

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

Location of Construction: 11-23 State St		Owner: 2004 Hospital		Phone:	Permit No: <b>960172</b>
Owner Address: 111 State St - 2511 17 1112		Leasee/Buyer's Name:		Phone:	Business Name:
Contractor Name: No Provider Network Inc		Address: 5 State St - 125thoor 17 1112		Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>MAR 15 1996</b>  <b>CITY OF PORTLAND</b> </div>
Past Use: office building		Proposed Use: 2-5th floor interior renovations		COST OF WORK: \$ 25,000 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	
Proposed Project Description: entire of 5th - interior renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval: <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: L. [Signature]		Date Applied For: 2/23/96		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

1. This permit application doesn't 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 ISSUED WITH REQUIREMENTS  
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**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 OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

Action:  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *[Signature]*

CEO DISTRICT 2

COMMENTS

# 2-13-99 - 2 Forms of Lross but through 2nd Dwelling Unit.  
Basement - Furnace Room (2) need fire rated door & close all  
penetrations / or install sprinkler / Fire Rated Vertical Opening.  
(H. Noe) 773-2672 1st fl. office

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



CITY OF PORTLAND, MAINE  
Department of Building Inspection

*Smith House*

# Certificate of Occupancy

LOCATION 91-93 State Street

Issued to **Mercy Hospital**

Date of Issue **February 16, 1983**

**This is to certify** that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 82-853, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Convalescent Center with  
Sanitarium

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.