City of Portland, Maine - Building or Use Permit Applicat				Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2013-02163			199 A001011	
Location of Construction: 1049 WESTBROOK ST	PORATION	Owner Address: 1049 WESTBROOK ST PORTLAND, ME 04102			Phone:			
Business Name:	Sign Concepts	Contractor Name: Sign Concepts 1nbox@signconceptsmaine.com		Contractor Address: 75 Bishop Street Portland ME 04103			Phone (207) 699-2920	
Lessee/Buyer's Name	Phone:		Permit Type:				Zone:	
Dollar Thrifty Automotive Group, In			Signs - Permanent				AB RPZ	
Past Use:	Proposed Use:	roposed Use:		Permit Fee: Cost of Work:			CEO District:	
Auto Rental & Service Auto Rental &		: Service	INSP	\$120.00 \$0.0 INSPECTION:		\$0.00	3	
<b>Proposed Project Description:</b> install one wall sign - 3' x 6' & replace	e (cover) eviction	ag nylon sign 01						
7/8" x 61.25" - existing Hertz sign to	ig pylon sign - 91	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
	Action: Approved Approve			ed w/Con				
Description Description	1	8			Dat	e:		
Permit Taken By: Date Ap bjs 09/24	plied For: 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		☐ Variance	☐ Variance		Not in District or Landman	
2. Building permits do not include paseptic or electrical work.	☐ Wetland		Miscella	neous		Does Not Require Review		
3. Building permits are void if work 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 Site Plan		Interpre	☐ Interpretation		Approved	
	Approve			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 fo shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to the code offici	all appl al's autl	icable laws of this norized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE