



# General Building Permit Application

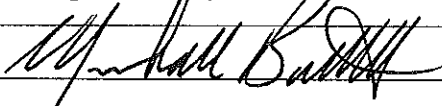
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction: 22 BRAMHALL ST. 04102		
Total Square Footage of Proposed Structure: RENOVATED SPACE		850 SF
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant Name: MARSHALL BARTON MAINE MEDICAL CENTER Address 22 BRAMHALL ST.  City, State & Zip PORTLAND, ME 04102	Telephone: 207.662.2988  Email: bart1m@mmc.org
Lessee/Owner Name : (if different than applicant) (SAME) Address:  City, State & Zip:  Telephone & E-mail:	Contractor Name: LANGFORD & LOW (if different from Applicant) Address: 248 WARREN AVE City, State & Zip: PORTLAND, ME 04103 Telephone & E-mail: 207.797.5141  GDDOUGHTY@langfordandlow.com	Cost Of Work: \$230,000  C of O Fee: \$ _____  Historic Rev \$ _____  Total Fees : \$ _____
Current use (i.e. single family) Same, existing clinical diagnostic healthcare If vacant, what was the previous use? _____ Proposed Specific use: NO CHANGE IN USE Is property part of a subdivision? N If yes, please name _____ Project description: REPLACEMENT OF NUCLEAR MEDICINE EQUIPMENT IN PLACE WITH SOME RECONFIGURATION. REMOVAL OF EXISTING CAMERA FOR THYROID PREP & STRETCHER HOLDING.		
Who should we contact when the permit is ready: GUS DOUGHTY		
Address: 248 WARREN AVE		
City, State & Zip: PORTLAND, ME 04103		
E-mail Address: GDDOUGHTY@LANGFORDANDLOW.COM		
Telephone: 207.797.5141		

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](http://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: 	Date: 10/10/14
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This is not a permit; you may not commence ANY work until the permit is issued.