Cit	y of Portland, Maine	e - Build	ling or Use Po	ermit A	Application	P	Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-0549			156 F00	2001
Location of Construction: Owner Name:				(Owner Address:				Phone:	
			CHEVERUS H	US HIGH SCHOOL A MAI		267 OCEAN AVE					
Bus	iness Name:	Contractor Nan	Contractor Name:			Contractor Address:			Phone		
			Langford & Lo	ow, Inc.		PO Box 662 Portland			207797514	l 1	
Lessee/Buyer's Name Phone:						Permit Type:				•	Zone:
					Signs - Permane		nt				
Past Use: Proposed Use:						Permit Fee: Cost of Work:		ork:	CEO District:	7	
Pri	vate School/ Cheverus		Cheverus/ Sign	n - attached lettering FI		\$144.00		\$1	44.00	4	
			to building			FIRE DEPT:		Approved	INSPEC	SPECTION:	
						Denie		Use Gro		oup:	Type
								_ Deffied			
Proj	posed Project Description:		•			1					
Sig	gn - attached lettering to b	uilding				Signature: Signa			Signatur	ature:	
						PEDESTRIAN ACTIVITIES DISTRICT			TRICT (F	(P.A.D.)	
						Act	tion: Appro	ved Ap	proved w	/Condition	Denied
									F		
						Sign	nature:			Date:	
Peri	mit Taken By:	Date A	pplied For:				Zoning	Approva	1		
ld	obson	05/05	5/2005								
1.	This permit application	does not	preclude the	Spec	ial Zone or Revi	ews	Zonir	ig Appeal		Historic Pres	ervation
	Applicant(s) from meeting applicable State Federal Rules.		•	Shoreland			☐ Variance			☐ Not in District or Landm	
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscella	Miscellaneous		Does Not Require Revie			
3.				☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM ☐			☐ Interpretatio			Approved		
						Approved			Approved w/Condition		
					☐ ☐ Denied			Denied			
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	owner to permit fo	o make this appli r work described	med procession and the angle of the second s	as his authorized application is iss	ne pro l age sued,	ent and I agree to I certify that the	to conform he code offi	to all ap	plicable laws of thorized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRESS	5		DATI	Ξ	P	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:		Owner Address:	Phone:		
311 OCEAN AVE	CHEVERUS HIGH SCHOOL A MAI		267 OCEAN AVE			
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Langford & Low, Inc.		PO Box 662 Portland		2077975141	
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:	
			Signs - Permanent			
Dept: Zoning Status: A	Approved	Reviewer:	Marge Schmuckal	Approval Dat	e: 06/0	8/2005
	ning - needs review jinder	14-36X 5 g iind	er special and linidile cit	rciimstances -	Ok to Issue:	✓
Note: 5/11/05 gave to Rick in Plant they are proposing two signs	s where the ordinance only	_	ign			
_	s where the ordinance only	_	ign	Approval Dat		8/2005
they are proposing two signs	s where the ordinance only	y permits one s	ign	Approval Dat		8/2005
they are proposing two signs Dept: Building Status: A	s where the ordinance only Approved	Reviewer:	Jeanine Bourke	Approval Dat	e: 06/0	8/2005
they are proposing two signs Dept: Building Status: A Note: 1) Signage Installation to comply wi	s where the ordinance only Approved	Reviewer:	Jeanine Bourke	Approval Dat	e: 06/0 Ok to Issue:	8/2005
they are proposing two signs Dept: Building Status: A Note: 1) Signage Installation to comply wi	Approved th Chapter 31 of the IBC 2	Reviewer:	Jeanine Bourke	Approval Dat	e: 06/0 Ok to Issue:	8/2005 8/2005

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	