

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

Location of Construction: 22 Bramball St., Portland 2nd flr Pav. C		Owner: Maine Medical Center		Phone: 871-0111		Permit No: 000582	
Owner Address: 22 Bramball St. 04102		Lessee/Buyer's Name: N/A		Phone:		BusinessName:	
Contractor Name: ** LedgeWood, Inc.		Address: PO Box 8107 04104 **		Phone: 767-1866		Permit Issued:	
Past Use: hospital		Proposed Use: hospital		COST OF WORK: \$ 782,704		PERMIT FEE: \$ 4,722.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>F2</i> Type: <i>2C</i>	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: interior renovations for cardiac outpatient unit				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
				Signature: _____ Date: _____			
Permit Taken By: KA		Date Applied For: May 26, 2000 JF					

Zone ~~16~~ CBL: 053-D-007
 Zoning Approval: *OK*
 30/MAY/2004
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Appoved
 Approved with Conditions
 Denied
 Date: _____

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..

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

May 26, 2000

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT 3