

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

SECTION

PERMIT

Permit Number: 050425

PERMIT ISSUED MAY - 5 2005 CITY OF PORTLAND

This is to certify that DASCANIO PETER & JANE S /Monte Woodworks Inc

has permission to tenant fit-up demolish front facade

AT 121 COMMERCIAL ST

029 D002001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification inspection must given and work in permit in progress before this building or part thereof lated or closed-in. HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other Department Name

Signature of Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0425	Issue Date: PERMIT ISSUED MAY - 5 2005	CDL: 029 D002001
Owner Address: PO BOX 662	Phone: CITY OF PORTLAND	
Contractor Address: 111 Commercial St Portland	Phone: 752633	
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial
		Zone: B-3

Location of Construction: 121 COMMERCIAL ST	Owner Name: DASCANIO PETER & JANE JTS
Business Name:	Contractor Name: Monaghan Woodworks Inc.
Lessee/Buyer's Name	Phone:

Past Use: Commercial	Proposed Use: Commercial/ tenant fit-up demolish front facade <i>for future tenant to be established LATM</i>
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Permit Fee: \$48.00	Cost of Work: \$3,000.00	CEO District: 1
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>NA</i> Use Group: <i>DEMOL Only</i> Type:
Signature:		Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Proposed Project Description:
~~tenant~~ fit-up demolish front facade
vanilla box

Permit Taken By: Idobson	Date Applied For: 04/15/2005	Zoning Approval	
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- 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 permit and stop all work..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>ok with conditions</i> Date: <i>3/27/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>to DA</i> Date: <i>D. Andrew B</i> <i>4/27/05</i>
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE