

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 021153

This is to certify that Peaks Island Company Llc/Applicant
has permission to Erect 1 42" x 72" "Fish" Sign
AT 33 Island Ave 084 L007001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or closed-in. 24 HOUR NOTICE IS REQUIRED.

Apply to Public Works for street line and grade if nature of work requires such information.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

PERMIT ISSUED
DEC 10 2002
CITY OF PORTLAND

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 02-1153	Issue Date: DEC 10	CBL: 084 L007001
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Location of Construction: 33 Island Ave	Owner Name: Peaks Island Company Llc	Owner Address: 33 Island Ave	Phone: 766-2900
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: IB

Past Use: Inn on Peaks/New	Proposed Use: Restaurant	Permit Fee: \$60.00	Cost of Work: \$60.00	CEO District: 3
Proposed Project Description: Erect 142" x 72" "Fish" Sign		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not Signature: <i>NA</i>	INSPECTION: Use Group <i>V</i> Type <i>Sig</i> <i>BOCA 99</i> Signature: <i>CR</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature _____ Date _____		

Permit Taken By: gad	Date Applied For: 10/04/2002	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work</p> <p>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..</p>		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"/> Date: <i>10/16/02</i>	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 Date: _____	Historic Preservation <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>9</i>

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

6/20/03

Completed

AR