						PERM	IIT ISSI	JED	7				
City of Portland, Maine - Building or Use 389 Congress Street, 04101 Tel: (207) 874-8703										CBL: 065 A003001			
Location of Construction: Owner Name:					Owner Address:				Phone:				
340 Park Ave		Oly Realty One Llc			710 Route - 46 East Ste ROLFAND			n/a					
Business Name:		Contractor Name:			Contractor Address:			Phone					
		Bird-Omni Sig	Bird-Omni Signs			185 Waukewan St. Meredith				2072791492			
Lessee/Buyer's Name		Phone:			Permit Type:			}2		Zone:			
n/a		n/a		]	Signs - Permanent					18-6			
Past Use:		Proposed Use:			Permit Fee: Cost of Work:			rk:	CEC	7			
Commercial / Hotel			Same: Erect Signage. Call Linda at 603-279-1492 when ready.		\$0.00 3  FIRE DEPT: Approved Use Group: Type Denied PERMIT ISSUED WITH REQUIREMENTS.					nagy Type:			
	<u> </u>				WITHEREORIE					189			
Proposed Project Description:							171		\ /	) /7	541		
Erect Signage Per Plans. SqFt totalling 216.75'					Signature:			Signati	Signature former / //				
						PEDESTRIAN ACTIVITIES DISTRIC				T (P.A.D.)			
									ved w/Conditions				
					Signature:				Date:				
Permit Taken By:	Taken By: Date Applied For: 06/11/2001			Zoning Approval									
1. This permit application does not preclude the			Spe	cial Zone or Revi	ews Zoning Appeal				Histopic Preservation				
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance			ot in District or Landmark				
2. Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			Does Not Require Review				
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 Zone			Conditional Use			Requires Review				
			∏ Sı	abdivision	[ Interpretation				Approved				
			☐ Si	te Plan		Approv	ed			Approved w/0	Conditions		
			Maj [	Minor MM	1 Denied				Denied Denied				
				11	Date:			D	Date:				
				6 (18/0/			W	PERM TH RE	IT I QU'	SSUED IREMENT	rs		
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the owner of the owner	to make this appli or work described	med proication a	as his authorized application is is	ne prop d agen ssued,	t and I agree I certify that	to conform the code of	to all ap	pplic autho	able laws orized repro	of this esentative		
SIGNATURE OF APPLICANT				ADDRES	S	DATE			PHONE				
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE				PHO	NE		