Location of Construction:	Owner:	Owner: PJH Associates Limited		Permit No:
1050 Westbrook St			775-2200	990977
Owner Address:	Lessee/Buyer's Name: Embassy Suites	Phone:	BusinessName:	$\sim 10^{-1}$
SAA Contractor Name:	Address:	Dha		Permit Issued:
**Sign Solutions	75 Bishop St Ptld 04103	Phone: 103 878-8000		
Past Use:	Proposed Use:	COST OF WOI		SEP .
i ust 000.	rioposed ese.	\$ 144.97 s		
Hotel	Same	<b>FIRE DEPT.</b> $\Box$	<u> </u>	<b>2</b>
			Denied Use Group	
			Bochel	Zone; CBL: 210-A-A-005
		Signature:	Signature: Helle	
Proposed Project Description:			ACTIVITIES DISTRICT PA.D.)	Zonipg Approval:
		Action:	Approved	
		riction.	Approved with Conditions:	
Erect Signage			Denied	□   □ Shoreland · / / / □   □ Wetland
			2	
		Signature:	Date:	□ Subdivision
Permit Taken By: UB	Date Applied For:			Site Plan maj 🗆 minor 🗆 mm 🗆
5 UB	sp	August 19, 199	9	
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				☐ Variance ☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				□ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				
tion may invalidate a building permit and stop all work.				
	•			🗆 Denied
				Historic Preservation
				DNot in District or Landmark
				Does Not Require Review
				□ Requires Review
			PERMIT ISSUED	Action:
	CERTIFICATION	WI	TH REQUIREMENTS	
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				
	mable hour to enforce the provisions of the cod			Date:
· · ·	-			
	Δ	ugust 30, 1999		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	—   /
SIGNMENT OF MILLICAN	ADDILUG.			
<b>RESPONSIBLE PERSON IN CHARGE O</b>	F WORK, TITLE		PHONE:	
			ublic File Ivory Card-Inspector	

## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716