City of Portland, Maine - Bui	O			2013-02024	Issue Date:		CBL: 444 A003001
389 Congress Street, 04101 Tel: (· · ·	6, Fax: (207) 874-8					
Location of Construction: 6 COMMERCIAL ST	Owner Name: CITY OF PORTLAND		Owner Address: 389 CONGRESS ST PORTLAND, ME 04101			O, ME	Phone:
Business Name:	Contractor Name:		Contractor Address:			Phone	
Ocean Gateway	Bailey Sign Company Inc. demery@baileysign.com		9 Thomas Drive Westbrook ME 04092			(207) 774-2843	
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent				Zone: EWPZ
Past Use:	Proposed Use:		Permit Fee:		Cost of Work:		CEO District:
Ocean Gateway Ship Terminal	Same: Ocean (Terminal	Same: Ocean Gateway Ship Ferminal		\$0.0		\$0.00	2
Proposed Project Description:			1				
Install three signs at Ocean Gateway							
& 1.625' x 13.45' & 1.67 x 14'			tion: Approved Approved Denied				
		Signature:			Da	tte:	
	pplied For: 0/2013		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation
		Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landmar
2. Building permits do not include septic or electrical work.	Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	Conditional Use		Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		☐ Interpretation		Approved	
	Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied		Denied	
	Date:		Date:	Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all around permit.	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offic	all app ial's aut	licable laws of this horized representative
SIGNATURE OF APPLICANT	ADDI	RESS		DATE	PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE