

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 071240

This is to certify that CAPITAL LLC /Pizzagalli

has permission to "STEEL/PRECAST ONLY" connected permit 70969

AT 84 MARGINAL WAY

034A B001001

PERMIT ISSUED OCT - 4 2007 CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or closed-in. FOUR HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board Other Department Name

James Bouke 10/7/03 Director - Building & Inspection Services per MJN

PENALTY FOR REMOVING THIS CARD

Scanner

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1240	Issue Date:	CBL: 034A B001001
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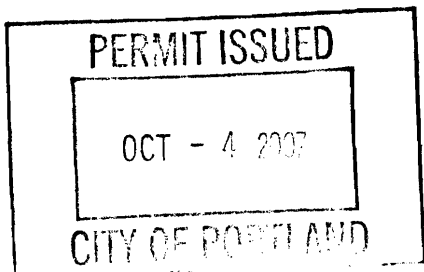
Location of Construction: 84 MARGINAL WAY	Owner Name: CAPITAL LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Pizzagalli	Contractor Address: 131 Presumpscot St Portland	Phone 2078742323
Lessee/Buyer's Name	Phone:	Permit Type: Steel Only-Commercial	Zone:

Past Use: Commercial 4 level parking garage beneath 6 level medical bldg "STEEL/PRECAST ONLY" Connected w/ permit# 070969	Proposed Use: "STEEL/PRECAST ONLY" Connected w/ permit# 070969	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: "STEEL/PRECAST ONLY" Connected w/ permit# 070969		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B/m</i> Type: <i>Steel & Precast only</i>	
		Signature:	Signature: <i>[Signature]</i> 10/3/07	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>per MJN</i>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 10/03/2007	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision <i>OK</i>	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>JMB 10/3/07</i>	Date: _____	Date: <i>JMB</i>



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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE