City of Portland, Maine - Build	U			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	· · · · · · · · · · · · · · · · · · ·	, Fax: (207) 874-8		2014-02609		380A C016001	
Location of Construction: 315 Auburn St	Owner Name: VERRIER PROPERTY MANAGEMENT LLC		Owner Address: 22 STAPLEFORD DR FALMOUTH, ME 04105			Phone:	
Business Name:	Contractor Name: Sign Concepts LLC		Contractor Address: 342 Warren Avenue Portland ME 04103			Phone: (207) 831-6262	
Lessee/Buyer's Name	Phone:			it Type:		Zone: R2 R3 R5	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Professional Office - "Portland Dental Health Care"	Professional Office - "Portland Dental Health Care"		INSP	\$73.50 \$0.00 8 NSPECTION:			
Proposed Project Description: replace existing freestanding sign with	n a naw fraactar	nding sign 50" v					
56" for "Portland Dental Health Care"			DESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Con			ed w/Conditions Denied		
Permit Taken By: Date App	Date Applied For:			ignature:	Date:		
dmc 11/10/		Zoning Approval					
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State an Federal Rules.		Shoreland		☐ Variance	e	Not in District or Landmar	
 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 permit and stop all work 		Wetland		Miscell	aneous	☐ Does Not Require Review	
		Flood Zone		Condition	onal Use	Requires Review	
		Subdivision		Interpre	Approved 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 to jurisdiction. In addition, if a permit for shall have the authority to enter all area such permit.	make this appl r work describe	ication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	to conform to	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE