

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

Location of Construction: 465 Congress St (7th fl)		Owner: October Corp		Phone: 871-1290		Permit No: 980948			
Owner Address: 40 Perkins Thompsons Hickey Kiddy		Lessee/Buyer's Name: Mental Health Associates		Phone:		BusinessName:			
Contractor Name: Boulos Property Management Co.		Address: 1 Canal Plaza Ptld, ME 04101		Phone: 871-1290 Paul Ureneck		Permit Issued: AUG 26 1998 CITY OF PORTLAND			
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ 18,000.00		PERMIT FEE: \$ 110.00			
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>with conditions</i> Use Group: Type:			
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i> 8/21/98		Zone: <i>B-3</i> CBL: 027-A-015			
Proposed Project Description: Construct 60" high walls for patient waiting area One 11 x 17 room New lighting & convenience power 7th floor				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>				Zoning Approval: <i>[Signature]</i> 8/21/98 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"/>	
Permit Taken By: MG		Date Applied For: 19 August 1998							

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..

**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]*

**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

20 August 1998

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT

1

AR/DC