City of Portland, Maine - Building or Use Permit Applicat				Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2014-00575		053 D007001
Location of Construction: 22 BRAMHALL ST MAINE MED		ICAL CENTER	22 B	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102		ME (207) 662-2988
Business Name: Maine Medical Center	Contractor Name: Langford & Low, Inc. gdoughty@langfordandlow.com		Contractor Address: 248 Warren Ave; PO Box 662 Portland ME 04102			Phone (207) 797-5141
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
		Center - Nuclear \$5,020.00 INSPECTION:		\$500,00	00.00 3	
Proposed Project Description:						
replacement/ relocation of nuclear me	nt new / replaced					
Hot Lab and renovation of staff and	PEDESTRIAN ACTIVITIES DISTRIC Action: Approved		`	P.A.D.) d w/Conditions Denied		
	Signature:				Date:	
I -	oplied For: 5/2014					
		Special Zone or R	ne or Reviews Zoning Appeal		ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance		Not in District or Landman
2. Building permits do not include particles or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date False information may invalidate	☐ Flood Zone		Condition	onal Use	Requires Review	
permit and stop all work		Subdivision		Interpre	tation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to a the code officia	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE