

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

Location of Construction: 192-194 Spring Street	Owner: Mercy Hospital	Phone:
Owner Address: 144 State Street	Leasee/Buyer's Name:	Phone:
Contractor Name: Andy Deforte	Address: 11 Dagett St., Portland 04103	Phone: 797-7699
Past Use: 2 story bldg	Proposed Use: Same with fire escape <i>reconstruct old escape</i>	COST OF WORK: \$ 960.00
		PERMIT FEE: \$ 25.00
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		INSPECTION: Use Group: Type:
		Signature: <i>[Signature]</i>
		Signature: <i>[Signature]</i>
Proposed Project Description: consturct fire escape as per plans <i>to continue permit 95/694 previously approved</i>	PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)	
	Action:	Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>
	Signature:	Date:
Permit Taken By: Vicki Dover / <i>md</i>	Date Applied For: XX 11/4/96	

Permit No **970625**

PERMIT ISSUED

Permit Issued:
JUN 20 1997

CITY OF PORTLAND

Zone: *R-6* CBL: *45-F-29*

Zoning Approval:
only to reconstruct old

Special Zone or Reviews:

Shoreland
 Wetland *No New Structure Allowed*
 Flood Zone
 Subdivision
 Site Plan *major minor mm*

6/19/97

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

- This permit application doesn't 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..

PERMIT ISSUED WITH REQUIREMENTS

Mail to A. Deforte, 11 Daggett St. Portland 04103

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

Andy Deforte
SIGNATURE OF APPLICANT Andy Deforte

11 Daggett St., Portland, ME 04103 797-7699 11/4/96
ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *6/13/97*

D. Anderson

CEO DISTRICT **#3**
T. Munson