City of Portland, Maine - 389 Congress Street, 04101	U			rmit No: 08-0126	Issue Date	e:	CBL: 116 A00	4001
Location of Construction: Owner Name:			Owner Address:			Phone:		
1 WILLIAM ST	Omnia Gallia, L	Omnia Gallia, LLC		140 WILLIAM ST				
Business Name: Contractor Nam		ne: C		Contractor Address:			Phone	
Scarboro Signs		680 US Rt. 1 Scarborough			2078836796			
Lessee/Buyer's Name	Phone:			it Type: ns - Permanen	t			Zone:
Past Use:	Proposed Use:		Perm	nit Fee:	Cost of Wo	rk: C	CEO District:	
Commercial - Law Offices	Commercial - I	Commercial - Law offices with 3'-4" x 5' freestanding double sided sandblasted sign		\$60.00	9	\$0.00	2	
				Approved			SPECTION: le Group: Type	
Proposed Project Description: Install a 3'-4" x 5' double side	ted sign	Signature: PEDESTRIAN ACTIVITIES DISTI		U	Signature: ICT (P.A.D.)			
		Acti		Action Approved Approved w/Co			Condition	Denied
		Signature:]	Date:			
Permit Taken By: Imd	Date Applied For: 02/11/2008	Zoning Approval						
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Rev	iews Zoning Appeal			Historic Preservation		
		Shoreland		U Variance			Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie	
 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 		Flood Zon		Conditional Us			Requires Review	
		Subdivision		Interpretatio			Approved	
		Site Plan		Approv	ed	[Approved w/	Condition
		Maj 🗌 Mino 🗌 MM	1	Denied			Denied	
		Date:		Date:		Dat	te:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 1 WILLIAM ST	Owner Name: Omnia Gallia, LLC	Owner Address: 140 WILLIAM ST	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: 680 US Rt. 1 Scarborou	ugh Phone 2078836796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:
Dept: Zoning Note: 1) This permit is being work.	Status: Approved with Condition approved on the basis of plans subm	ns Reviewer: Ann Machado itted. Any deviations shall require a se	Approval Date: 02/13/2008 Ok to Issue: ☑ parate approval before starting that
Dept: Building Note:	Status: Pending	Reviewer: Residential Plan Revi	e Approval Date: Ok to Issue:

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