



Permitting and Inspections Department  
Michael A. Russell, MS, Director

**Electronic Signature and Fee Payment Confirmation**

This is a legal document and your electronic signature is considered a legal signature per Maine state law. You will receive an e-mailed invoice from our office which signifies that your electronic permit application has been received and is ready for payment. Please pay by one of the following:

- Electronic check or credit card: [portlandmaine.gov/payyourpermit](http://portlandmaine.gov/payyourpermit)
- Over the phone at (207) 874-8703
- Drop off to Room 315, City Hall
- Mail to:

**City of Portland  
Permitting and Inspections Department  
389 Congress Street, Room 315  
Portland, Maine 04101**

By signing below, I understand the review process starts once my payment has been received. After all approvals have been completed, my permit will be issued via e-mail. Work may not commence until permit is issued.

Applicant Signature: \_\_\_\_\_

Date: 6-26-17

I have provided electronic copies and sent them on:

Date: 6-26-17

**NOTE:** All electronic paperwork must be delivered to [permitting@portlandmaine.gov](mailto:permitting@portlandmaine.gov) or with a thumb drive to the office.

**If you or the property owner owes taxes or user charges on property within the City, payment arrangements must be made before a permit application is accepted.**

Portland, Maine



Yes. Life's good here.

 Permitting and Inspections Department  
 Michael A. Russell, MS, Director

## General Building Permit Application

 Project Address: 272 Congress Street

 Tax Assessor's CBL: \_\_\_\_\_ Cost of Work: \$ 90000

Chart # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

 Proposed use (e.g., single-family, retail, restaurant, etc.): Renovate existing offices to exam rooms

 Current use: Medical Office Space

Past use, if currently vacant: \_\_\_\_\_

 Commercial
     
  Multi-Family Residential
     
  One/Two Family Residential

**Type of work (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> New Structure          | <input type="checkbox"/> Fence                    | <input type="checkbox"/> Change of Ownership - Condo Conversion |
| <input type="checkbox"/> Addition               | <input type="checkbox"/> Pool - Above Ground      | <input type="checkbox"/> Change of Use                          |
| <input type="checkbox"/> Alteration             | <input type="checkbox"/> Pool - In Ground         | <input type="checkbox"/> Change of Use - Home Occupation        |
| <input type="checkbox"/> Amendment              | <input type="checkbox"/> Retaining Wall           | <input type="checkbox"/> Radio/Telecommunications Equipment     |
| <input type="checkbox"/> Shed                   | <input type="checkbox"/> Replacement Windows      | <input type="checkbox"/> Radio/Telecommunications Tower         |
| <input type="checkbox"/> Demolition - Structure | <input type="checkbox"/> Commercial Hood System   | <input type="checkbox"/> Tent/Stage                             |
| <input type="checkbox"/> Demolition - Interior  | <input type="checkbox"/> Tank Installation/       | <input type="checkbox"/> Wind Tower                             |
| <input type="checkbox"/> Garage - Attached      | <input type="checkbox"/> Replacement Tank Removal | <input type="checkbox"/> Solar Energy Installation              |
| <input type="checkbox"/> Garage - Detached      |   | <input type="checkbox"/> Site Alteration                        |

**Project description/scope of work (attach additional pages if needed):**

Renovate existing offices to exam rooms

 Applicant Name: Langford and Low Phone: (207) 797 - 5141

 Address: 248 Warren Ave Email: gdoughty@langfordandlow.com

 Lessee/Owner Name (if different): Maine Medical Center Phone: ( ) -

 Address: 22 Bramhall street Email: chughes@mmc.org

 Contractor Name (if different): Langford and Low Phone: (207) 797 - 5141

 Address: 248 Warren Ave Email: gdoughty@langfordandlow.com

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

 Signature: \_\_\_\_\_ Date: 6-26-17

*This is a legal document and your electronic signature is considered a legal signature per Maine state law.*

**Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.**