	y of Portland, Main Congress Street, 0410		0				05-1029	Issue Dat	e:	037 H00	06001	
Location of Construction: Owner Name:						Owner Address:		Phone:				
			Maine College Of Art			97 Spring St						
Business Name: C			Contractor Name:			Contractor Address:			Phone			
			Warren Constr	Warren Construction			P.O. Box 362 South Freeport			207865352	22	
Lessee/Buyer's Name Phone:						Permit Type: Alterations - Commercial					Zone:	
Past Use: Proposed Use:						Permit Fee:		Cost of Work: CE		CEO District:	1	
				convert storage area to		\$678.00		\$73,0				
			3 classrooms		Ü	FII		Approved	INSPECTION:			
						L				Use Group: T		
							L	Denied				
Pro	posed Project Description	1:	1									
Co	nvert storage area to 3 cl	assrooms				Signature: Si			Signatu	Signature:		
							PEDESTRIAN ACTIVITIES DISTR		TRICT (I	RICT (P.A.D.)		
						Ac	etion Approx	ved App	oroved w	/Condition	Denied	
						Sig	gnature:			Date:		
Permit Taken By: Date Applied For:						Zoning Approval			1			
dn	nartin	07/27	//2005			Zoimig Approvai						
1.	This permit application	preclude the	Special Zone or Review		ews	zs Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable State and Federal Rules.		•	Shoreland			☐ Variance	☐ Variance		Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	Miscellaneous		☐ Does Not Require Revie			
3.	•			☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			a building	☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved		
							Approved			Approved w/Condition		
				Maj Mino MM			Denied			☐ Denied		
				Date:	Date:		Date:		Date:			
I ha juri: shal	ereby certify that I am the tive been authorized by the sdiction. In addition, if a Il have the authority to e uch permit.	ne owner to a permit fo	o make this appli r work described	med projection and the second	as his authorized application is iss	ne pr d age	ent and I agree t l, I certify that th	o conform	to all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	SNATURE OF APPLICAN				ADDRESS	S		DATE	3	P	НО	

Location of Construction: 522 Congress St	Owner Name: Maine College Of Art Contractor Name: Warren Construction		Owner Address: 97 Spring St	Phone:	Phone:	
Business Name:			Contractor Address: P.O. Box 362 South Freeport	Phone 207865352	Phone 2078653522	
Lessee/Buyer's Name	Phone:		rmit Type: Zone Alterations - Commercial		Zone:	

08/04/2005 Dept: **Approval Date:** Zoning Status: Approved **Reviewer:** Marge Schmuckal Ok to Issue: Note: 08/19/2005 Dept: **Building** Status: Approved **Reviewer:** Mike Nugent **Approval Date:** Note: Ok to Issue: Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 08/08/2005 Note: Ok to Issue: 1) All hvac work to comply with NFPA 90A 2) All building construction to comply with NFPA 101

Comments:

8/10/2005-dmartin: Called Michael Davey and requested detailed construction plans and the certifications forms which I faxed to him. Project architect just called , I asked him for detailed plans and the cert forms.

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	РНО
DECDONGIDI E DEDCON IN CHARCE OF WORK TIT		DATE	DITO