Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	te:	CBL:	
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1629			156 F00	6001
Location of Construction: Owner Name:						Owner Address:			Phone:		
			BACK COVE I	ESTATES LLC		163 MOUNTAIN RD					
Business Name: Contractor Nam Gnome LDM						Contractor Address:			Phone		
						P.O. Box 66803 Falmouth			207781295	55	
Lessee/Buyer's Name Phone:						Permit Type:			1	Zone:	
						Signs - Permanent					
Past	t Use:		Proposed Use:			Permit Fee: Cost of Work:		ork:	CEO District:		
	ılti-Unit Condo		-	nit Condo's / New					558.00	4	
			replacement si					Approved INSPE			
											Type
								Denied			
Pro	posed Project Description:										
	w replacement sign					Signature: Signa			Signatu	iture:	
						PEDESTRIAN ACTIVITIES DISTRIC					
						Action: Approved Approved w			//Condition Denied		
						Sign	nature:			Date:	
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval					
	obson	11/07					Zomig	, Approva	i a		
1	This permit application	does not	preclude the	Spec	Special Zone or Review		Zoning Appeal			Historic Preservation	
1.	 This permit application does not preclude Applicant(s) from meeting applicable Stat Federal Rules. 			Shoreland			☐ Variance			☐ Not in District or Landm	
2.				☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
3.				☐ Flood Zon		Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
			Site Plan			☐ Approved			Approved w/Condition		
			Maj Minor MM			Denied			☐ Denied		
				Date:		Date:		Da	Date:		
I ha juris shal	reby certify that I am the over been authorized by the soliction. In addition, if a place the authority to enuch permit.	owner to	o make this appli r work described	med procession a	as his authorized application is iss	e pro l age ued,	nt and I agree I certify that t	to conform he code offi	to all ap cial's au	plicable laws of thorized repres	of this sentative
SIG	GNATURE OF APPLICAN				ADDRESS	S		DATI	Ξ	P	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:	
610 BAXTER BLVD	BACK COVE ESTATES LLC	163 MOUNTAIN RD		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Gnome LDM	P.O. Box 66803 Falmouth	2077812955	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
	Signs - Permanent			

11/09/2005 Dept: Zoning Status: Approved Reviewer: Ann Machado **Approval Date:** Ok to Issue: ✓ Note: 11/08/05 Left message w/ Susan Carter. Need to know height of sign-only 5' allowed. Need Certificate of liability & letter of permission from condo association

Dept: Building **Status:** Approved with Conditions Tammy Munson **Approval Date:** 11/16/2005 **Reviewer:**

Note: Ok to Issue:

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

2) Separate permits are required for any electrical, plumbing, or heating.

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
DESDONSIDI E DEDSON IN CHARCE OF WORK TIT		DATE	DIIO