

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

Location of Construction: 48 Free St		Owner: New GBN XXXXXXXXXXXXXXXXXXXX		Phone:	Permit No: 950500
Owner Address:		Leasee/Buyer's Name: Harvard Community Health Care		Phone:	Business Name:
Contractor Name: Fore River Management		Address: P.O. Box 7525 Portland, ME 04112		Phone: 879-1671	
Past Use: Office		Proposed Use: Same w/int reno		COST OF WORK: \$ 6,000	PERMIT FEE: \$ 50.00
Proposed Project Description: Make interior renovation to 1st floor & mezzanine		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: B	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Date: 5/18/95	
Permit Taken By: Mary Gresik		Date Applied For: 17 May 1995			

PERMIT ISSUED
MAY 24 1995
CITY OF PORTLAND

Zone: B-3 CBL: 038-I-018
 Zoning Approval: *[Signature]*
 Special Zone or Review
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

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 LETTER

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 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

[Signature] 17 May 1995
 SIGNATURE OF APPLICANT Kellie Caron ADDRESS: DATE: PHONE:
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

[Signature]
 Date: *[Signature]*
 CEO DISTRICT **2**
[Signature]