

WORK ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read  
Application And  
Notes, if Any,  
Attached

BUILDING DEPARTMENT

**PERMIT**

Permit Number: 050257

This is to certify that FURMAN ROSS Y /Bryce Construction  
has permission to DEMO ONLY for future tenant fit up  
AT 120 PREBLE ST 033 000400

**PERMIT ISSUED**  
**MAR 16 2005**  
**CITY OF PORTLAND**

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 relating to 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 of inspection must be given and when permission is procured before this building or part thereof is laid or closed-in. **HEAR 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. N/A  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

*[Signature]*  
Director - Building & Inspection Services

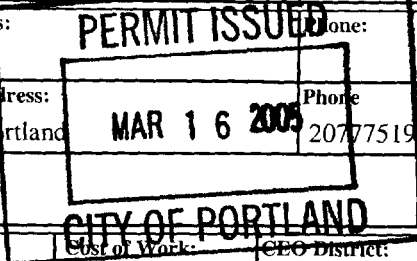
**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No:	Issue Date:	CBL:
05-0257	03/16/2005	033-0004001

Location of Construction: 120PREBLE ST	Owner Name: FURMAN ROSS Y	Owner Address: PO BOX 2	Zone:
Business Name:	Contractor Name: Bryce Construction Mgt.	Contractor Address: 1 India St Portland	Phone: 2077751955
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:



Past Use: Commercial Retail Space	Proposed Use: DEMO ONLY for future tenant fit up	Permit Fee:	Cost of Work:	CEC District:
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group Type
Signature:	Signature: <i>[Handwritten Signature]</i>
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature: _____ Date: _____	

Permit Taken By: mjn	Date Applied For: 03/16/2005	<b>Zoning Approval</b>		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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..	<b>Special Zone or Reviews</b> <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"/> Date: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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