



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.

Address/Location of Construction: 22 Bramhall Street		
Total Square Footage of Proposed Structure:		2,800
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D007001	Applicant Name: Maine Medical Center Address 22 Bramhall Street City, State & Zip Portland, ME 04101	Telephone: (207) 662-6149 Email: MORELD@mmc.org
Lessee/Owner Name : (if different than applicant) Address: City, State & Zip: Telephone & E-mail:	Contractor Name: Hebert Construction (if different from Applicant) Address: 9 Gould Road City, State & Zip: Lewiston, ME 04240 Telephone & E-mail: 207.783.2091	Cost Of Work: \$ 441,000.00 C of O Fee: \$ 509.00 Historic Rev \$ _____ Total Fees : \$ 509.00
Current use (i.e. single family) <u>1-2 24 Hour Health Care Facility</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: <u>1-2 24 Hour Health Care Facility</u>		
Is property part of a subdivision? <u>NO</u> If yes, please name _____		
Project description: A 2,800 SF interior renovation to convert an existing gift shop into a retail pharmacy.		
Who should we contact when the permit is ready: Dan Hebert		
Address: 9 Gould Road		
City, State & Zip: Lewiston, ME 04240		
E-mail Address: dhebert@hebertconstruction.com		
Telephone: 207-783-2091		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

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: Dennis Morelli, Maine Medical Center	Date: 8/12/2014
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This is not a permit; you may not commence ANY work until the permit is issued.