

|   |  |   |  |
|---|--|---|--|
| Location of Construction: <u>883-903 Congress St</u><br>Forest/Boynton Sts  |  | Owner:<br>Maine Medical Center  | Phone:<br>871-2447                     |
| Owner Address:<br>22 Bramhall St Ptd, ME 04101  | Lessee/Buyer's Name:                         | Phone:  | Business Name:                         |
| Contractor Name:  | Address:                                     | Phone:  |  |
| Past Use:<br><br>Parking Lot  | Proposed Use:<br><br>Medical Office Building | <b>COST OF WORK:</b><br>\$ 8,194,000.00   | <b>PERMIT FEE:</b><br>\$ 40,990.00     |
| Proposed Project Description:<br><br>Construct six story medical office building with an attached five story 430 space parking garage |  | <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group: Type: |
| Permit Taken By:  |  | Date Applied For:<br>27 May 1998  |  |

Permit No: **980876**

**PERMIT ISSUED**

**AUG 10 1998**

**CITY OF PORTLAND**

Permit Issued: **AUG 10 1998**

Zone: Int Zone CBL: 053-I-001 +

Zoning Approval: OK 7/21/98 with

**Special Zone or Reviews:**

- Shoreland N/A
- Wetland
- Flood Zone N/A
- Subdivision Panel B
- Site Plan major  minor  mm

Parking determined by Plan B

**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]

**PERMIT ISSUED WITH REQUIREMENTS**

Your New Address is: 887 Congress St

**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

21 July 1998

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

KATR  
CEO DISTRICT

7

[Signature]