Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:		
	Congress Street, 0410		U				04-1417			303 C01	7001	
Location of Construction: Owner Name:						Owner Address:				Phone:		
7 N	Newcomb St	Vance John B	Vance John B &			Warren Ave			878-8200			
Bus	iness Name:		Contractor Name:			Cont	ractor Addres	s:		Phone		
			Sign Design			PO Box 207 Westbrook			207856260	2078562600		
Lessee/Buyer's Name Phone:				ione:		Permit Type:					Zone:	
						Sig	ns - Permaner	nt				
Past Use: Proposed Use:						Permit Fee:		Cost of Work: CE		CEO District:	1	
commercial space			-	ace w/ new 32 sq ft		\$94.00 FIRE DEPT:		\$	94.00	5		
			sign					· .		CTION:	I	
							ripproved		Use Gr	se Group: Type		
							L	_ Denied				
Proj	posed Project Description:	:	1									
Ins	tall 32 sq ft sign at comme	ercial unit	t			Signature: Sig			Signatu	nature:		
						PEDESTRIAN ACTIVITIES DISTRIC			RICT (I	T (P.A.D.)		
						Acti	on: Appro	ved App	proved w	/Condition	Denied	
										_		
				ı		Signa	ature:			Date:		
	mit Taken By:		pplied For:				Zoning	Approva	l			
dmm 09/22			2/2004							T		
1.	This permit application		•	Spec	cial Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance			Not in District or Landm				
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon		Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work				Subdivision		☐ Interpretatio			Approved			
				Site Plan			Approved			Approved w/Condition		
				Maj ☐ Minor☐ MM [Denied			☐ Denied		
				Date:			Date:			Date:		
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit fo	o make this appli r work described	med procession and the second	as his authorized application is iss	e pro l agen ued, l	at and I agree of the control of the	to conform the code office	o all ap cial's au	plicable laws of thorized repres	of this sentative	
SIG	SNATURE OF APPLICAN				ADDRESS	3		DATE	2	P	НО	

Location of Construction:	Owner Name:	Owner Address:	Phone:	
7 Newcomb St	Vance John B &	393 Warren Ave	878-8200	
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Sign Design	PO Box 207 Westbrook	2078562600	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Signs - Permanent		
	1		'	
Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal App	oroval Date: 10/12/2004	

Ok to Issue: Note:

- 1) This permit is only for the 4' x 8' requested sign. This permit is NOT for an additional 1' x 8' blank sign below what was requested. That extra signage was not requested, not paid for, and not approved. It SHALL NOT be erected as part of this sign approval.
- 2) The existing free-standing sign SHALL be removed when the new sign is erected. There shall not be more than ONE freestanding sign permitted on this property.

10/18/2004 Building Status: Approved **Reviewer:** Jeanine Bourke **Approval Date:** Dept: Ok to Issue: ✓ Note: 10/18/04 Spoke w/ Doug @ Sign Design for detail on footing and fastening, ok to issue

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

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 APPLICAN	ADDRESS	DATE	РНО
DECDONGIDI E DEDCON IN CILADOE OF WORK TIT		DATE	DITO