Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

ration

Please Read Application And Notes, If Any, Attached

В MOIT PERMIT

Permit Number: 030641

epting this permit shall comply with all ances of the City of Portland regulating

317 A004001

of buildings and structures, and of the application on file in

Fisher Gregory J &/Sign Des This is to certify that Reface Existing 3' x 5' Sign has permission to _ AT 314 Riverside St

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u

this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ication inspec ı must' gi and wr n permis n procui e this t be dina or t thered la d or d Josed-in. Н R NOTICE IS REQUIRED.

ne and of the

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board _ Other _ Department Name

PENALTY FOR REMOVING THIS CARD

	y of Portland, Mair Congress Street, 0410		_				03-0641	Issue Date	:	317 A0	04001	
Location of Construction: Owner Name:				,			Address:		Ph		Phone:	
314 Riverside St Fisher Grego				y J &		10 Belmeade Rd				774-2146		
Business Name: Contractor Name					 	Contractor Address:			Phone			
Sign Design						306 Warren Ave Portland				20785626	2078562600	
Lessee/Buyer's Name Phone:						Permit Type:					Zone:	
						Signs - Permanent					184	
Past Use: Proposed Use:			_			Permit Fee: Cost of Wor		1				
Dentist Office/Commercial Dentis			Dentist Office/Commercial					15.00				
						FIRE DEPT: Approve		Approved	Use Group: / G pe: N			
						Denied		Denied	Use Gi	onb: 7 / 0 \	No.	
								r	(100)			
Pro	osed Project Description:		<u> </u>									
	face Existing 3' x 5' Sign			Signature: Sig			Signatu	matura M				
	Average Dribning J A J Olgii						PEDESTRIAN ACTIVITIES DISTRIC			T (P.A.D.)		
						Action: Approved Approved v			proved w	w/Conditions		
							. 🗅 🕶					
			Signature:				Date:					
Permit Taken By: Date Applied For: 06/05/2003					Zoning Approval							
ga				Special Zone or Revie		ws Zoning Appeal				Historic Preservation		
1.	This permit application		de the		"			- 1				
	Applicant(s) from meeting applicable State and Federal Rules.			Shoreland		☐ Variance			Not in District or Landma			
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			☐ Does Not Require Review		
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							Conditional Use			Requires Review		
			∐ Su	ıbdivision	Interpretation				Approved			
			☐ Si	te Plan	Approved Denied			☐ Approved w/Conditions ☐ Denied				
			 Maj [☐ Minor ☐ MM								
				11 5	2							
				Date: 2	M C	Date:			D	Date:		
				0	10/0/0	3						
					911 91							
								•				
	•											
				C	CERTIFICATION	ON						
I ha juri: shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a I have the authority to en	e owner to permit fo	o make this apple or work describe	ication a	as his authorized application is is	l agent sued, l	and I agree I certify that	to conform the code of	to all ap ficial's a	pplicable laws authorized repr	of this resentative	
such	n permit.											
610	NATURE OF APPLICANT				4 DDDEG	3		T \ 4.000		DITC	NE	
SIU	NATURE OF AFFLICANT				ADDRESS	•		DATE		PHC	ME	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 314 River 5-8 8/100									
Total Square Footage of Proposed Structure Square Footage of Lot Total Square Footage of Lot Total Square Footage of Lot									
Tax Assessor's Chart, Block & Lot Chart#3 D Block# A Lot# Core For Lot Same 7742146									
Applicant name, address & telephone: Signature Signat									
Current use: Durfist office									
if the location is currently vacant, what was prior use:									
Approximately how long has it been vacant:									
Proposed use: SAME Project description: SEFER CO Refusbish Sign.									
Contractor's name, address & telephone: $5^2 9 C = 5^2 2 C = 5^2 2$									
Mailing address:									
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: \$ \(\frac{1}{6} \)									
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.									
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. 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's authorized representative shall have the authority to enfer all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.									
Signature of applicant: Date: Date:									

This is NOT a permit, you may not commence ANY work until the permit is issued.

DR FISHER
SIGN DESIGN

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Sign Contractors

P.O. Best 267
Westbrook, NTE 04005
(207) 964-0500 ° FAX: (207) 954-7500
1-050-046-0537
eigndeel@moine.rr.com
A Full Service Sign Company

RE:

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

Doctlered me oyla?

Gregory Firer Dentist office

I authorize Sign Design Inc. to install signs/sign face replacements as Metailed on attached paperwork.

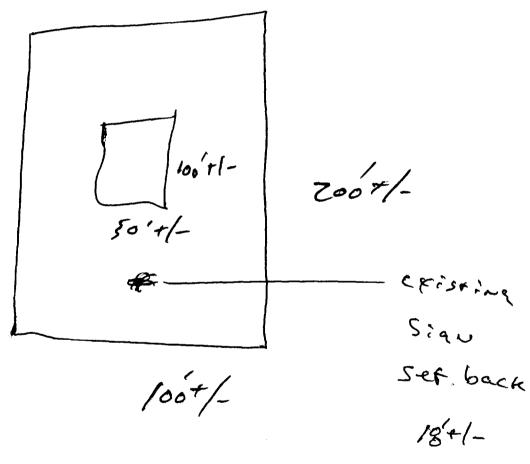
Signature

6 5/03

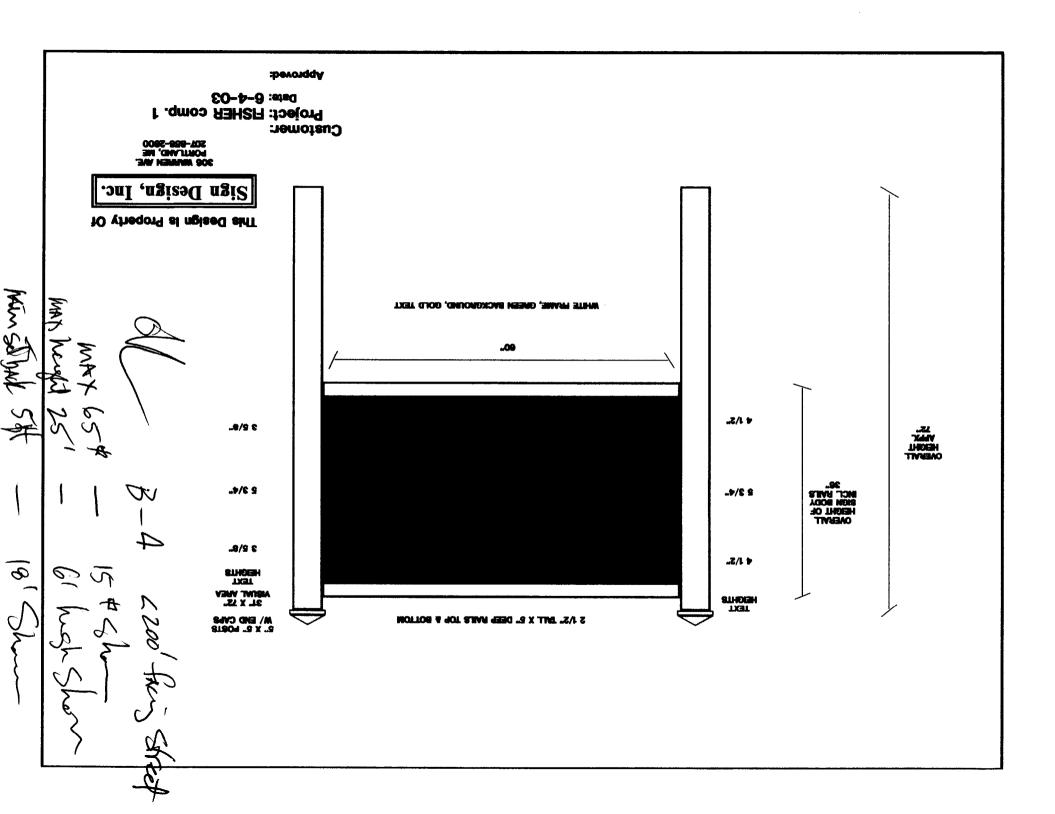
Gregory J. Fisher, D.MS.

Print Name

Gregory Tosher



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SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS
ADDRESS: 314 Rina-side St. ZONE:
CBL:
SINGLE TENANT LOT? YES NO MULTI TENANT LOT? YES NO MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO
INFORMATION ON PROPOSED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED:
INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: BLDG. WALL SIGN(attached to bldg) ? YES NO DIMENSIONS: AWNING? YES NO DIMENSIONS:
LOT FRONTAGE (FEET): 100 + 1- TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 14
AWNING YES NO IS AWNING BACKLIT? YES NO HEIGHT OF AWNING: LENGTH OF AWNING: DEPTH:
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YESNO
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED. SIGNATURE OF APPLICANT: DATE: DATE:
* * * * * FOR OFFICE USE ONLY * * * * *