	y of Portland, Maine -	- C			Per	rmit No: 09-0631	Issue Dat	e:	CBL: 073 A00	01001	
389 Congress Street, 04101 Tel: (207) 874-8703, Location of Construction: Owner Name:			Fax: (2	207) 874-8716	Owner Address:			Phone:			
175 FORE RIVER PKWY MERCY HO					144 STATE ST		I none.				
Bus	iness Name:		Contractor Name: NeoKraft Signs			Contractor Address: 686 Main St. Lewiston			Phone		
T	/D								2077829654		
Lessee/Buyer's Name		Pnone:	Phone:		Permit Type: Signs - Permanent					Zone:	
Past Use: Commercial - Mercy Hospital		Proposed Use:	Mercy F	ercy Hospital -		Permit Fee: Cost of World \$374.00 \$374.00		rk: 74.00			
	minerelai Werey Hospitai		install new Building wall sign - 5'4" x 25'1".		FIRE DEPT: Approve						
		25'1".			Прргочец			Ise Group: Type			
Pro	posed Project Description:				_						
	tall new Building wall sign -	5'4" x25'1"			Signature:		Signature:				
					PEDESTRIAN ACTIVITIES DISTRI			RICT (CT (P.A.D.)		
			Action Approved Appro			proved w	ved w/Condition Denied				
		T	ı		Signa	ture:			Date:		
Permit Taken By: Date Applied For: Ldobson 06/16/2009					Zoning Approval						
1.	This permit application do	oes not preclude the	Special Zone or Revi		ews Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			☐ Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			☐ Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may investigate permit and stop all work	validate a building	a building Subdivision			☐ Interpretatio			Approved		
				te Plan		Approved			☐ Approved w/Condition ☐ Denied		
			Maj [Mino MM	☐ Denied						
			Date:			Date:		D	ate:		
I ha juri sha	ereby certify that I am the over twe been authorized by the constitution. In addition, if a pertile to ente the such permit.	owner to make this appliermit for work described	med procession and the second	as his authorized application is iss	ne prop d agent sued, I	t and I agree t certify that th	o conform to ne code office	o all ap cial's au	plicable laws thorized repre	of this sentative	
					~						
SIC	SNATURE OF APPLICAN			ADDRES:	S		DATE	į	Р	НО	

	of Construction: E RIVER PKWY	Owner Name: MERCY HOSPITA	9	Owner Address: 144 STATE ST Contractor Address: 686 Main St. Lewiston		Phone: Phone 2077829654	
Business	Name:	Contractor Name: NeoKraft Signs					
essee/B	uyer's Name	Phone:	Permit Typ Signs - P	pe: ermanent		Zone:	
Dept: Zoning Status: Approved Reviewer: Ann Machado Approval Date: 07/17/2009 Note: Under the Development Standards for the contract zone for Mercy Hospital (C-26), section h deals with criteria for signs. It must be reviewed by the planning division since it does not fall under division 22 in the ordinance. Ok to Issue: ✓ 7/16/09 Planning signed off on the sign. 7/16/09 Planning signed off on the sign. 7/16/109 Planning signed off on the sign. 7/16/109 Planning signed off on the sign. 7/16/109 Planning signed off on the sign.							
		gned off on the sign.					

 Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

 Dept:
 Planning
 Status:
 Approved
 Reviewer:
 Barbara Barhydt
 Approval Date:
 07/16/2009

 Note:
 Ok to Issue:
 ✓

1) The proposed sign over the entrance is consistent with the signage on the site and meets the provisions of the contract rezoning agreement.

Comments:

6/24/2009-amachado: Gave permit to Jean Frraser in planing.

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 APPLICAN	ADDRESS	DATE	PHO