

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

Location of Construction: 537 Congress St. 3rd Fl		Owner: HEGA Realty Trust/Hampstead Hospital	Phone: 207-871-1080	Permit No: <b>991306</b>
Owner Address: Dirigo Management Co, 1 City Center, PTL, ME 04101		Lessee/Buyer's Name: PTLD, ME 04101	Phone: 871-1080	Business Name: N/A
Contractor Name: **Al Knight, Dirigo Mgmt Co, 1 City Center, Portland, ME 04101		Address: 1 City Center, Portland, ME 04101		Phone: 871-1080
Past Use:  Office	Proposed Use:  Same	<b>COST OF WORK:</b> \$ 4,000	<b>PERMIT FEE:</b> \$ 48,000	Permit Issued:  NOV 29
Proposed Project Description:  Office Fit Up.  <i>3rd floor</i>		<b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type 35 <i>BOCA 96</i>	
		Signature: <i>[Signature]</i>		
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		Zone: <i>B3</i> CBL: 037-C-014
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>OK 11/22/99</i> <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By:  Ub		Date Applied For:  11-18-99		

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..

\*\*\*Please Send To: Al Knight  
Dirigo Management Co.  
One City Center  
Portland, ME 04101

**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

11-18-99

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action: *Any ext work Needs a Sep review*

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**  
**CEO DISTRICT**  
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