

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

Location of Construction: 1685 CONGRESS ST		Owner: DEAD RIVER PROPERTIES		Phone:	Permit No: <b>001400</b>
Owner Address: 49 ATLANTIC PLACE SOUTH PORTLAND		Lessee/Buyer's Name:		BusinessName:	
Contractor Name: *** BRYCE SERVICES 400 SOUTH BOROUG		Address: UGH DRIVE SOUTH PORTLAND 04106****		Phone: 775--1955	Permit Issued:  000
Past Use:  MEDICAL OFFICE	Proposed Use:  MID MAINE COMMUNICATIONS		<b>COST OF WORK:</b> \$20,000	<b>PERMIT FEE:</b> \$144.00	
Proposed Project Description:  INTER. RENO. DEMO INTER.		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 5A BOCA99	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved		Zoning Approval: <i>221-A-11</i>	
		<input type="checkbox"/> Approved with Conditions		Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>with conditions</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>12/13</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Signature: _____		Date: _____		Zoning Approval: <i>OK</i>	
Permit Taken By: <b>K</b>	Date Applied For: <b>DEC 6 2000</b>				

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..

**PERMIT ISSUED WITH REQUIREMENTS**

**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 provisions of the code(s) applicable to such permit

DEC 6 2000K

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

**PERMIT ISSUED WITH REQUIREMENTS**

**CEO DISTRICT** 3