

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

Permit No: 08-0108	Issue Date:	CBL: 053 D007001
------------------------------	--------------------	----------------------------

Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Past Use: Commercial - Maine Medical Center	Proposed Use: Commercial - Maine Medical Center with 2 banners attached to the brick facade	Permit Fee: \$364.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Attach one 7' * 19' fabric banner to brick facade @ Main entrance, attach one 3.5' * 9.5' fabric banner to brick facade adjacent to employee entrance.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: lmd	Date Applied For: 02/06/2008	Zoning Approval		
--------------------------------	--	------------------------	--	--

- 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:
---	---	---

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

Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Dept: Zoning	Status:	Reviewer: Ann Machado	Approval Date:
Note: Under 14-369.5(a), Table 1, temporary banners are not permitted in the Institutional Uses in residential zones section. Gave perm to planning (2/6/08) to review under section 14-368.5(g).			Ok to Issue: <input type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Residential Plan Revie	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Planning	Status: Approved with Conditions	Reviewer: Deborah Andrews	Approval Date: 03/05/2008
Note:			Ok to Issue: <input type="checkbox"/>
1) * Approved for 90 days only; previous banner was in place for over one year. Intent of banner regulations is that they be temporary installations only.			

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