940363

220-B-010

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** 34.60 **Zone** _____ **Map #** _____ **Lot#** _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: 164 Realty Inc. Phone # _____

Address: Center for Health Promotion 1600 Congress St 04102

LOCATION OF CONSTRUCTION 1600 Congress St

Contractor: Signature Signs Sub.: _____

P.O. Box 1013 Ptld, ME 04104

Address: _____ Phone # 883-2500

Est. Construction Cost: _____ Proposed Use: Therapy Ctr w/sign

UL# AW978975

Past Use: _____

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Erect Lighted Sign 6x8 as per plans

For Official Use Only

Date 3 May 94

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name _____

Lot _____

Ownership: _____ Public _____ Private

PERMIT ISSUED

MAY - 4 1994

CITY OF PORTLAND

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) 5-3-94

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

****

Action: Approved.

Approved with Conditions

Denied

Date: 5-4-94

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories Use Group U.
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Mary Gresik

Signature of Applicant Nasser Chanani Date 3 May 94

Nasser Chanani

CEO's District 4 As agent for owner

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO 147 Mr. Carroll

940363

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 34.00 Zone _____ Map # 220-B-010 Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: 164 Realty Inc. Phone # _____

Address: Center for Health Promotion 1600 Congress St 04102

LOCATION OF CONSTRUCTION 1600 Congress St

Contractor: Sign Care Signs Sub.: _____

Address: 1 Ross Rd, Pelham, NH 03076 Phone # 883-2500

Est. Construction Cost: _____ Proposed Use: Therapy Ctr w/sign

UL# AR978975 Past Use: _____

# of Existing Res. Units _____ # of New Res. Units _____

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Name _____

Lot _____

Ownership: _____ Public _____ Private

PERMIT ISSUED MAY - 4 1994 CITY OF PORTLAND

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Provided Setbacks: Front _____ Back _____ Side _____ Side _____

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Zoning Board Approval: Yes ____ No ____ Date: _____

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Other _____ (Explain) _____

HISTORIC PRESERVATION

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Does not require review.

Requires Review.

Action: Approved. Approved with Conditions. Denied.

Date: _____

Foundation:

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SCANNED

1 closed 1/22/10

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2. Pool Size : _____ x _____ Square Footage _____
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Permit Received By Mary Gresik

Signature of Applicant Nasser Chanani Date 3 May 94

Nasser Chanani As agent for owner

CEO's District 4

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO [4] M. Carroll

PLOT PLAN

N

Done w/out Insp.

FEES (Breakdown From Front)

Base Fee $_____

Subdivision Fee $_____

Site Plan Review Fee $_____

Other Fees $_____

(Explain)_____

Late Fee $_____

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

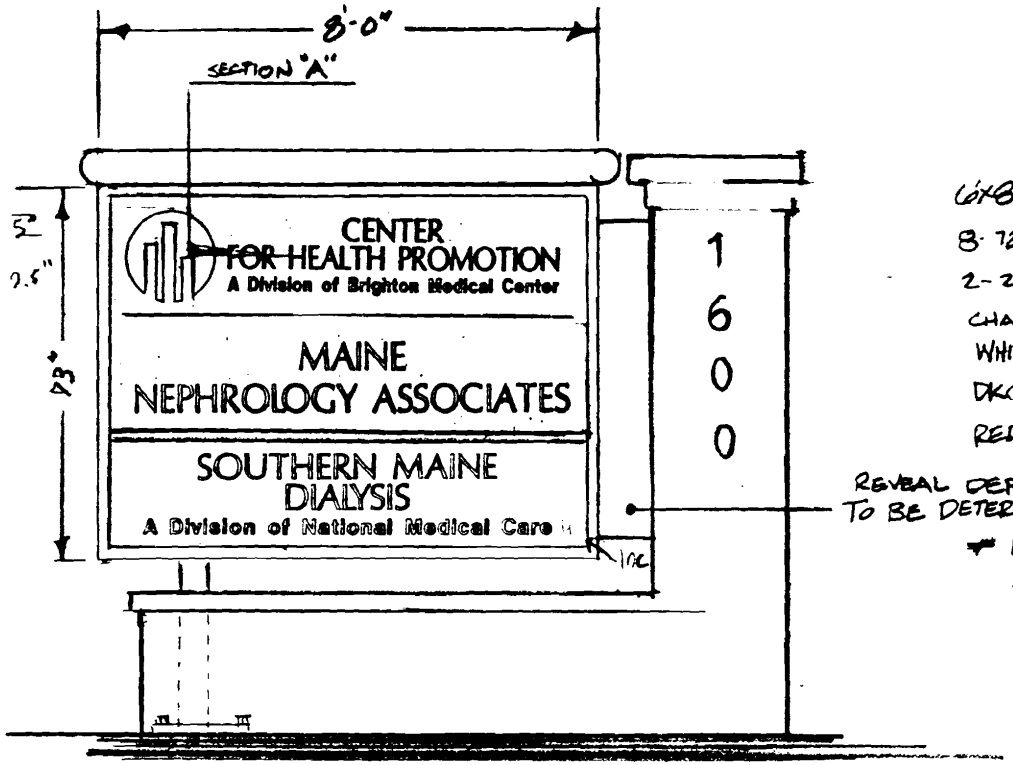
COMMENTS

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.



6'x8' ILLUM. PYLON
8- 72" HIGH OUTPUT FLUORESCENTS
2- 240V BALLASTS
CHARCOAL VINYL BKGND.
WHITE COPY
DK. GREY CABINET & DIVIDER BARS
RED REVEAL

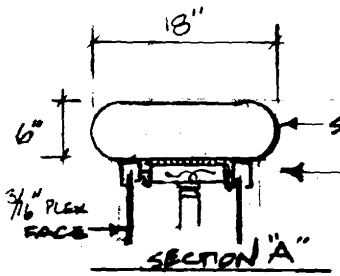
REVEAL DEPTH
TO BE DETERMINED

1600 TO BE 6" OPTIMA BOLD
DK. GREY

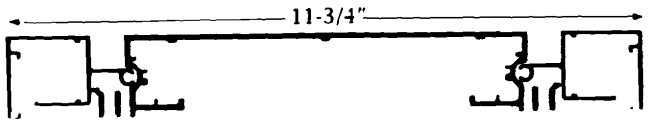
U.L. FAW 97 8 97 3

ILLUMINATED PYLON
SCALE: 1/2"

Signature SIGNS INC.



SOFTFORM EXTRUSION - FABRICATED W/ .063. ALUM. & FILLER 18" OVERALL
NO. 1138

ALUM. EXTRUDED BODY
11 3/4" OVERALL WIDTH

1-1/2" Retainer