

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 2014-02398	<b>Issue Date:</b>	<b>CBL:</b> 045 C007001
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<b>Location of Construction:</b> 120 STATE ST (3rd floor)	<b>Owner Name:</b> MERCY HOSPITAL	<b>Owner Address:</b> 144 STATE ST PORTLAND, ME 04101	<b>Phone:</b> (207) 879-3865
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**Business Name:**

<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> R6
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<b>Past Use:</b> Mercy Hospital	<b>Proposed Use:</b> Mercy Hospital	<b>Permit Fee:</b> \$751.00	<b>Cost of Work:</b> \$67,000.00	<b>CEO District:</b> 3
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**INSPECTION:**

**Proposed Project Description:**  
renovation of 885 SF in the Pulmonary Suite (Third Floor) for Check In/Out, the Waiting Area, and the Staff Work Area.

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> dmc	<b>Date Applied For:</b> 10/15/2014	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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 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.

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SIGNATURE OF APPLICANT ADDRESS DATE PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE