

PERMIT ISSUED

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

Permit No: 03-1250	Issue Date: NOV 06 2003	CBL: 045 C007001
-----------------------	----------------------------	---------------------

Location of Construction: 120 State St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone:
Business Name:	Contractor Name: Turning Mill Consultants	Contractor Address: 68 Tupper Road, PO Box 1159 Sandw	Phone: 5088884383
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6

Past Use: Hospital	Proposed Use: Hospital w/6 antennae added to top floor walls	Permit Fee: \$381.00	Cost of Work: \$40,000.00	CEO District: 3
-----------------------	---	-------------------------	------------------------------	--------------------

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: N/A 11/6/03
---	--

Proposed Project Description: Add 6 antennae to top floor walls	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten Signature]</i>
--	---	---

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 10/14/2003	Zoning Approval	
-------------------------	---------------------------------	------------------------	--

<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	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"/> Date: <i>10/17/03</i>	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 Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>to DA 10/17/03</i> Date: _____
---	---	---	---

D. Andrews
11/02/03

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
------------------------	---------	------	-------

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
---	------	-------

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

PERMIT

Permit Number: 031250

PERMIT ISSUED

This is to certify that Mercy Hospital/Turning Mill Consultants
has permission to Add 6 antennae to top floor
AT 120 State St 045 C007001

NOV 06 2003

CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit in progress before this building or part thereof is occupied or closed-in. 48 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building Inspection Services

PENALTY FOR REMOVING THIS CARD

03-1250

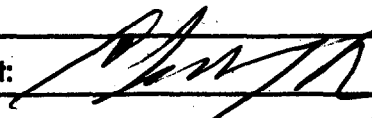
All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>120 State Street (120 State)</u>		
Total Square Footage of Proposed Structure <u>13'x5' Lease area & 9 antennas</u>	Square Footage of Lot <u>99,597</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>045</u> Block# <u>007</u> Lot# <u>001</u>	Owner: <u>Mercy Hospital</u>	Telephone: <u>207 879-3000</u>
Lessee/Buyer's Name (If Applicable) <u>AT+T Wireless Services LLC</u>	Applicant name, address & telephone: <u>Christopher McCoxier Turning Mill Consultants PO Box 1159 Sandwich MA 02563</u>	Cost Of Work: \$ <u>110,000</u> Fee: \$ <u>381.00</u>
Current use: <u>Hospital</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Wireless Communications Facility</u>		
Project description: <u>Installation of Wireless Communications Antennas & Equipment</u>		
Contractor's name, address & telephone: <u>Turning Mill Consultants Inc PO Box 1159 Sandwich MA 02563 508-888-4343</u>		
Who should we contact when the permit is ready: <u>Christopher McCoxier</u>		
Mailing address: <u>PO Box 1159 Sandwich MA 02563</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>508-888-4343</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: 	Date: <u>10/17/03</u>
---	-----------------------

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

OCT 17 2003

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall