADDRESS: *Rm 619, 142 High Street*
 DATE: 30 January 1997
 PHONE: 774 7652

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
FEB - 4 1997
CITY OF PORTLAND

Zone: *B-1* CBL: 056-C-002

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *2/3/97*

[Signature]

CEO DISTRICT **3**
T. Morrison