

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

Location of Construction: 175 Broadway St		Owner: Dan Stevens		Phone:		Permit No: <b>960187</b>	
Owner Address:		Leasee/Buyer's Name: Peru Hospital/Parish Garage		Phone:		Business Name:	
Contractor Name: DeForte Const.		Address: 144 State St Portland, ME 04102		Phone: 875-3379		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>MAR 21 1996</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: Parish Garage		Proposed Use: Garage		COST OF WORK: \$ 11,800.00 PERMIT FEE: \$ 80.00			
Proposed Project Description: Auto Renovation as per plans		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: [Signature]		INSPECTION: Use Group: D2 Type 1B BOCA 93 Signature: [Signature]		Zone: 0-1 CBL: 45-0-1	
						Zoning Approval:	
						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"/>	
Permit Taken By: Gary Gresham		Date Applied For: 15 March 1996		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____			

1. This permit application doesn't 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.

2-30 YC      30-2516 & 30-2517  
 00104      00125

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires 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 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: [Signature]      ADDRESS: \_\_\_\_\_      DATE: 15 March 1996      PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_      PHONE: \_\_\_\_\_

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: [Signature]

CEO DISTRICT

COMMENTS

3/21/96 De Forte, Const. on site demo'd interior walls and have started loading debris into dumpster.

4/12/96 Only 3 air intake LOWERS

4/16/96 - Talked with MR. Hogan about Exhaust Fan being repaired. It was moved because it was within 25' of a neighbors bedroom window - Will get back to us on (3) intakes - Knows about site plan if they place door in rear of building.

5/1/96 Mercy Hospital has begun using the garage, but have not yet installed the submitted CO<sub>2</sub> detectors yet (or order). The fire department has requested to test anyway. There is a timer on the exhaust fan which is set to come on @ 5:00/5:30 am to shut off @ 7:00-8:00pm each day.

Mercy has a separate permit to change windows in front of building - See Permit # 900391; Contractor: ICE Glass issued 5/3/96.

7/9/96 Windows not installed as submitted, but actually more symmetrical as installed. Need to contact Mercy re CO<sub>2</sub> detector installation.

	Type	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____