Permit Taken By: Idobson 11/19/2003 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 Signature: Zoning Approval Special Zone or Reviews Special Zone or Reviews Shoreland Shoreland Wetland Miscellaneous	Pho		
39 Forest Ave Business Name: na Benchmark Contractor Name: Benchmark Benchmark Contractor Address: 650 Main St So. Portland Permit Type: Alterations - Commercial Past Use: Vacant office 1 unit Proposed Use: Health Dialog Inc. / tenant fit-up 1st floor Proposed Project Description: Health Dialog Inc. / Tenant fit-up 1st floor Proposed Project Description: Health Dialog Inc. / Tenant fit-up 1st floor Proposed Project Description: The Dept: Signature: Permit Taken By: Idobson Date Applied For: 11/19/2003 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Benchmark Contractor Address: Cost of Wo \$462.00 \$49.0 FIRE DEPT: Approved Proposed Project Description: Signature: Pedestrian ACTIVITIES DIST Action: Approved Approved Signature: Permit Taken By: Idobson Toning Approval Variance Variance Miscellaneous	Pho		
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Benchmark Benchmark Cost of Work			
Permit Type: Alterations - Commercial	207	one	
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Fire Dept: Approved Denied	rk: CEO Di	istrict:	
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Permit Taken By: Idobson	proved w/Condition	on Denied	
11/19/2003 250mig 14pproval 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Special Zone or Reviews Zoning Appeal Variance Variance 2. Building permits do not include plumbing, septic Wetland Miscellaneous Miscellaneous	Date:	Date:	
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Applicant(s) from meeting applicable State and Federal Rules. Shoreland Variance Variance Wetland Miscellaneous			
Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic	Histor	Historic Preservation	
	☐ Not i	☐ Not in District or Landm	
or electrical work.	☐ Does	☐ Does Not Require Revie	
3. Building permits are void if work is not started within six (6) months of the date of issuance. ☐ Flood Zon ☐ Conditional Us	Requ	Requires Review	
False information may invalidate a building Subdivision Interpretatio	□ Аррі	Approved	
☐ Site Plan ☐ Approved	□ Аррг	roved w/Condition	
Maj Minor MM Denied	☐ Deni	☐ Denied	
Date: Date:	Date:	Date:	
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized I have been authorized by the owner to make this application as his authorized agent and I agree to conform t jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code office shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provito such permit.	o all applicable	e laws of this d representative	
SIGNATURE OF APPLICAN ADDRESS DATE			
DATE SIGNATURE OF ALLICAN ADDRESS DATE		РНО	

Location of Construction:	Owner Name:		Owner Address:		Phone:	
39 Forest Ave	39 Llc		100 Silver St			
Business Name:	Contractor Name:		Contractor Address:		Phone	
na	Benchmark		650 Main St So. Portlan	nd	2078742963	}
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
na			Alterations - Commerc	ial		
Dept: Zoning	Status: Approved	Reviewer	: Marge Schmuckal	Approval Date	e: 11/2	25/2003
Note: PAD encouragement district only - not the regular PAD Ok to Issue:					· 🗸	
-						
Dept: Building	Status: Approved with Conditions	Reviewer	: Mike Nugent	Approval Date	e: 12/0	8/2003

1) Occupant load limited to less than 50 people.

 Dept:
 Fire
 Status:
 Approved with Conditions
 Reviewer:
 Lt. MacDougal
 Approval Date:
 11/26/2003

 Note:
 Ok to Issue:
 ✓

1) the fire alarm system shall be maintained to NFPA 72 standards

2) the sprinkler system shall be maintained to NFPA 13 standards

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO