City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	Issue Date:	CBL:
2014-02608		053 D007001

Location of Construction:	Owner Name:	Owner Address:	Phone:
22 BRAMHALL ST	MAINE MEDICAL CENTER	22 BRAMHALL ST PORTLAND, ME 04102	

Business Name:

Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Fire Suppression Water Based	C41

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Hospital (Maine Medical Center)	Same: Hospital (Maine Medical Center)	$201.00	$16,894.00	3

INSPECTION:

Proposed Project Description:

For the installation of a Water-Based Fire Suppression System for the Central Sterile Dept. (Bean Wing - Sub-Basement Level).

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved   ☐ Approved w/Conditions   ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
dmc	11/10/2014

Zoning Approval

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.

2. Building permits do not include plumbing, septic or electrical work.

3. 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☐ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date:	Date:	Date:

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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT   ADDRESS   DATE   PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE   DATE   PHONE