City of Portland, Maine	<b>Building or Use</b>	Dormit Applicat	ion Pe	rmit No:	Issue Date:	CBL:
389 Congress Street, 04101	e			013-02433		065 A015001
Location of Construction:	Owner Name:	, I'ax. (207) 874-8	Owner A			Phone:
959 CONGRESS ST M A C REALT				COMMERCIAL ST STE 2A		(207) 699-5588
				LAND, ME (	(207) 055 3500	
Business Name: Contractor Name:		: Contract		or Address:		Phone
	Sign One signone@main	Sign One signone@maine.rr		10 Greta Way Falmouth ME 04105		(207) 878-1177
Lessee/Buyer's Name	ssee/Buyer's Name Phone:		Permit Type:		Zone:	
			Signs - Permanent		B2	
Past Use:	Proposed Use:	-		'ee:	Cost of Work:	CEO District:
Insurance office	Chiropractic C	Chiropractic Office		\$254.00 FION:	\$0	0.00 4
<b>Proposed Project Description:</b> install one building sign - 4' 1 56 sf & the other at 29.4 sf	anidn signs - one at	idn signs - one at PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved Approved w/Conditions Denied			
		Signature:			Date:	
Permit Taken By:Date Applied For:bjs10/29/2013			Zoning Approval			
		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Uariance		Not 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 within six (6) months of t	Flood Zone		Conditional Use		Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpre	tation	Approved
		Site Plan		Approve	ed	Approved w/Conditions
		Maj 🗌 Minor 🗌 M	MM	Denied		Denied
		Date:		Date:		Date:

## 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 APPLICANT	ADDRESS	DATE	PHONE
DESDONSIDI E DEDSON IN CUADCE OF WORK TITLE		DATE	DUONE