

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 051098

SEP 19 2005

CITY OF PORTLAND

I, Stavros Dino G & Marilyn E and Jason K
 as permission to install 24 sq foot free standing permanent sign at commercial property
 at 611 Brighton Ave City of Portland ID 184 B001001

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 his department.

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

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

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

Jeannie Bowke 9/13/05
 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: 05-1098	Issue Date: SEP 19 2005	CEB#: 184 B001001
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Location of Construction: 611 Brighton Ave	Owner Name: Stavros Dino G & Marilvn E Jts
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Owner Address: 9 Sherwood Dr	Phone: 773-4597
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Business Name:	Contractor Name: Jason Kassir
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Contractor Address: Portland	Phone: 2073952231
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Lessee/Buyer's Name:	Phone:
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Permit Type: Signs - Permanent	Zone: RP
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Past Use: commercial property	Proposed Use: commercial property with 24 sq foot permanent freestanding sign
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Permit Fee: \$78.00	Cost of Work: \$0.00	CEO District: 5
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Proposed Project Description: install 24 sq foot free standing permanent sign at commercial property

FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign IBC-2003 Signature: JMB 9/13/05
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: jharris	Date Applied For: 07/29/2005	Zoning Approval	
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<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 9/12/05</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-1098	Date Applied For: 07/29/2005	CBL: 184 B001001
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Location of Construction: 611 Brighton Ave	Owner Name: Stavros Dino G & Marilyn E Jts	Owner Address: 9 Sherwood Dr	Phone: () 773-4597
Business Name:	Contractor Name: Jason Kassir	Contractor Address: Portland	Phone: (207) 595-2231
Tenant/Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: commercial property with 24 sq foot permanent freestanding sign	Proposed Project Description: install 24 sq foot free standing permanent sign at commercial property
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 09/12/2005**Note:** 8/24/05 sent a fax to the applicant - is the old sign going to be removed? Where is it going on the lot? Sent copy of the corner lot provision on heights within 25' of street line
9/12/05 got a plot plan after a few tries **Ok to Issue:**

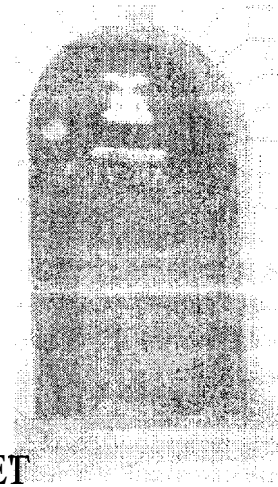
- 1) It is understood that the existing sign will be removed with the addition of this sign. Your submitted plans show the sign to be located at least 5' from your property lines and outside of the 25' corner clearance area. If there is any change to this understanding and submittal, this office shall be notified prior to any placement of the sign.
- 2) This permit is being approved on the basis of plans submitted and received on 9/12/05. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 09/13/2005**Note:** 9/13/05 spoke w/Dr. Kassir about sign details, he directed me to the Signery. Spoke w/Josh @ the Signery, **Ok to Issue:**
ok to issue.

City of Portland
INSPECTION SERVICES

Room 315
389 Congress Street
Portland, Maine 04101

Telephone: 207-874-8703 or 207-874-8693
Facsimile: 207-874-8716



FACSIMILE TRANSMISSION COVER SHEET

TO: <u>Marianne</u>	FROM: <u>Marge</u>
FAX NUMBER: <u>079-9156</u>	NUMBER OF PAGES, WITH COVER: <u>2</u>
TELEPHONE: _____	RE: <u>Sign permit for 611 Brighton Ave</u>
DATE: <u>02/24/05</u>	_____

Comments: I Am in receipt of you permit Application for a New Free Standing Sign. Your application is deficient in several areas.

- ① Is the old sign to be removed?
- ② How tall is the New Sign in feet? The ordinance restricts the height to no more than 8'
- ③ No site plan was submitted as required, where is this sign being located? Show the setbacks to the property lines - A minimum of five (5) feet is required to the property lines.
- ④ If this sign is to be located the 25' triangle of the corner of the lot - it can be no taller than 3 1/2 feet.

Your permit is on hold until this information has been received and reviewed.

Marge

Table 2.3

Residence-Professional (R-P) Zone

Area	30 sq. ft.
Height	8'
Setback	5'
# Permitted Per Lot	1 (a)

— showing 24' ^{to}
— show 7' ok

lot area

Building Signs

None allowed, other than incidental and/or directory signs.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 1111 Brighton Ave Portland 04101 ZONE: RP

CBL: 184 13001

SINGLE TENANT LOT? YES NO MULTI TENANT LOT? YES NO

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 215.272 in Height: 151.933 in *Stand Sign*

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g. pole) SIGN? YES NO DIMENSIONS PROPOSED: 4' x 6' = 24ft

BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: 30ft MAX

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g. pole) SIGN? YES NO DIMENSIONS: 2' x 3'

BLDG. WALL SIGN (attached to bldg)? YES NO DIMENSIONS: _____

AWNING? YES NO DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

AWNING YES NO IS AWNING BACKLIT? YES NO

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES NO

IF YES, TOTAL SP. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ sf.

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 7-25-05

***** FOR OFFICE USE ONLY *****



Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>611 BRIGHTON AVE</u>		
Total Square Footage of Proposed Structure <u>24</u>	Square Footage of Lot <u>3000</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>184</u> Block# <u>15</u> Lot# <u>001</u>	Owner: <u>DINO STAVROS</u>	Telephone: <u>207-773-4597</u>
Lessee/Buyer's Name (if Applicable) <u>JASON KASSIR</u>	Applicant name, address & telephone: <u>611 BRIGHTON AVE PORTLAND ME 04102 207-773-4597</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$48.00 for H.D. signage = Total Fee: \$ <u>78</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>Dental Office</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Dental Office</u>		
Project description: <u>4 x 10 ft Brighton Family Dental</u>		
Contractor's name, address & telephone: _____		
Whom should we contact when the permit is ready: <u>Marianne Rudiman / Dr. Kassir</u>		
Mailing address: <u>611 Brighton Ave Portland, ME 04102</u> <u>Pay in full</u> <u>READY</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
Signature of applicant: _____ Date: 7-25-05

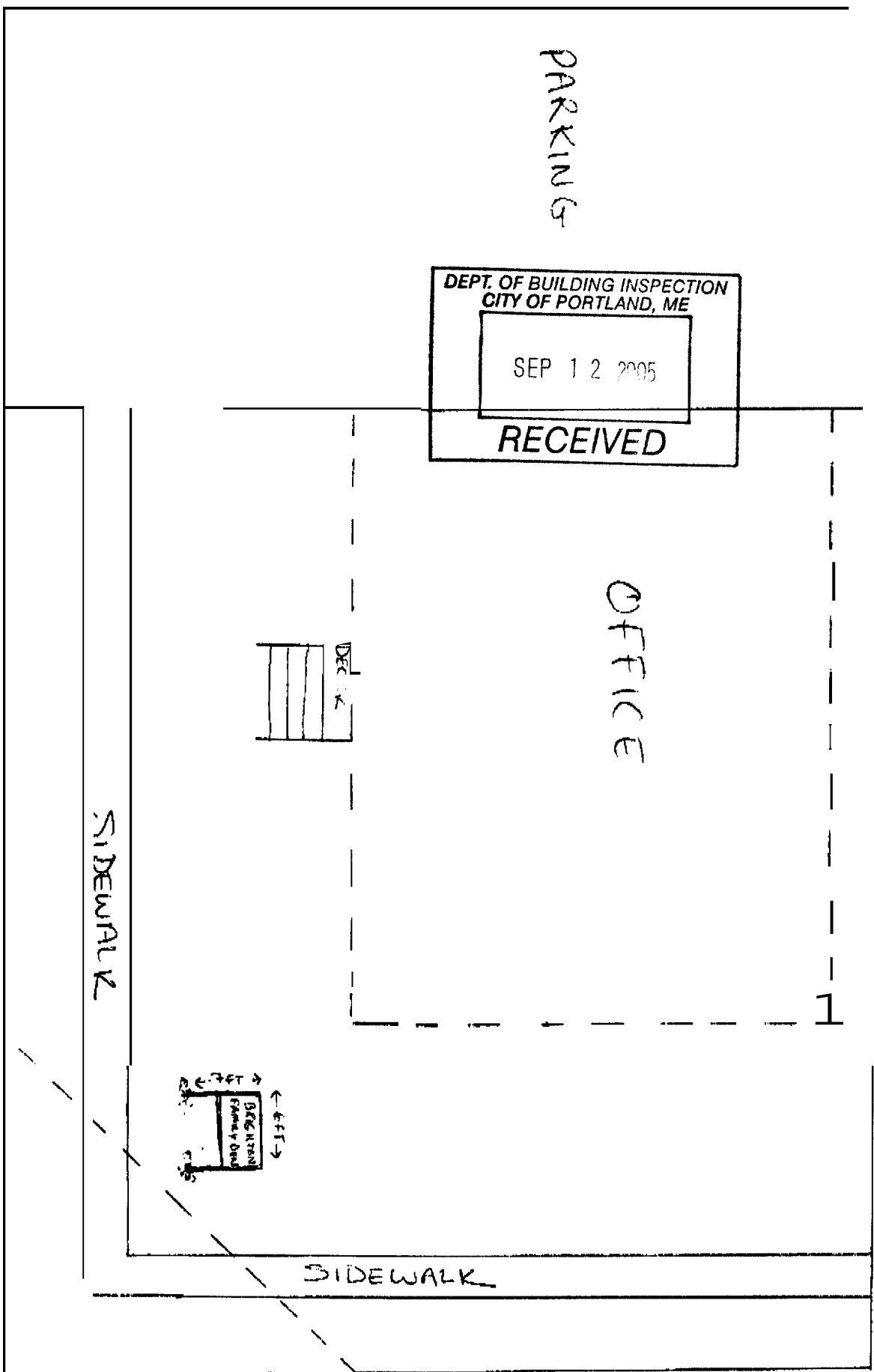
JUL 28 2005 09:34 AM
RECEIVED

This is NOT a permit, you may not commence ANY work until the permit is issued.

#10173

BRIGHTON FAMILY DENTAL
* SITE PLAN *

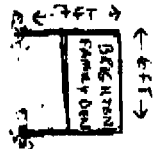
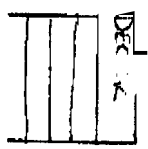
← 100 FT →



PARKING

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
SEP 12 2005
RECEIVED

OFFICE



SIDEWALK

SIDEWALK

BRIGHTON AVE

WESTMINSTER



BRIGHTON FAMILY DENTAL
611 BRIGHTON AVENUE
PORTLAND, MAINE 04102
207-773-4597

AUGUST 24, 2005

TO; CITY OF PORTLAND

RE: PERMIT FOR SIGN

IN RESPONSE TO YOUR FAX OF TODAY—

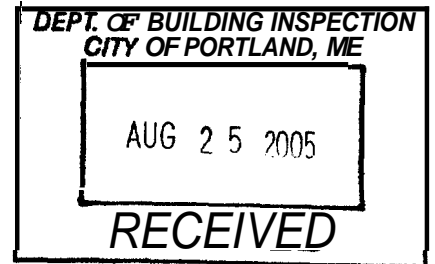
1. THE OLD SIGN IS BEING REMOVED.
2. THE NEW SIGN IS 4 FEET HIGH WITH A 3 FEET STAND
3. THE NEW SIGN IS 5 FEET FROM THE SIDEWALK ON THE BRIGHTON AVE SIDE AND 5 FEET FROM THE SIDEWALK ON THE WESTMINSTER SIDE.
4. NOT IN THE TRIANGLE ZONE

OK
OK

DR JASON KASSIR

Jason Kassir

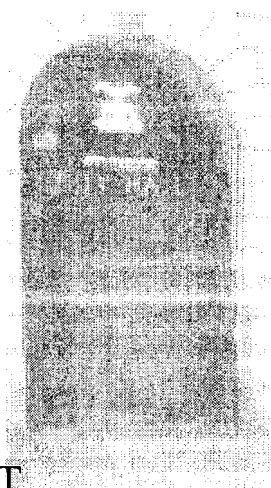
*per 9/12/05
site plan*



City of Portland
INSPECTION SERVICES

Room 315
389 Congress Street
Portland, Maine 04101

Telephone: 207-874-8703 or 207-874-8693
Facsimile: 207-874-8716



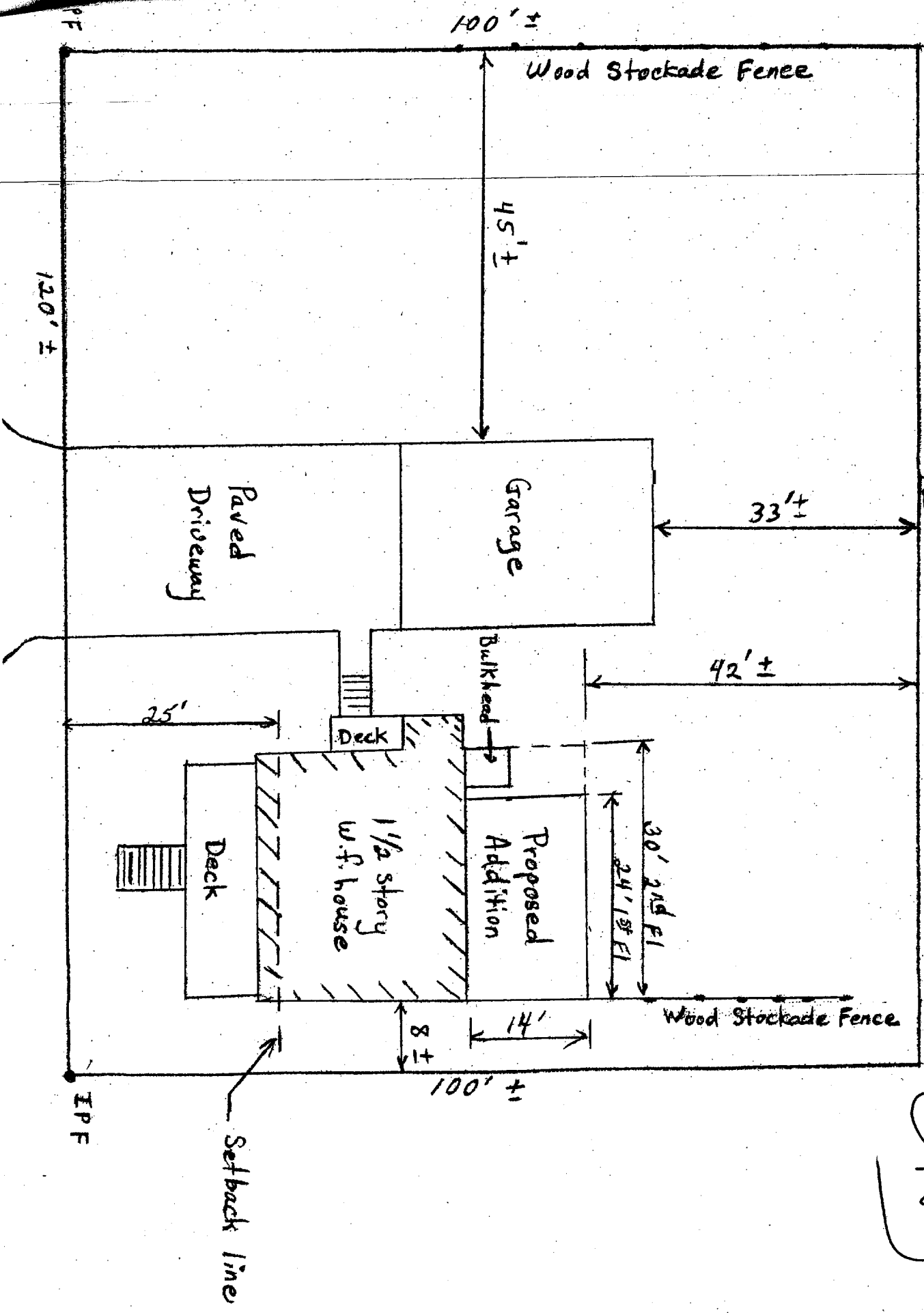
FACSIMILE TRANSMISSION COVER SHEET

TO: <u>Pam</u>	FROM: <u>Marge</u>
FAX NUMBER: <u>879-9156</u>	NUMBER OF PAGES, WITH COVER: <u>3</u>
TELEPHONE: _____	RE: <u>Sign Application</u>
DATE: <u>9/9/05</u>	

Comments: I received only A Darkened photo by fax from you - I need a site plan with set backs - I ~~have~~ attached a sample site plan - That is what I need, but one that relates to your property and where exactly (dimensions) that the sign is going - Thank you -

Site/Plot Plan

EXAMPLE ONLY



AMENDMENT TO PORTLAND CITY CODE
§§ 14-426 and 14-434 (LAND USE)
RE: FENCES AND CORNER CLEARANCE

in effect
4/97

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF PORTLAND, MAINE
IN CITY COUNCIL ASSEMBLED AS FOLLOWS:

That Sections 14-426 and 14-434 of the Portland City Code are
hereby amended to read as follows:

Sec. 14-426. Fences.

1. 0. - definit

In residence zones no wall or fence along a street line or
within twenty-five (25) feet of a street line shall be more than
four (4) feet in height unless said fence is located in the side or
rear yard and is reviewed by the public works authority and found
not to be a traffic or public safety hazard, subject to the
provisions of section 14-434.

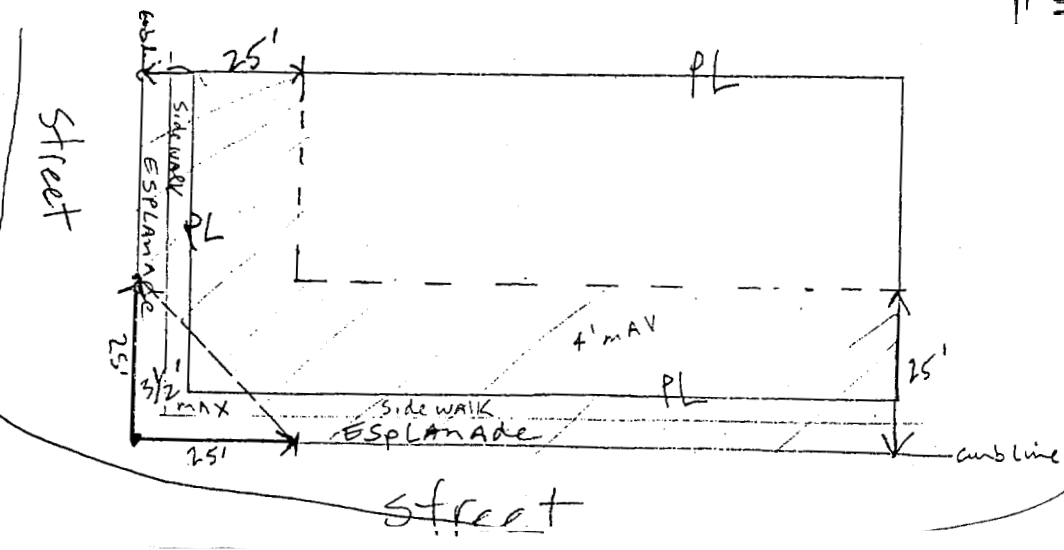
PLEASE READ.

Sec. 14-434. Corner clearance.

No obstruction higher than three and one-half (3½) feet above the lowest elevation at the
curbline shall be permitted on a corner lot within the area of a triangle formed by a line
intersecting the street lines of the intersecting streets at points twenty-five (25) feet from the
corner, unless said obstruction is located in the side or rear yard and is reviewed by the public
works authority and found not to be a traffic or public safety hazard. For the purpose of this
section, the word "obstruction" shall mean any shrub, wall, fence, temporary building, sign, a
pile of material, but shall not include permanent buildings or structures where permitted
elsewhere in this article.

(Code 1968, § 602.19.M; Ord. No. 247-97, 4-9-97)

11' = 30'



ACORD. CERTIFICATE OF LIABILITY INSURANCE		SERIAL 78821	DATE (MM/DD/YYYY) 07/28/05
PRODUCER PRATT INSURANCE AGENCY INC P O BOX 439 WESTBROOK ME 04098 Phone: 207-854-9745		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURER BRIGHTON FAMILY DENTAL JASON CARLSON DMD 1500 BRANTFORD ST PORTLAND ME 04102		INSURERS AFFORDING COVERAGE INSURER A: Kiddley Mutual ASSURANCE INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> DATE <input type="checkbox"/> LOC	CB0100021317	02/25/05	02/25/06	EACH OCCURRENCE: \$1,000,000 UNLIMITED RENTED PREMISES (EA OCCURRENCE): \$50,000 MED EXP (any one person): \$1,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident): \$ BODILY INJURY (Per Person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC: \$ AGG: \$
UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE: RETENTION: \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If not, describe under SPECIAL PROVISIONS below OTHER:				<input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER TORY LIMITS: \$ E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYEE: \$ E.L. DISEASE - POLICY LIMIT: \$

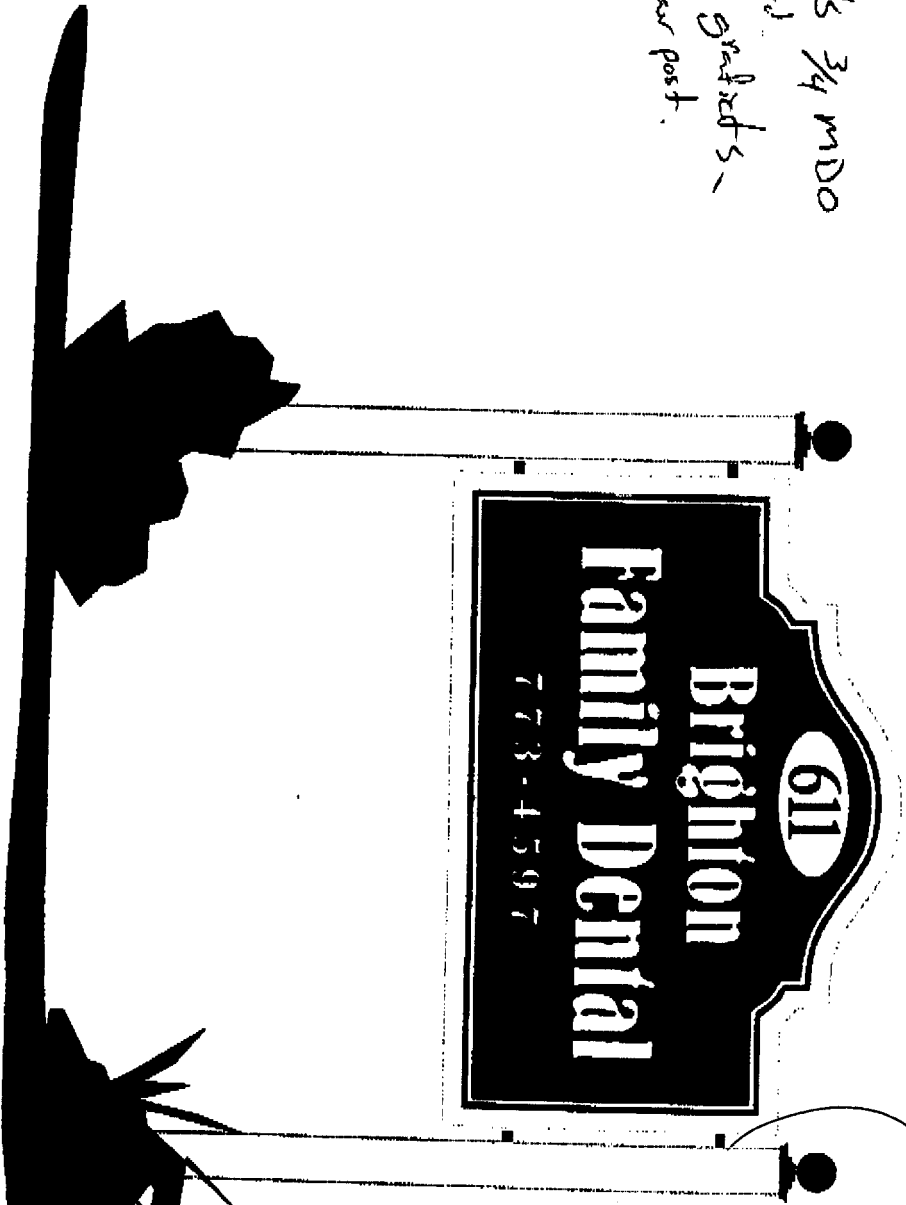
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
DENTAL OFFICE - CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED

CERTIFICATE HOLDER CITY OF PORTLAND 389 CONGRESS STREET PORTLAND ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Alexander T Pratt III
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Brighton family dental sign 7/25/2005 12:34:30 PM

Scale: 1:20.25 Height: 151.933 Length: 215.272 in

X1 D/S 3/4 MDO
Painted
Flat gradients
x2 cedar post.



"L" Brackets (4)
1" stand off

The signery
879-7700
per Josh
9/13/05

3'-4'
Dig safe

L. martin senior

Approved BY:
Date:
PLEASE REVIEW THIS

CITY OF PORTLAND
INSPECTION SERVICES

7-28-05

AS REQUESTED, I AM GIVING DR. JASON KASSIR
PERMISSION TO CHANGE THE EXISTING SIGN TO A
NEW SIGN, AS LONG AS IT IS IN COMPLIANCE WITH
CITY CODES. THE PROPERTY IS 611 BRIGHTON AVE.

DINO G. STAVROS

PROPERTY OWNER

Dino G. Stavros

BRIGHTON FAMILY DENTAL PC
611 Brighton Avenue
Portland, Maine 04102
207-773-4597

DATE: 7/28/05

PAGE: 1 OF 9

TO: Donna Martin

RE: Permit For Sign

FAX NUMBER: 874-8710

MESSAGE: _____

FROM: Marianne

BRIGHTON FAMILY DENTAL'S FAX NUMBER IS 207-879-9156



<http://www.portlandassessor.com/images/pictures/02763401.jpg>

7/27/2005

This page contains a detailed description of the Parcel ID you selected. Press the New Search button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1 of 1
 Parcel ID 184 B001001
 Location 611 BRIGHTON AVE
 Land Use OFFICE 4 BUSINESS SERVICE
 Owner Address STAVROS DINO G & MARILYN E JTS
 9 SHERWOOD DR
 KENNEBUNKPORT ME 04046

Book/Page
 Legal 184-B-1
 WESTMINSTER AVE 1-7 &
 BRIGHTON AVE 611-613
 4971 SF

Current Valuation Information

Land	Building	Total
\$78,650	\$63,100	\$141,750

New Estimated Valuation Information

Land	Building	Total	Phase-In Value
\$104,800	9157,000	\$263,800	\$202,775

Building Information

Bldg #	Year Built	# Units	Bldg Sq. ft.	Identical Units
1	1914	1	2412	1
Total Acres	Total Buildings	Sq. Ft.	Structure Type	Building Name
0.114	2412		MIXED RES/COMM	D STAVROS M.D.

Exterior/Interior Information

Section	Levels	Size	Use
1	B1/B1	780	SUPPORT AREA
1	01/01	780	CONVERTED OFFICE
1	02/02	852	CONVERTED OFFICE

Height	Walls	Heating	A/C
7		NONE	NONE
8	FRAME	HW/STEAM	CENTRAL
8	FRAME	HW/STEAM	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE

Building Other Features

Line	Structure Type	Identical Units
2	PORCH - ENCL	1
2	PORCH - ENCL	1

Property Search Detailed Results

Yard Improvements

Year Built	Structure Type	Length or Sq. Ft.	# Units
1975	ASPHALT PARKING	2000	1

Sales Information

PL	Type	Price	Book/Page
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Picture and Sketch

Picture	Sketch	Tax Map
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[Click here](#) to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-mailed.



Scale: 1:11.06 Height: 83.805 Length: 112.057 in

brighton family dental sign.plt 9/1/2005 9:53:56 AM

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME

SEP - 9 2005

RECEIVED



Room 315
389 Congress Street
Portland, Maine 04101

Telephone: 207-874-8703 or 207-874-8693
Facsimile: 207-874-8716



FACSIMILE TRANSMISSION COVER SHEET

TO: <u>DR. JASIN KASSIN</u>	FROM: <u>Marge Schuchel</u>
FAX NUMBER: <u>879-9156</u>	NUMBER OF PAGES, WITH COVER: _____
TELEPHONE: _____	RE: <u>Sign Application</u>
DATE: <u>8/25/05</u>	_____

Comments: As our PERMIT application requires and as I requested in the fax to you - I will need a site plan submitted showing where this proposed sign is to be located.

Thank you again,
Marge

See attached photo of sign placement.

8/30 - Dave - Spring

Visit us on the web! <http://www.portlandmaine.gov>

