City of Portland, Maine - Buil	O			2014-02514	Issue Date:	360 A004001
389 Congress Street, 04101 Tel: (· · ·	, Fax: (207) 874-8				
Location of Construction: 1000 RIVERSIDE ST Owner Name: MHS INC			Owner Address: 489 CONGRESS ST PORTLAN 04101		Γ PORTLAND	Phone: (207) 749-6567
Business Name:	Contractor Name: Neokraft Signs		Contractor Address: 686 Main Street Lewiston ME 04240			Phone: (207) 782-9654
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Storage & Offices for Portland Public Library & Maine Historic Society	Storage & Offices for Portland Public Library & Maine Historic Society		\$45.00 \$1,000.00 8 INSPECTION:			
Proposed Project Description: install a 1'-3" x 6'-0" freestanding si	an an					
instair a 1 -5 x 6 -0 Treestanding si		PEDESTRIAN ACTIVITIES DISTRICT (P		(P.A.D.)		
		Action: Approved Approved w/Con			red w/Conditions Denied	
Permit Taken By: Date A	pplied For:	1	S	ignature:		Date:
	7/2014			Zoning	g 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. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building 		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		Varianc	ee	Not in District or Landma
		☐ Wetland ☐ Flood Zone		Miscell	aneous	Does Not Require Review
				Conditi	onal Use	Requires Review
permit and stop all work	a building			Interpre	etation	Approved
		Site Plan		Approv	ed	Approved w/Conditions
		Maj Minor MM		Denied		Denied
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE