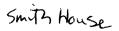
City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Permit No: 960172 Location of Construction: Phone: Prov Mosaitil 3**1.**→73 55353 35 Leasee/Buyer's Name: Phone: BusinessName: Öwner Address: 141 State St- 2611 15 Permit Issued: Contractor Name: Address: . Phone: 巻っ つとうマイベック ニッたノラビに 手りな MAR 1 5 1996 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 25.430 \$ 143 Z-faa 1184 dala 7 (Fize 4) 17-FIRE DEPT. Approved INSPECTION: Use Group ? Type: 5 ☐ Denied Zone: BOCA93 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.V Approved Action: #1999999)# 483 - 4 faterfor reasouttings Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: 2/23/23 Permit Taken By: 1. 11130 **Zoning Appeal** □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation ☐ Net in District or Landmark Does Not Require Review ☐ Requires Review Action: CERTIFICATION 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 □ Appoved □ Approved with Conditions 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. □ Denied : 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: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

COMMENTS

2 10 00 2 2 × N 7		11 11
2-13-11 (tom3 CA) A	and fire intel does a close of the later of the later between the fire later between the species of the later	Unit.
Gun ent - Farnice Jus (h) need Fire wited does + close	201
Pentrations for materile 5	mobiler / the Patal Hertical Spaning	·
H Mar 1 773-2672 151	LATER .)
		
······································		
	Inspection Record	
	Туре	Date
	Foundation:	
	Framing:	
	Plumbing:Final:	
	Other:	

CITY OF PORTLAND, MAINE Department of Building Inspection





Certificate of Occupancy

LOCATION 91-93 State Street

Issued to Mercy Hospital

Date of Issue

February 16, 1983

This is to rertify 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

Limiting Conditions:

Convalescent Center with Sanitarium

This certificate supersedes certificate issued

Approved

5/1/1/2

Date) Inches

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