| DISPLAY THIS CARD                                | ON PRINCIPAL FRON                | AGEPT OF BUILDING INCOME         |
|--|----------------------------------|----------------------------------|
| PERIVITISSUEDCITY                                | ON PRINCIPAL FRONT<br>OF PORTLAN | CITY OF PORTLAND, ME             |
| Please Read<br>Application And                   | PECTION                          |                                  |
| Notes, If Any, 1999 3 2009                       | PERMI                            | Permit Number: 060 0606          |
| CITY CONDAINAGE ATTOM                            | DEDE ITC/Gian Design Inc         | PEOF                             |
| This is to certify that V (PARA) AMES & KATERIN  | DEDE JTS/Sign Design Inc         | MECEIVED                         |
| has permission to 20 sf sign attatched to bidg v | 3" by 3. ag scr.                 |                                  |
| AT 469 STEVENS AVE                               | ( 132 J                          | 002001                           |
| provided that the person or persons              |                                  | his permit shall comply with all |
| of the provisions of the Statutes of I           | ine and of the cances of         | the City of Portland regulating  |

of the provisions of the Statutes of I the construction, maintenance and u this department.

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

fication of inspect on must be an and we en permit on procult thereof is ding or the thereof is add or the second of the second

of buildings and s

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

ctures, and of the application on file in

| OTHER | DEVILIBED | <b>APPROVALS</b> |
|-------|-----------|------------------|
| UIHER | REQUIRED  | APPROVALS        |

| Fire Dept    |                 |
|--------------|-----------------|
| Health Dept  |                 |
| Appeal Board |                 |
| Other        |                 |
|              | Department Name |

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

| Cit  | y of Portland, Maine   | - Building or Use  | Permi              | t Applicatior        | Pe                        | rmit No:                   | Issue Date   | :                          | CBL:                    |             |
|--|--|--|--------------------|----------------------|---------------------------|----------------------------|--------------|----------------------------|-------------------------|-------------|
| 389  | Congress Street, 04101   | Tel: (207) 874-8703  | , Fax:             | (207) 874-871        | 5                         | 06-0162                    |              |                            | 132 J00                 | 02001       |
| Loca   | Location of Construction: Owner Name:  |  |                    | Owner Address:       |                           |                            |              | Phone:                     | Phone:                  |             |
| 469  | 469 STEVENS AVE PARA JAMES & KATERINA DED  |  |                    | PO BOX 245           |                           |                            |              |                            |                         |             |
| Business Name: Contractor Nam Sign Design I  |  | Contractor Name  | Contractor Name:   |                      | Contractor Address:       |                            |              |                            | Phone                   |             |
|  |  | 10   |                    | PO Box 207 Westbrook |                           |                            | 2078562600   |                            |                         |             |
| Lessee/Buyer's Name Phone:   |  |  |                    | Permit Type:         |                           |                            |              |                            | Zone:                   |             |
|  |  |  |                    |                      | Signs - Permanent         |                            |              |                            |                         | 없           |
| Past   | Use:   | Proposed Use:  |                    |                      | Permit Fee: Cost of Work: |                            |              | k:                         | CEO District:           |             |
|  |  | 0 sf sign attatched to   |                    | \$70.00 \$70.0       |                           |                            | 70.00        | 0 4                        |                         |             |
|  |  |  | y 3/8 lag screws   |                      |                           |                            |              |                            | PECTION:                |             |
|  |  |  |                    |                      | 1                         |                            | Use Gro      | Jse Group: Type:           |                         |             |
|  |  |  |                    |                      | Deni-                     |                            | Dellieu      | C: 212 2                   |                         | , 5m        |
|  |  |  |                    |                      |                           |                            |              | ~                          | fic-201                 | 5           |
| Prop   | oosed Project Description:   |  | _                  |                      |                           |                            |              | 1                          | · 1 -                   | 110         |
| 20   | sf sign attatched to bldg wi   | th 3" by 3/8 lag screws  |                    |                      | Signature: Signature:     |                            |              | 66-2013<br>MB 3/1/06       |                         |             |
|  |  |  |                    |                      | PEDE                      | ESTRIAN ACT                | IVITIES DIST | TRICT (F                   | P.A.D.)                 | -1          |
|  |  |  |                    |                      | Actio                     | on: Appro                  | ved 🖂 Ani    | proved w/Conditions Denied |                         |             |
|  |  |  |                    |                      | Actio                     | л търго                    | 7.pj         | 3101 <b>00</b> 111         | 1 w/Conditions Benied   |             |
|  |  |  |                    |                      | Signa                     | iture:                     |              |                            | Date:                   |             |
| Pern   | nit Taken By:  | Date Applied For:  |                    |                      |                           | Zoning                     | Approva      | al                         | •                       |             |
| dn   | nartin   | 02/02/2006   |                    |                      |                           |                            |              |                            |                         |             |
| 1.   | This permit application de   | oes not preclude the   | Spe                | cial Zone or Revie   | ws                        | Zoni                       | ng Appeal    |                            | Historic Pres           | ervation    |
| Applicant(s) from meeting applicable State and Federal Rules.  |  | Sł   | Shoreland Variance |                      |                           | Not in District or Landman |              |                            |                         |             |
| 2.   | 21 1 2   |  |                    | Wetland              |                           | Miscellaneous              |              |                            | Does Not Require Review |             |
| <ul><li>septic or electrical work.</li><li>Building permits are void if work is not started within six (6) months of the date of issuance.</li></ul> |  |  | Flood Zone         |                      | Conditional Use           |                            |              | Requires Review            |                         |             |
| False information may invalidate a building permit and stop all work   |  | Subdivision  |                    | Interpretation       |                           |                            | Approved     |                            |                         |             |
|  |  |  | Si                 | te Plan              |                           | Approv                     | ed           |                            | Approved w/             | Conditions  |
| F1991188170  |  | Maj Minor MM   |                    | Denied               |                           |                            | Denied       |                            |                         |             |
|  |  |  |                    |                      |                           |                            |              |                            |                         |             |
|  |  |  | Date:              | Date: 31106 1P Date: |                           | Date:                      | Date: Date   |                            | ate:                    |             |
|  |  | **************************************   |                    |                      |                           |                            |              |                            |                         |             |
|  | OT TO THE TOTAL TO |  |                    |                      |                           |                            |              |                            |                         |             |
|  | L CHILLIAN   | A STATE OF THE STA |                    |                      |                           |                            |              |                            |                         |             |
|  |  |  |                    |                      |                           |                            |              |                            |                         |             |
|  |  |  | (                  | CERTIFICATION        | )N                        |                            |              |                            |                         |             |
| I he   | reby certify that I am the ov  | wner of record of the no   |                    |                      |                           | nood work i                | a authorizad | by the                     | ourse of soon           | ed and that |
|  | ve been authorized by the o  |  |                    |                      |                           |                            |              |                            |                         |             |
| juris  | sdiction. In addition, if a po   | ermit for work described   | d in the           | application is is    | sued,                     | I certify that             | the code of  | ficial's a                 | uthorized repr          | esentative  |
| shal   | I have the authority to enter  | r all areas covered by su  | ich peri           | nit at any reasor    | able l                    | hour to enfor              | ce the provi | sion of                    | the code(s) ap          | plicable to |
| such   | permit.  |  |                    |                      |                           |                            | -            |                            |                         | •           |
| SICS   | ATUDE  |  |                    |                      |                           |                            |              |                            |                         |             |
| JIGN,  | ATURE OF APPLICANT   |  |                    | 455                  |                           |                            |              |                            |                         |             |
|  |  |  |                    | ADDRESS              |                           |                            | DATE         |                            |                         |             |
| ESPC   | ONSIBLE PERSON IN CHARGE   | OF WORK  |                    |                      |                           |                            |              |                            | PHONE                   |             |
|  | KOL  | OF WORK, TITLE   |                    |                      |                           | -                          |              |                            |                         |             |
|  |  |  |                    |                      |                           |                            | DATE         |                            |                         |             |
|  |  |  |                    |                      |                           |                            |              |                            | PHONE                   |             |