

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 Street		Owner: Maine Medical Center		Phone: 871-2447		Permit No: 001166	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: *** Burr Sign Co		Address: 10 Buttonwood Street South Portland ME		Phone: 799-1183		Permit Issued:	
Past Use: Hospital		Proposed Use: same		COST OF WORK: \$		PERMIT FEE: \$ 39.20	
Proposed Project Description: signage		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>S19/14/00</i> Use Group: Type: <i>BOC 899 Hoffman</i>	
				Signature:		Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action:		Approved <input type="checkbox"/>		Approved with Conditions: <input type="checkbox"/>	
				Denied <input type="checkbox"/>			
Permit Taken By: JA		Date Applied For: Oct 11 2000		Signature:		Date:	

Zone: *R-6* CBL: *D-007*
 053-*D*-007
 Zoning Approval: *S19/16/00*
 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:
 Approved
 Approved with Conditions
 Denied
 Date: *S*

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

Oct 12 2000 K

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS
 CEO DISTRICT 3