

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

Permit No: 06-1470	Issue Date:	CBL: 065 E004001
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Location of Construction: 270 PARK AVE	Owner Name: MEDICAL SERVICES FEDERAL	Owner Address: PO BOX 10659	Phone:
Business Name: Tru Choice	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: 2077742843
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: RP

<b>Fast Use:</b> Commercial - credit union	<b>Proposed Use:</b> Commercial- Signs for Tru Choice FCU - 1 wall sign 2'10" x 6'4" & 1 - free standing sign with one panel 6' x 2'8" and one panel 6' x 2'4".	Permit Fee: \$126.00	Cost of Work: \$126.00	CEO District: 1
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<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>N/A</i>	<b>INSPECTION:</b> Use Group: U Type: Sign Signature: <i>IBC 2003</i>
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**Proposed Project Description:** *denied - not allowed in RP*  
 Signs for Tru Choice FCU - 1 wall sign 2'10" x 6'4" & 1 - free standing sign with one panel 6' x 2'8" and one panel 6' x 2'4".

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

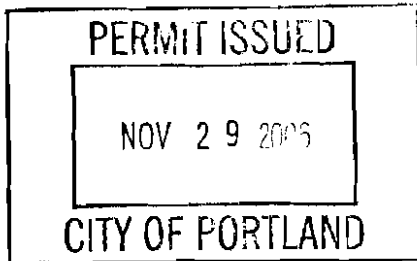
Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Klobson	Date Applied For: 10/05/2006	<b>Zoning Approval</b>
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- 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.
- 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..

<b>Special Zone or Reviews</b> <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"/> Date: <i>11/1/06</i>	<b>Zoning Appeal</b> <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 Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>ABW</i>
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**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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE