

Location of Construction: 33 Sewall St		Owner: Fore River Realty		Phone:		Permit No: 990907
Owner Address:		Lessee/Buyer's Name:		BusinessName: Health South		
Contractor Name: ** Barlo Signs		Address: 158 Greeley St Hudson NH 03051		Phone: 603 882-2638		<div style="border: 2px solid black; padding: 5px;"> PERMIT ISSUED Permit Issued: AUG 20 1999 CITY (PORTLAND) </div>
Past Use: Medical Bldg		Proposed Use: Same		COST OF WORK: \$ 50.67 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i>		
Proposed Project Description: Reface existing signage		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		PERMIT FEE: \$ 40.00 (precut) Zoning Approval: <i>Not to exceed exists</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>site</i> <input type="checkbox"/> Wetland <i>9/19/99</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		
Permit Taken By: <i>via mail</i>		Date Applied For: sp August 17, 1999		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied		

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

August 17, 1999

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT 2