## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No 960 Phone: Owner: Location of Construction: 100 State St Mercy Hospital Leasee/Buver's Name: Owner Address: Phone: BusinessName: ermit Issued: Phone: Address: Contractor Name: AUG 2 8 1996 Allen Management Co. 100 State St Ptld, ME 04101 775-1437/ Bruce Miller COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 800.00 25,00 CITY OF PORTI AN FIRE DEPT. Approved INSPECTION: Elderly Housing Same Use Group **IY** Type: 13 ☐ Denied CBL: 045-D-003Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or 18 Approved with Conditions: Construct Steps as per plans □ Shoreland Denied $\Box$ □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: 07 August 1996 Mary Gresik Zoning Appeal □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. WITH REQUIREMENTS □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation ☐ Not in District or Landmark ☐ Dees Not Require Review Requires Review Action: CERTIFICATION Appoved ☐ Approved with Conditions 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, □ 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 07 August 1996 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRIC**

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

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