	y of Portland, Maine - B Congress Street, 04101 Te	0			2014-00334	issue Date.	267 A005001
Loca	ntion of Construction: ORIVERSIDE ST- unit 4A	Owner Name: BOUNTY DE	Owner Name: BOUNTY DEVELOPMENT		r Address: E CANAL PLAZ	Phone:	
LLC					RTLAND, ME 04		
	ness Name: rtheast Evaluation Specialists		Bailey Sign Company Inc. demery@baileysign.com		ractor Address: nomas Drive Wes	Phone (207) 774-2843	
Less	ee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Signs - Permanent Permit Fee: Cost of Work:		B4 CEO District:
Off	cices, personal services and ligh nufacturing	offices, person	Offices, personal services and light manufactuing		\$62.00 ECTION:		\$0.00
Sig	osed Project Description: n permit; Northeast Evaluation	Specialists in unit	4A -1 Bldg Wall				
sign	$n 2' \times 8' = 16' sq$	PEDEST		STRIAN ACTIVIT	TRIAN ACTIVITIES DISTRICT (P.A.D.)		
				Action: Approved Approved Approved		ed Approve	ed w/Conditions Denied
				Si	ignature:		Date:
Permit Taken By: Date Applied For: bjs 02/19/2014			Zoning Approval				
1.			Special Zone or Reviews		Zonin	g Appeal	Historic Preservation
1.	Applicant(s) from meeting ap Federal Rules.	•			☐ Variance	;	Not in District or Landman
2.	Building permits do not inclu septic or electrical work.	Wetland		Miscella	neous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	nal Use	Requires Review
	False information may invalid permit and stop all work	☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM ☐		Interpreta	ation	Approved	
				Approve	d	Approved w/Conditions	
				Denied		☐ Denied	
		Date:		Date:		Date:	
			CERTIFICA	TION	1		
I ha juris shal	reby certify that I am the owner we been authorized by the own soliction. In addition, if a perm I have the authority to enter all a permit.	er to make this appl it for work describe	lication as his authored in the application	ized a is issu	agent and I agree ned, I certify that	to conform to the code offici	all applicable laws of this ial's authorized representative
SIG	NATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RES	SPONSIBLE PERSON IN CHARGE O	OF WORK, TITLE				DATE	PHONE