Portland, Maine | Yes. Life's good here.

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

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 09/11/17

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
- 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 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.

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General Building Permit Application

Project Address: 272 Congress Street

Tax Assessor's CBL: _____ _____ _____ (Chart # / Block # / Lot #) **Cost of Work: $** 90000

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):

☐ New Structure	☐ Fence	☐ Change of Ownership - Condo Conversion
☐ Addition	☐ Pool - Above Ground	☐ Change of Use
☐ Alteration	☐ Pool - In Ground	☐ Change of Use - Home Occupation
☐ Amendment	☐ Retaining Wall	☐ Radio/Telecommunications Equipment
☐ Shed	☐ Replacement Windows	☐ Radio/Telecommunications Tower
☐ Demolition - Structure	☐ Commercial Hood System	☐ Tent/Stage
☐ Demolition - Interior	☐ Tank Installation/	☐ Wind Tower
☐ Garage - Attached	☐ Replacement Tank Removal	☐ Solar Energy Installation
☐ Garage - Detatched		☐ 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.