



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.

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| Address/Location of Construction: 22 BRAMHALL STREET. | | |
| Total Square Footage of Proposed Structure: | | |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# | Applicant Name: Langford : Low Address 248 WARREN AVE. City, State & Zip PORTLAND, ME 04104 | Telephone: 797-5141 Email: gdoughty@langfordandlow.com |
| Lessee/Owner Name: Maine Medical Center (if different than applicant) Address: 22 Bramhall St. City, State & Zip: PORTLAND, ME 04102 Telephone 662-6149 E-mail: | Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone E-mail: | Cost of Work: \$ 300K C of O Fee: \$ _____ Historic Rev \$ _____ Total Fees: \$ _____ |
| Current Use (i.e. single family) <u>Administrative Space.</u> | | |
| If vacant, what was the previous use? _____ | | |
| Proposed Specific use: <u>Same.</u> | | |
| Is property part of a subdivision? If yes, please Name _____ | | |
| Project description: Renovate an Existing Admin Area. New Finishes, Furniture, Lighting. | | |
| Who should we contact when the permit is ready: Gus Doughty. | | |
| Address: 248 WARREN AVE. | | |
| City, State & Zip: Portland Maine. 04104 | | |
| E-mail Address: gdoughty@langfordandlow.com | | |
| Telephone: 318-0546 | | |

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 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 Department of Permitting and Inspections on-line at www.portlandmaine.gov, or stop by the 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.

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| Signature:  | Date: 4-4-16. |
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This is not a permit, you may not commence ANY work until the permit is issued.