

Location of Construction: 144 State St		Owner: Mercy Hospital		Phone:		Permit No: 970672								
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:								
Contractor Name: Allied Construction		Address: P.O. Box 1396 Portland, ME 04104		Phone: 772-2888		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: JUN 26 1997 CITY OF PORTLAND </div>								
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 10,000.00				PERMIT FEE: \$ 70.00						
Proposed Project Description: Make Interior Renovations 1st fl - AMMI - Mammography		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: I-2 Type: 2A Signature: <i>[Signature]</i>		Zone: <i>R-3</i> CBL: 045-C-006								
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <table style="margin-left: 20px;"> <tr><td>Approved</td><td><input type="checkbox"/></td></tr> <tr><td>Approved with Conditions</td><td><input type="checkbox"/></td></tr> <tr><td>Denied</td><td><input type="checkbox"/></td></tr> </table> Signature: _____ Date: _____		Approved	<input type="checkbox"/>	Approved with Conditions	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Zoning Approval: <i>OK 6/24/97</i> Special Zone or Reviews: <table style="margin-left: 20px;"> <tr><td><input type="checkbox"/> Shoreland</td></tr> <tr><td><input type="checkbox"/> Wetland</td></tr> <tr><td><input type="checkbox"/> Flood Zone</td></tr> <tr><td><input type="checkbox"/> Subdivision</td></tr> <tr><td><input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/></td></tr> </table>		<input type="checkbox"/> Shoreland
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Permit Taken By: Mary Gresik		Date Applied For: 18 June 1997												

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..

RECEIVED
WITH COMMENTS

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review
 Action:

<input type="checkbox"/> Approved
<input checked="" type="checkbox"/> Approved with Conditions
<input type="checkbox"/> Denied

Approved for certain alterations only - any

Date: 6/23/97
extra alterations, including signage, subject to separate review

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

David Harris
 SIGNATURE OF APPLICANT David Harris ADDRESS: _____ DATE: 20 June 97 - Rented PHONE: _____
 18 June 1997

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 3
T. Mangan