

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: Fore River Management		Phone:		Permit No: 970721	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Gaudet's Construction & Acoustics		Address: 126 Sherwood St Ptld, ME 04103		Phone: 761-2505		Permit Issued: JUL 10 1997 CITY OF PORTLAND	
Past Use: Offices		Proposed Use: Same		COST OF WORK: \$ 8,000.00		PERMIT FEE: \$ 60.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 3B DOCA 96 Signature: [Signature]	
Proposed Project Description: <u>Interior Renovations</u> <u>mezannine Level</u>				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: [Signature] Special Zone or Reviews: <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: Mary Gresik		Date Applied For: 01 July 1997		Signature: [Signature]		Date: [Date]	

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..

PERMIT
WITH REC
REMENTS

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

William L Julian

01 July 1997

SIGNATURE OF APPLICANT Bill Julian 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:
 Approved
 Approved with Conditions
 Denied

Date: 7/2/97
KT

CEO DISTRICT 2
A. Rowle



15' IMAGE

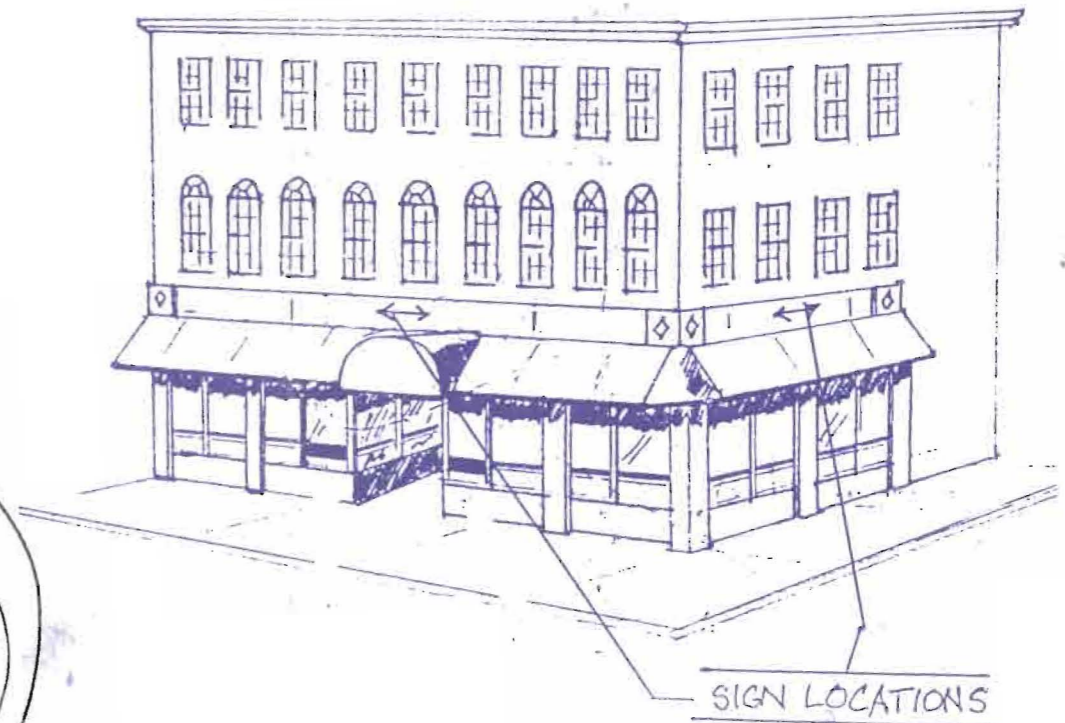
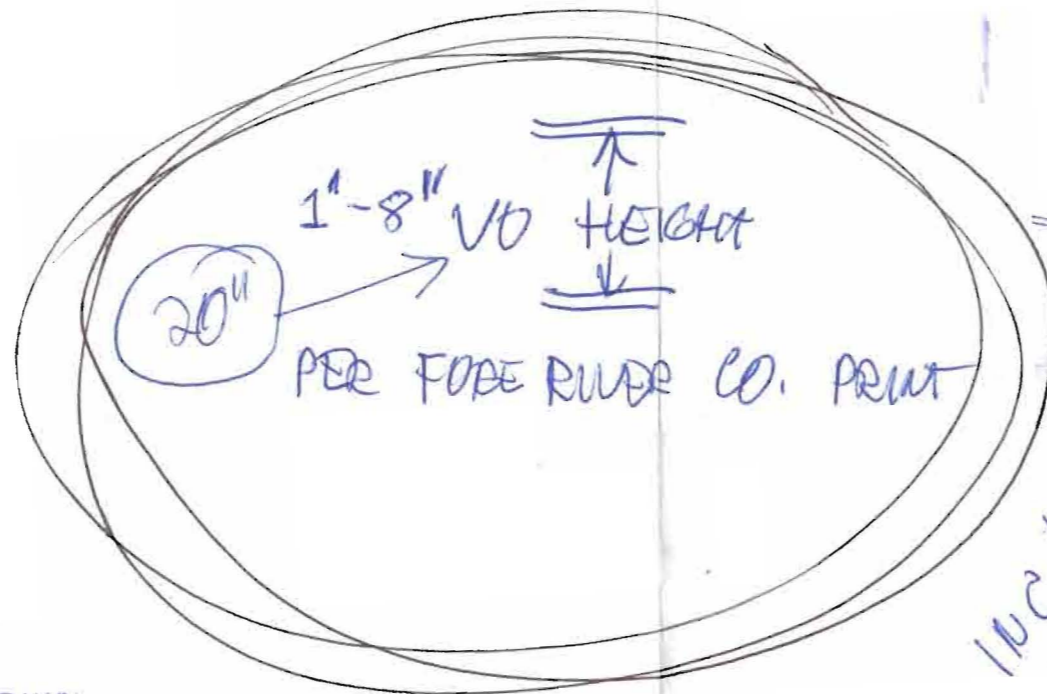
Harvard Pilgrim Health Care

FREE ST.
Center Above Door

CENTER ST.
Center in Panel

12" CAP HT.

20' - DARK ST.
20' - FREE "



Signature SIGNS INC.

CLIENT
PO#
DATE DRAWN
DRAWN BY
CUSTOMER APPROVAL
INTERNAL APPROVAL
SCALE

NOTES

100

Note: office use on 1st floor previously
Approved 5/18/95 by Deb. A under
PAD - Also 1994 approved by B. Gin
for office on 1st floor