



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>Maine Medical Center 22 BramHall Street</u>		
Total Square Footage of Proposed Structure/Area <u>510 sqft</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Steve Janosco (project manager)</u> <u>sjanosco@hebertconstruction.com</u> Address <u>9 Gould Rd</u> City, State & Zip <u>Lewiston, ME 04240</u>	Telephone: <u>783-2091</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Cost Of Work: \$ <u>105,00.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) _____ If vacant, what was the previous use? <u>Conference Room / lunch room</u> Proposed Specific use: <u>Boutique</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Relocation of existing boutique.</u>		
Contractor's name: <u>Hebert Construction</u> Address: <u>9 Gould Rd</u> City, State & Zip <u>Lewiston, ME 04240</u> (207)783-2091 Telephone: Who should we contact when the permit is ready: <u>Steve Janosco 212-2177 or 783-2091</u> Telephone: Mailing address: <u>9 Gould Rd, Lewiston, ME 04240</u> <u>sjanosco@hebertconstruction.com</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Steve Janosco Date: 7/16/14

This is not a permit; you may not commence ANY work until the permit is issue