

Location of Construction: 22 Bramball St. 2nd flr. Pavillion D		Owner: Maine Medical Center		Phone: 871-0111		Permit No: 000581
Owner Address: 22 Bramball St.		Lessee/Buyer's Name:		Business Name:		
Contractor Name: Ledgewood, Inc.		Address: PO Box 8107 04104		Phone: 767-1866		Permit Issued: MAY 30
Past Use: hospital		Proposed Use: hospital		COST OF WORK: \$ 448,457		
				PERMIT FEE: \$ 2,718.00		Zoning: C-6 CBL: 053-D-007
				INSPECTION: Use Group: I-2 Type: 2C. BOCA 99 Signature: Hoffner		
Proposed Project Description: interior renovations for cardiac diagnostic unit <u>2nd Floor 56 add b</u> C-D				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: OK [Signature] 30 MAY 12 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"/>
Permit Taken By: KA		Date Applied For: May 26, 2000		Signature: _____ 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..

mail to contractor

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

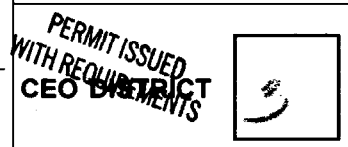
SIGNATURE OF APPLICANT	ADDRESS:	DATE: May 26, 2000	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

- Zoning Appeal**
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

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

- Action:**
- Approved
 - Approved with Conditions
 - Denied

Date: _____



17 July 2K. Plbg Insp. - For Closing-in - Spoke To Them about Firestopping.

27 July 2K Demo - Completed.

18 Aug, 2K Work Started.

19 Sept, 2K work going as per plans.

30. Sept, 2K work completed.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____