City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

49 ALLATIC PLACE SOUTH FORTLAND Address: Address: Address: **** BRYCE SERVICES 400 SOUTH BORNUCH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE SOUTH PORTLAND 04106*** Phone: **** BRYCE SERVICES 400 SOUTH BORNUCH DRIVE Signature: Phone: **** BRYCE SERVICES MED HAINE COMMUNICATIONS Signature: Phone: Signature: **** Proposed Project Description: TERE DEFINAN ACHIVATION SIGNATION (Melland DU Achivation Signature: Phone: Signature: Phone: **** Date Applied For: DEC 6 2000 Date: Date: Date: Date: **** Date Applied For: DEC 6 2000 Conditional Use Interpretation Date: Dat	Location of Construction: 1685 CONGRESS ST	Permit No:				
Contractor Name: Address: Address: Address: Proposed Proposed Use: Signature: Signature: Signature: Signature: Signature: COST OF WORK: Signature: Cost of Proposed Signatare:				Busines	sName:	001400
Part CSE. Proposed Osc. \$12,000 \$114.100 MEDICAL OFFICE MID MAINE COMMUNICATIONS \$20,000 \$114.00 Proposed Project Description: Inspectations Signature: Mainter Communications INTER. RENO. DEMO INTER. PEDESTRIAN ACTIVITIES DISTRICT CEL: 219-A-013 Permit Taken By: K Date Applied For: DEC 6 2000 Center Center 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits are only if work is not started within is: (6) months of the date of issuance. False information may invalidate a building permit and stop all work CERTIFICATION Certify that I am the owner of record of the named proposed work is authorized by the owner of record and that have been authorized by the owner of record and that any reasonable hour to enforce the provisions of the coef shall have the authorized to sub as the authorized applicable is such permit Certify that I am the owner of record of the named proposed work is authorized by the owner of record and that have been authorized applicable is such permit Certify that is authorized applicable is such permit Derived Derived Derived Derived Derived Stop Plane Certify that the proposed work is authorized by the owner of record and that have been authorized permits are void with Conditions Derived Derived Deri	Contractor Name: *** BRYCE SERVICES 400 SOUTH BOR	UGH DRIVE SOUTH PORTLAND 04	106****	775-=1		
Proposed Project Description: Image: Computer Struct (ADD) INTER. RENO. DEMO INTER. Signature: Manual Signature: Computer Struct (ADD) Proposed Project Description: Intervention Signature: Computer Struct (ADD) INTER. RENO. DEMO INTER. PEDESTRIAN ACTIVITIES DISTRICT (ADD) Signature: Signature: Decempter Struct (ADD) Permit Taken By: K Date Applied For: DEC 6 2000 Date: Struct (ADD) 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 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. CERTIFICATION CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized pythe owner or make this application as his authorized agent and I agree to conform to all applicable to such permit are scruber by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Signature is issued. I certify that the code official's authorized representative shall have the authority to enter at areas covered by such permit Advector the provisions of the code(s) applicable to such permit and stop all work is not the code official's authorized representative shall have the authority to enter at areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit I hereby certify t	Past Use:	Proposed Use:		WORK:		
Proposed Project Description: INTER. RENO. DEMO INTER. PEDESTRIAN ACTIVITIES DISTRICT (MD,) INTER. RENO. DEMO INTER. Approved Approved with Conditions: Denied Building permits Taken By: K Date Applied For: DEC 6 2000 Date: Deteid 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Stignature: Date: Date: Detide 2. 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. CERTIFICATION ERENTIFICATION 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 authority to enter all areas covered by such permit at any reasonable hour to enfore the provisions of the code(s) applicable to such permit Dec 6 2000K DEC 6 2000K DEC 6 2000K Defined DEC 6 2000K DEC 6 200K DEC 6 200K	MEDICAL OFFICE	MID MAINE COMMUNICATIONS		□ Denied	Use Group: B Type: 5	Zone: CBL: 219-A-013
INTER. RENO. DEMO INTER. Approved with Conditions: Special Zone or Review Approved with Conditions: Denied Special Zone or Review Signature: Date: Date: Special Zone or Review Permit Taken By: K Date Applied For: DEC 6 2000 Signature: Date: 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Signature: Coning Appeal 2. Building permits do not include plumbing, septic or electrical work. Conditional Use Miscellaneous 3. Building permit and stop all work State and Federal rules. Conditional Use Miscellaneous Miscellaneous Conditional Use Interpretation Approved Approved Miscellaneous Conditional Use Interpretation Approved Miscellaneous Miscellaneous Conditional Use Interpretation Approved Approved Approved Detector and that I have been Approved Approved Interpretation is issued, I 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 Approved Approved <tr< td=""><td>Proposed Project Description:</td><td></td><td></td><td></td><td></td><td>Zoning Approval: 221-A-II</td></tr<>	Proposed Project Description:					Zoning Approval: 221-A-II
Signature: Date: Date: Descion Permit Taken By: K Date Applied For: DEC 6 2000 Diste Plan maj Dminor Dm 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. 2. 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. Descient and the date of issuance. False information may invalidate a building permit and stop all work. Descient and the date of issuance. False information may invalidate a building permit and stop all work. Descient and the date of issuance. False information may invalidate a building permit and stop all work. CERTIFICATION CERTIFICATION Descient for work described in the application is issued, I certify that the code official's authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that applicable to such permit and y reasonable hour to enforce the provisions of the code(s) applicable to such permit Descient and that I have been and Denoid Denoi	INTER. RENO. DEMO INTER.		Action:	Approved v	with Conditions:	□ Shoreland W Condutive □ UWetland
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SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: DEFENSION IN CHARGE OF WORK TITLE 3	authorized by the owner to make this application a if a permit for work described in the application is	named property, or that the proposed wor is his authorized agent and I agree to conf issued, I certify that the code official's au	orm to all app thorized repre	blicable laws of the sentative shall have	is jurisdiction. In additio	en □ Approved with Conditions n, □ Denied
WITH REQUIRE			DEC 6 20	00К		ISSUE ISSUED
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE 24 CEO DISTRICT 3	SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	- PERMIT IS
	RESPONSIBLE PERSON IN CHARGE OF WOR			PHONE:		

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector