•	of Portland, Maine - Congress Street, 04101	O			Pe	ermit No: 07-1239	Issue Dat	e:	CBL: 028 O0:	11001	
Locat	tion of Construction:	Owner Name: 77 MIDDLE ST		•		er Address: CENTER ST B	LDG G BO	X 7	Phone:		
	ness Name:	Contractor Nan	Contractor Name: NeoKraft Signs			Contractor Address: 686 Main St. Lewiston			Phone 2077829654		
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Signs - Permanent				Zone:		
Past Use: Commercial "Northeast Bank"			Proposed Use: Commercial "Northeast Bank" - new signage for Northeast Bank					66.00 INSPE			
Proposed Project Description: new signage for Northeast Bank						Signature: PEDESTRIAN ACTIVITIES DISTI Action			. ,		
					Signa	nture:			Date:		
	i it Taken By: bson	Date Applied For: 10/01/2007	Zoning Approval								
	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work.		Special Zone or Reviews Shoreland		ews	Zoning Appeal Variance			Historic Preservation Not in District or Landn		
			☐ Wetland			Miscellaneous			Does Not Require Revie		
3.	•			ood Zon	Conditional Us			Requires Review			
	False information may investigate permit and stop all work	ralidate a building	☐ Su	bdivision		Interpre	etatio		Approved		
			☐ Si	te Plan		Approv	ed		Approved w	/Condition	
				Mino MM	Denied			☐ Denied			
				Date:		Date:		Γ	Date:		
I hav juriso shall	eby certify that I am the over the ebeen authorized by the odiction. In addition, if a pentage have the authority to entent ch permit.	wner to make this appli ermit for work described	med procation a	as his authorized application is iss	ne pro l agen ued, l	at and I agree to the certify that the	to conform t ne code offic	to all ap cial's au	pplicable laws uthorized repre	of this sentative	
SIGN	NATURE OF APPLICAN			ADDRES:	S		DATE	E	P	НО	

Location of Construction: 77 MIDDLE ST	Owner Name: 77 MIDDLE STREET	ASSOCIATES	Owner Address: 155 CENTER ST BLDG (GBOX 7	Phone:
Business Name:	Contractor Name: NeoKraft Signs		Contractor Address: 686 Main St. Lewiston		Phone 2077829654
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent		Zone:
Dept: Zoning Status Note:	: Approved	Reviewer	Ann Machado	Approval Da	te: 10/23/2007 Ok to Issue: ✓
Dept: Building Status Note:	: Pending	Reviewer	Residential Plan Revie	Approval Da	te: Ok to Issue:
		CERTIFICATIO	N.		
hereby certify that I am the owne have been authorized by the owne urisdiction. In addition, if a permi hall have the authority to enter all o such permit.	er to make this application t for work described in the	as his authorized application is iss	e proposed work is author agent and I agree to con- ued, I certify that the cod-	form to all appli e official's autho	icable laws of this orized representativ