

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

Location of Construction: 100 Middle Street East Tower (A) 2nd Fl.		Owner: Middle Street tower A Association 100 Middle Street Portland, ME 04101		Phone: 207-780-1680	Permit No: <b>991196</b>
Owner Address: SAA		Lessee/Buyer's Name: Morgan Stanley Dean Wittler		Phone:	
** Contractor Name: Bill McHugh Middle St. Management		Address: 100 Middle Street Portland, ME 04101		Phone: 207-780-1680	Zone: <b>B3</b> CBL: 029-E-006
Past Use:  Office	Proposed Use:  Same	COST OF WORK: \$ 122,500	PERMIT FEE: \$ 762.00	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Proposed Project Description: Office Fit Up 2nd floor only. Renovation of office space.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <i>Sub permit required for Special Zone of Reviews: new sign app</i>	
Permit Taken By: UB		Date Applied For: 10-1-99		<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

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..
- \*\*\*Send To: Bill McHugh  
Middle Street Management  
100 Middle Street  
Portland, ME 04101

**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

SIGNATURE OF APPLICANT	ADDRESS:	DATE: 10-1-99	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]*

