

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 22 Bramhall St. 04102		Owner: Miane Medical Center		Phone: 871-2447		Permit No: 000094	
Owner Address: 22 Bramhall St		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Ed Herbert & Sons		Address: 9 Gould Rd. Lewiston Maine		Phone: ** 783-2091 Dave Emery		Permit Issued:	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 249,420.00		PERMIT FEE: \$ 1,524.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: F2 Type 20 BOCA 96	
Proposed Project Description: Interior Renovations/Tenant Fit Up <i>Where?</i> Level 6 Pavilion "C" PG UNIT.				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 053-D-007	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 2/11/00	
Permit Taken By: GD		Date Applied For: February 9, 2000				Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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..

***Call Dave Emery 783-2091

PERMIT ISSUED
WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

February 9, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

[Signature]
CEO-DISTRICT
PERMIT ISSUED
WITH REQUIREMENTS